

Competency Assessment Programme for New Zealand and Overseas Enrolled Nurses (G21135)

Additional Requirements

Supporting documentation to be supplied

You must complete this in addition to the Admission and Enrolment form. Your application will not be processed until you have submitted the Admission and Enrolment form and all additional requirements.

Academic	Evidence provided (certified copy)	Yes/No	
Additional requirements	Provide TWO referee reports (one must be from most recent employer in New Zealand) (download Referee Report 1) (download Referee Report 2)	Yes	No
	New Zealand applicants will be New Zealand enrolled nurses (registration number provided below)	Yes	No
	Internationally qualified nurses require a letter from the Nursing Council of New Zealand, approving your qualification and documenting the English, theoretical and practical requirements that you must meet in order to gain registration in New Zealand (copy attached)	Yes	No
	Detailed CV of relevant work history (must include <u>all</u> nursing experience)	Yes	No
	If you are selected for this programme the following forms will be sent to you along with your enrolment information		
	- NZ Police Vetting form (you will be required to provide verified copies of two forms of identity documents for this process)	Yes	No
	- Health questionnaire - this needs to be completed by a GP/health provider at your own expense and returned to the Department of Health Practice		
English Language requirements	Have good physical and emotional health. If you are successful, you will need to provide evidence of immunity or have vaccinations at your expense to meet the policies of the various clinical practice institutions and agencies		
	If you are from a non English speaking background the IELTS requirements is: 7.0 Academic (no lower than 7.0 in reading, listening, writing and speaking sub tests) (copy attached) or an OET band B.	Yes	No

Nursing Qualifications

Year:	School of Nursing:
	Nursing Council of New Zealand registration number (for NZ enrolled nurses)
	Nursing Council of New Zealand Correspondence number from NCNZ letter (for Overseas enrolled nurses)

Other Qualifications

Year completed:	Certificate/Diploma/Degree:
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Clinical Experience

Please indicate your preferred area of practice for clinical placement, taking into consideration your past experience.

You may be required to complete this out of Christchurch in locations such as Greymouth, Ashburton or Timaru.

Any specific requests for placements will require negotiation between Ara and the Health Care Provider.

Have you ever been referred to the Nursing Council of New Zealand for health or disability, or competence investigation?

(If YES, you will be required to have an interview with the Head of Department)

Yes No If YES, please explain

Have you been subject to a disciplinary investigation by any regulatory authority other than Nursing Council of New Zealand (NCNZ) (eg SWRB, Teachers Registration Board etc) in New Zealand or overseas?

Yes No If YES, please explain

Have you ever been convicted of any offence against the law (apart from minor traffic convictions)?
(If yes, you will be required to have an interview with the Head of Department)

As all accepted applicants are police vetted through the enrolment process, it is important that this initial declaration is correct.

If an applicant provides information that is provided to be false/misleading, the application/enrolment may be declined/withdrawn

Your consent to disclosure will be entered by Ara onto the NZ Police Licensing and Vetting Service, database and returned in confidence to the Head of Department or delegated authority

Yes No If YES, please give details

I hereby declare that the information I have given above is true and correct; no information which could have a material bearing on my registration as an enrolled nurse has been withheld; I understand that making a false declaration is an offence under the Crimes Act 1961.

Full name:

Signed:

Dated: