

# Appendix 4: Statutory Declaration

You will need to make a statutory declaration by signing the application form in the presence of a lawyer, Justice of the Peace, Notary Public, Court Registrar or any other person authorised to take such declarations.

I am the person who is applying for registration and an Annual Practising Certificate (APC) as a psychotherapist in New Zealand under the Health Practitioners Competence Assurance Act 2003 (HPCAA).

I am the person named in the qualifications with this application and that the information I have given is true and correct in every detail.

I have the prescribed qualifications for the scope of practice that I seek to be registered with, and that I am competent to practise within the scope of practice that I have applied for.

I am fit for registration as defined under section 16 of the HPCAA and I know of no information that could cause the Board not to be satisfied that I am of good character and reputation and am fit and proper person to be registered.

I do not have a mental or physical condition that precludes me functioning as a safe and competent practitioner.

I understand the Board may obtain further information as notified in section 19 of the HPCAA concerning my application and I consent to the collection of such information by the Board or its agents.

I understand although the provision of any information by me is voluntary, if I refuse to provide any information this may affect the Board’s consideration of my application.

I understand I must be registered and hold an APC with the Psychotherapists Board of Aotearoa New Zealand before I can practise psychotherapy as a psychotherapist.

*This section to be completed by the applicant*

I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.

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| --- |
| Full name: |
| Date of birth: |
| Application reference number: |
| Signature: |

*This section to be completed by the certifier*

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| --- |
| Full name: |
| Address: |
| Occupation: |
| Signature: |
| Date: |