

NZ Sterile Sciences Association

Application for Qualification Approval

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| --- | --- | --- | --- |
| First Name: | Last Name: | | |
| Preferred name: |  | | |
| Residential Address: | | | |
|  | | | |
| Email: | | | |
| Telephone No.: | | | |
| Details of qualification | | | |
| Name of sterilising technology qualification: | | | |
| Year of graduation from sterilising technology qualification: | | | |
| Institute qualification attained through: | | | |
| Employment history | | | |
| Length of employment in Sterile Service: | | | |
| Current place of employment: | | | |
| Manager’s name: | | | |
| Manager’s contact email: | | | |
| Sterilising association membership | | | |
| Home country association: | | | |
| Membership number: | Expiry Date: | | |
| Association contact email: | | | |
| English Language | | | |
| Is English your first language  *If no, provide evidence of English language - IELTS “General” or “Academic” score of 5.5 with no band score lower than 5, with application* | | Yes | No |

**Declaration**

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, declare that the information provided as part of this application for approval of qualification is true and accurate.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (DD/MM/YYYY)

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to abide by the New Zealand Sterile Sciences Association (NZSSA) Constitution and Rules, including the code of ethics contained therein.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (DD/MM/YYYY)

**Before sending in your application, please complete the following checklist to ensure you have provided all the necessary documentation:**

|  |  |
| --- | --- |
| ⃝ | Completed application form |
| ⃝ | Passport bio-data page |
| ⃝ | Evidence of name change if different from the name listed on your award certificate |
| ⃝ | Curriculum vitae (CV) |
| ⃝ | Evidence of home country membership being current |
| ⃝ | Letter of good standing from home association |
| ⃝ | Award certificate in Sterilising Technology |
| ⃝ | Transcript for sterilising qualification or syllabus from the time of study, Academic record, mark sheet |
| ⃝ | Evidence of English language where second language (if required)  (IELTS “General” or “Academic” score of 5.5 with no band score lower than 5) |

Please read the instructions for Qualifications Approval Process carefully to make sure your documents are presented correctly.

**Consent**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, consent to the NZSSA Qualifications Approval Committee (QAC) requesting further information as required to assist with processing my application for approval of my qualification.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (DD/MM/YYYY)

**Application process**

On receipt of your application an invoice for the fee, $750.00 will be sent to your email. Payment is required before your application is processed.

Your application will be reviewed by the administrator and when they confirm all requirements have been met, the application will be forwarded to the QAC.

The possible QAC outcomes are:

* NZSSA Graduate Membership is granted.
* Additional information is sought from the applicant before approving or declining the application.
* Where concerns exist around the educational standards of an applicant’s qualifications, the application is reviewed by a senior academic from an NZSSA-accredited programme. A decision is then made based on their recommendations. The reviewer will assess whether the applicant’s training programme provided comparable learning outcomes to NZSSA-accredited programmes.
* The application is denied.

You will be advised in writing of the outcome of your application.