

REGISTRAR PO Box 109 Rarotonga Cook Islands

Tel: 682 29 664 Fax: 682 23 109 Email: MOH.HR@cookislands.gov.ck

# COOK ISLANDS ALLIED HEALTH PROFESSIONALS PURSUANT TO MINISTRY OF HEALTH ACT 2013 Registration Application form

**Profession:** 

### COMPLETING YOUR APPLICATION

- Read all instructions
- Print clearly in BLOCK LETTERS using a black or blue pen
- Place X in ALL applicable boxes

#### **SECTION A : Application inclusions**

#### 1. What are you applying for?

Please mark all options that are applicable

Registration
Private Practitioners Registration

## **SECTION B:** Personal Details and Identification

The information items in this section of the application that are marked with an asterisk(\*) will appear on the public register

#### 2. What is your name?

* Mr Mrs Miss Ms Dr Other
* Family (legal) name
* First given name
*Middle given name(s)
Previous names or other names known by
Preferred Name
Gender: M F
3. What are your birth details?
Date of birth
DD / MM/ YYYY

# Country of birth

Place/city of birth

# 4. Proof of identity:

Passport

# You must attach a certified copy of your passport

# 5. What is your residential address?

# 6. What are your contact details?

During business hours

After hours

Mobile

Email

# **SECTION C** : Qualification for the profession

# 7. What are the details of your qualifications? (attach a copy of qualifications obtained)

# A: Primary qualification

Title of qualification	
Name of institute( University/College/Examining	body)
Country	
Start Date:	Completion Date:
MM / YYYY	MM / YYYY

# **B: Additional Qualifications (if any)**

Title of qualification		
Name of institute( University/College/Examining body)		
Country		
Start Date:	Completion Date:	
MM / YYYY	MM / YYYY	

# **SECTION D: Registration history**

The Registrar requires a Certificate of Registration Status or Certificate of Good Standing in which you are currently or have previously been registered as an allied health practitioner during the past five years

## 8. What is your registration history?

### A: Most recent registration

State/Territory/Country		
Category of registration		
Profession		
Period of Registration		
DD/MM/YYYY	to	DD/MM/YYYY

# **B: Additional Registration**

State/Territory/Country		
Category of registration		
Profession		
Period of Registration	10	
DD/MM/YYYY	to	DD/MM/YYYY
State/Territory/Country		
Category of registration		
Profession		
Period of Registration		
DD/MM/YYYY	to	DD/MM/YYYY

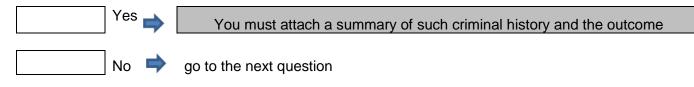
## SECTION E: WORK HISTORY

You must attach Curriculum Vitae that describe your full practice history and any clinical or procedural skills undertaken.

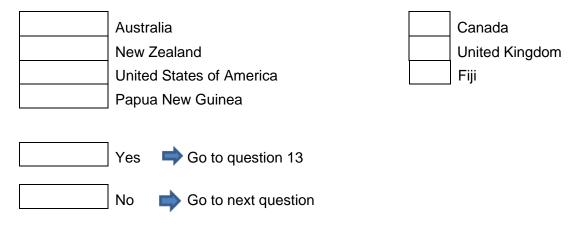
### SECTION F: SUITABILITY STATEMENTS

You must attach a Police Clearance Form

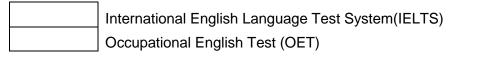
#### 9. Do you have any criminal history?



**10.** Did you undertake your secondary education and your tertiary qualifications in the profession, in English, in one of the following countries?



11. Which of the English language examinations listed below have you successfully completed?



**13.** Do you have an impairment that detrimentally affects or is likely to detrimentally affect your capacity to practice the profession?

No

Go to next section

Yes You must attach details of any impairments and how they are managed

#### **SECTION H: FEES**

Please tick the appropriate box(s).

Registration \$50

Annual Practising Licence \$20 (excludes Pharmacists & Pharmacy Technicians - \$50 and \$25 respectively



Letter of Good Standing \$50

## **SECTION I: CONSENT**

14. Please read and make sure you understand these statements before signing

I consent I authorise	to the Registrar making enquiries of and exchanging information with the authorities of any country stipulated in this application, regarding my practice as an allied health practitioner or otherwise regarding matters relevant to this application
l acknowledg	the Registrar to obtain my criminal records if necessary ge
	failure to complete all the relevant sections and enclose all supporting documents may result in this application not being accepted
I undertake	to comply with all relevant legislations, board registration, standards, codes and guidelines
I declare	
	that I am aware of my infection status for blood-borne viruses and I will comply with the requirements of the Infection control guidelines in relation to blood borne viruses
	that the above statements, and the documents provided in support of this application are true and correct
l make	that I am the person named in the attached documents
THAKE	a declaration in the knowledge that a false statement is grounds for the council to refuse registration

Signature of the applicant/registrant

Date

DD/MM/YYYY