

Music Therapy New Zealand

APPLICATION FOR REGISTRATION AS A MUSIC THERAPIST IN N.Z.

Please read the instruction sheet accompanying this form before completing each section.
This application should be sent, with the required fee, to: The Registration Board, Music Therapy New Zealand,
PO Box 10352, The Terrace, Wellington 6143. New Zealand.

1. PERSONAL DETAILS (See Note 1.)

First or Given Names	<input type="text"/>		
Surname/Family name	<input type="text"/>		
Address	<input type="text"/>		
Telephone	<input type="text"/>	Email	<input type="text"/>
		Fax	<input type="text"/>
Nationality/Citizenship	<input type="text"/>	D.O.B.	<input type="text"/>
		Gender (M/F)	<input type="text"/>

2. FORMAL QUALIFICATIONS RELEVANT TO MUSIC THERAPY (See Note 2.)

Name of Qualification	Year Awarded	Awarding Institution	Length of Course	Part/Full Time
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. OTHER ACADEMIC OR PROFESSIONAL QUALIFICATIONS (See Note 3.)

Name of Qualification	Year Awarded	Awarding Institution	Length of Course	Part/Full Time
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. OTHER INFORMATION (See Note 4.)

<input type="text"/>

5. PRACTICAL WORK EXPERIENCE AND RECENT INVOLVEMENT IN THE THERAPEUTIC USE OF MUSIC

(See Note 5.)

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A. Before Training (Include years, number of hours and type of work)

B. During Training (Include years, number of hours and type of work)

C. Since training Position	Employer	Type of work	Location	Hours per/wk	Date from	Date to

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6. SUPERVISION

(See note 6.)

Please complete **all sections in full.**

6A. Supervision prior to application.

Explain the supervision you have undergone in the last **TWO** years including the name of your supervisor and how many times you have had contact with him/her.

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Types of Supervision:

A. A music therapist is supervised by a peer, or peers, regarding their clinical practice and personal development. The music therapist presents issues to colleagues who aim to help her/him to clarify and improve specific elements in their work.

B. A music therapist is part of a group, syndicate or team where clinical practice and personal development is known to other members and shared with them.

C. A music therapist is supervised by another professional, such as a psychotherapist or counsellor, bringing personal or professional issues for clarification.

D. A music therapist may undertake regular counselling sessions for her/his personal growth.

If none of the above fit, write explaining how your work is supervised.

This section to be signed by your supervisor or person who has had oversight of your clinical work in the last two years.

The statement above and/or attached is true and correct.	
Name (please print):	Date:
Signature:	Address:
Email:	Phone:

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6B. Future supervision arrangements.

It is expected that all Registered Music Therapists attend regular ongoing supervision (at least monthly) with an experienced Registered Music Therapist or a suitably qualified and registered person from a related discipline e.g.counsellor, psychotherapist, psychologist etc.

Please outline your plan of intended supervision over the next 12 months including details of your supervisor and frequency of contact if known.

If you require further guidance about supervision, please contact The Registration Board.

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7. REFEREE

(See Note 7.)

The following person has agreed to complete a reference if requested by the Registration Board	
Name:	Address:
Relationship to applicant:	
Email:	Phone:

8. FEE

(See Note 8.)

I enclose the required fee (This is a non-refundable appraisal fee.)
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9. DECLARATION

(See Note 9.)


I am enclosing a signed copy of the Code of Ethics for the Practice of Music Therapy in New Zealand, and I have never been declined any form of professional registration on the grounds of suitability or had registration suspended or cancelled by any organisation, and I have no convictions for offences which are relevant to professional practice, and I have no medical condition which could affect my professional competence or suitability, and I understand that if I have not made full and proper disclosure, or if any information is not true and correct my application may be declined or my subsequent registration cancelled, and I understand that the Register is an open document and the Registration Board reserves the right to confirm to a third party my name and registration details at any time.	
Signature:	Date:

Checklist of enclosures:

- 1. Application form complete and signed.
- 2. Fee enclosed.
- 3. Signed copy of Code of Ethics.
- 4. Copies of relevant certificates.

APPLICATION FOR REGISTRATION AS A MUSIC THERAPIST IN N.Z.

INSTRUCTIONS FOR COMPLETING THE APPLICATION FORM

1. Please print clearly.
2. Attach **certified copies** of original documents where they are required. (A certified copy must be endorsed as a true and correct copy of the original, on every page, by a solicitor or Justice of the Peace, whose name and contact address must also be provided.)
3. Applicants with **Music Therapy** qualifications from overseas (see note 2 below) must apply to the New Zealand Qualifications Authority for an equivalency statement **BEFORE** sending in this application form. Attach the statement from NZQA to the application form.
4. Post application form, fee and attachments to: 

**The Registration Board
Music Therapy New Zealand
PO Box 10352
The Terrace
Wellington 6143
New Zealand.**
5. Please check the MThNZ website for details of the current fee.
6. Please ensure a signed copy of the Code of Ethics for the Practice of Music Therapy in New Zealand is included.

NOTES

1. PERSONAL DETAILS

Ensure the address is where returned documents and notifications will reach you.
Date of Birth (D.O.B.) and Gender are required for statistical purposes. D.O.B. can be important for identical names on the register.
The name given here will be printed on your certificate.

2. FORMAL QUALIFICATIONS RELEVANT TO MUSIC THERAPY

Currently accepted qualifications are: Associate of the New Zealand Society for Music Therapy;
Master of Music (Music Therapy), Massey University.
Master of Music Therapy, New Zealand School of Music.

All courses approved by:

Australian Music Therapy Association

American Music Therapy Association

British Society for Music Therapy/Association of Professional Music Therapists

Other courses will be considered on their merits. Please include certified copies of all documentation to verify the qualifications. This includes a full transcript of the degree/diploma. If the qualification is from an institution outside New Zealand, and is not listed above, then an equivalency statement from the New Zealand Qualifications Authority must be attached. (Enquiries to NZQA, PO Box 160, Wellington. NZ)

3. OTHER ACADEMIC OR PROFESSIONAL QUALIFICATIONS

Any 'qualifications' you think are relevant. These do not have to be only 'academic' qualifications but could be professional recognition or awards; e.g. A Registered Music Teacher, a Registered Teacher, etc.
Include full documentation.

4. OTHER INFORMATION

Include relevant on going professional experiences e.g. continuing professional development, music and education conferences, research in a relevant area, musical experience and expertise. If necessary continue on a separate sheet.

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5. PRACTICAL WORK EXPERIENCE AND RECENT INVOLVEMENT IN THE THERAPEUTIC USE OF MUSIC

Both A and B categories may not be relevant in all cases. Include experience undertaken during training and experience (if any) prior to and after training. The statement should include, the years when this was done, the number of hours involved and the type of practical work. Provide documentation where possible.

Details in category C may become important if formal qualifications do not meet the normal academic standard. The Registration Board will look at the full picture of an applicant's qualifications and experience, including voluntary work, to determine whether registration should be granted and if so, what category of registration ('full' or 'provisional') is applicable. Add a separate statement if necessary.

6. SUPERVISION

Ongoing supervision is an essential part of practice for registered Music Therapists. It is stated in the MThNZ Code of Ethics that the music therapist shall:

"undertake regular supervision with a qualified professional in order to safeguard the quality of service to clients."

Please complete this section in full.

If it is not possible for your supervisor to sign the form, then please supply their contact details and, if possible, an email declaration from the supervisor to confirm the statement.

7. REFEREE

Provide the name and address of someone other than your supervisor who has agreed to provide a reference if requested by the Board.

8. FEE

Please refer to the MThNZ website (www.musictherapy.org.nz) for details of the current fee to accompany this application.

In the event of the application being unsuccessful, no refund will be made.

9. DECLARATION

Being declined registration in another profession - e.g. as a Registered Teacher - is not a bar to registration as a Music Therapist if the declining was due only to inadequate qualifications and training.

If you have had a conviction for an offence - other than a minor traffic infringement - then you **must** declare it and if necessary you will be required to provide a statement from the police with the details.

Attach a separate statement to explain any convictions.

There is no exact definition of what is an unacceptable medical condition. Applicants who feel this may be an issue should attach a letter to the application. If necessary it will be discussed with the Registration Board.

The Registration Board will decline any registration application if it is found that a full and frank disclosure has not been made.

In the best interests of those people who require the services of a Registered Music Therapist, the register is an open document. The Registration Board reserves the right to confirm to a third party whether your name is on the register at any time and the date of your current practising certificate.

The Board will not disclose address or contact details.

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Additional Information:

The closing date for applications for registration as a Music Therapist in New Zealand are 1 April and 1 October.

The Registration Board may:

- Approve the application unconditionally for **Full Registration** and provide a Practising Certificate valid for three years; **OR**
- Approve the application conditionally for **Provisional Registration** and provide a time limited Practising Certificate with the requirement that further information on successful learning and practice be supplied within a specified time; **OR**
- Decline the application with reasons for the decision.

Any applicant may be required to have a personal audition and/or interview at their own expense before registration is granted.