

Date

**APPLICATION FOR RENEWAL OF A MUSIC THERAPIST'S PRACTISING CERTIFICATE**

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.

Type of registration (please tick)

Full  
 Provisional

Registration Number

**1. PERSONAL DETAILS** (See Note 1.)

First or Given Names

Surname/Family name

Address

Telephone

Email

Are you applying to progress from provisional to full registration? Yes/No (please circle)

Are you a current member of MThNZ? Yes/No (please circle)

Do you have any other affiliations/memberships? Yes/No (please circle)

If you stated yes, please give details:

**2. MUSIC THERAPY PRACTICE SINCE ISSUING OF CURRENT PC** (See Note 2.)

Position	Employer details / self employed	Type of work/client group	Hours p/wk	Dates from / to

**3. CONTINUING PROFESSIONAL DEVELOPMENT**

(See Note 3.)

Please attach your 'Continuing Professional Development' log.

**4. SUPERVISION**

(See Note 4.)

**Complete sections 4A. and 4B. in full:** (Use an extra page if necessary)

**4A.** Provide the name of your supervisor and the frequency of contact.  
 (NB. The Registration Board may wish to contact her/him)  
 If you have had more than one supervisor, please include details on a separate sheet.

Supervisor Name	Contact Address & Phone	Frequency of contact e.g. monthly, fortnightly.
Supervisor occupation and details of professional registration if applicable:		

**4B.** Please use the box below to provide details of your plan for ongoing supervision.

**4C. optional** This box can be used to provide details of other supervision you may have received.  
 For example: peer supervision, group supervision.

**4D. Supervisor declaration. To be completed by your supervisor.**

If your supervisor is unable to sign this section, please ask someone else with whom you have had sufficient professional contact for them to comment on your competence. Please explain on a separate sheet of paper, why the section is not signed by your supervisor.

*I have had sufficient professional contact with the above applicant to consider that she/he is a satisfactory music therapist practitioner*

<i>Name and contact details</i>	<i>Signature</i>	<i>Date</i>
Position held and relationship to applicant:		

**5. FEE** (See Note 5.)

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

**6. SIGNATURE OF APPLICANT**

*I declare that the information given on this form is correct to the best of my knowledge and I continue to observe the MThNZ Code of Ethics.*

<i>Signature:</i>	<i>Date:</i>
-------------------	--------------

Checklist of enclosures:

- 1. Application form complete and signed
- 2. Section 4D. signed by supervisor
- 3. Fee enclosed / Paid online (delete as appropriate)
- 4. CPD log enclosed


## APPLICATION FOR RENEWAL OF PRACTISING CERTIFICATE.

### **INSTRUCTIONS FOR COMPLETING THE APPLICATION FORM**

1. Please print clearly.
2. Please mark any supporting information clearly with your name. Do not staple.
3. Post application form, fee and attachments to:



**The Registration Board  
Music Therapy New Zealand  
PO Box 10352  
The Terrace  
Wellington 6143  
New Zealand.**

4. Please check the MThNZ website for details of the current fee.

### **NOTES**

#### **1. PERSONAL DETAILS**

Ensure the address is where returned documents and notifications will reach you.  
The name given here will be printed on your certificate.

#### **2. MUSIC THERAPY PRACTICE SINCE ISSUING OF CURRENT PRACTISING CERTIFICATE**

Include details of all music therapy work undertaken since issue of current practising certificate. This may include provision of music therapy, supervision practice, teaching and music therapy research. Continue on separate sheet if necessary.

If you have had a break in employment, please write a covering letter explaining your circumstances.

#### **3. CONTINUING PROFESSIONAL DEVELOPMENT**

The CPD log is available to download from the Registration page of the MThNZ website:  
[www.musictherapy.org.nz](http://www.musictherapy.org.nz). Refer to the [CPD log information sheet for guidelines](#).  
Please ensure your log is signed by your peer reviewer.

#### **4. SUPERVISION**

Please complete sections **4A.** and **4B.** in full.

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

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

**Section 4D.** This section is to be signed by your current supervisor.

The Board reserves the right to contact the supervisor or referee.

#### **5. FEE**

Please refer to the MThNZ website ([www.musictherapy.org.nz](http://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.

#### **Additional Information:**

In the best interest 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 expiry date of your current practising certificate.

The Board will not disclose address or contact details.