

# Appendix 5: Statements Template

You only need to complete this form when a statement is required.

You must use a new form for every statement you make (this includes a new form for each professional conduct question that requires a statement)

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| This statement is in relation to: | | |
| 1. Communication | Yes | No |
| 1. Physical and mental health | Yes | No |
| 1. New Zealand record of criminal history | Yes | No |
| 1. Overseas police check | Yes | No |
| 1. Professional conduct |  |  |
| 1. Are you, or have you ever been, the subject of a professional complaint or disciplinary proceedings in New Zealand or another country? | Yes | No |
| 1. Are you subject to an order of a professional disciplinary tribunal in New Zealand or another country, or to an order of an authority or similar body in another country? | Yes | No |
| 1. Are you currently under investigation in New Zealand or another country for any matter that may be subject of criminal or professional disciplinary proceedings? | Yes | No |
| 1. Are you or have you ever been the subject of a complaint to the New Zealand Health and Disability Commissioner, the New Zealand Privacy Commission or an equivalent office in another country? | Yes | No |
| 1. Have you ever applied, withdrawn or been declined for registration as a health practitioner? | Yes | No |

I       solemnly and sincerely declare that:

|  |
| --- |
| Full name: |
| Address: |
| Occupation: |
| Signature: |
| Application reference number: |
| Date: |