

FOR NEW ZEALAND GRADUATES ONLY

This form is to be completed by your Head of School (or their delegate).

Section 16(d) of the Health Practitioners Competence Assurance Act 2003 provides that the Osteopathic Council of New Zealand shall not register any person as an osteopath if it is satisfied that the person is unable to perform the functions required of an osteopath because of some mental or physical condition.

Sections 45(4) & (5) provides that this information may be supplied by your Head of School.

Applicant To Complete - I _____ declare that I suffer from no physical or mental condition or disability that could adversely affect my ability to practise as an osteopath. I consent to the Head of School (or delegate) providing this assessment to the Osteopathic Council.

(signature) _____

Head of School (or delegate) to complete

I hereby certify that I have known

_____ for _____ years.

(applicant's name)

- My knowledge of the applicant does not suggest any condition that I feel should be brought to the Osteopathic Council's attention

Or

- My knowledge of the applicant suggests the following conditions which could have an effect on the applicant's ability to practise as an osteopath and I feel should be considered by the Council:

I agree to supply additional information to the Council if required.

Signed: _____ Date: _____

Name: _____

Position: _____