**NEW ZEALAND MUSIC THERAPY**

**REGISTRATION BOARD**

*Established 2000*

**APPLICATION FOR RENEWAL OF ANNUAL PRACTISING CERTIFICATE**

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| 1. Please read the instructions at the end of this form before completing each section.  **2. Download and save this document before inserting information. Send completed and signed application to:**  [registrar@musictherapy.org.nz](about:blank)  3. The application must be completed electronically in order to give the applicant sufficient space to answer questions thoroughly.  4. If this is not possible, then return by post the application form, fee and attachments to: NZMT Registration Board,  PO Box 11531, Manners Street, Wellington 6142, New Zealand.  5. Please check the MThNZ website for details of the current fee. | |
| **Current Status**: (mark with a cross “x”)  **Full Registration** **Provisional Registration** Year 1 / Year 2 (delete one) | |
| Registration number |  |

**SECTION ONE**

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| **PERSONAL DETAILS** | |
| First name or given names  *(to be used on certificate)* |  |
| Preferred name if different |  |
| Surname |  |
| Full Home address  Including post code |  |
| Postal address (if different) |  |
| Preferred Email Address |  |
| Telephone |  |
| Current MThNZ member? | YES / NO *(please delete one) This is* ***not*** *the registration fee* |
| Please list any other professional affiliations |  |

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| **MUSIC THERAPY PRACTICE SINCE ISSUING OF CURRENT PRACTISING CERTIFICATE : Individual Information required for NZ Music Therapy Registration Board**  **(See Note 2)** This may include your role as a supervisor or similar role if relevant. Insert additional rows if needed. | | | | |
| **Position Title** | **Employer details/ Self-employed** | **Type of work/ Population Group** | **Music Therapy Hours/week** | **Date from / to** |
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**Total hours per week**

**If fully registered move to Section 3**

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| **SECTION TWO**  **Provisionally Registered Music Therapist:** To be completed when applying to **move to full registration**.  Please answer all questions. |
| 1. In relation to the time you have been provisionally registered please provide a reflection and supporting brief example of how you have incorporated each of these areas of the standards of practice into your music therapy practice. If any area has not been incorporated or addressed then please provide an explanation as to why they have not been addressed and a brief outline as to how you may seek to address/incorporate these areas into your practice in the future. |
| * ***Implementation of practice*** *– Please provide a reflection and brief example/s on how you have incorporated aspects, such as musical skills; therapeutic relationship; theory; assessment; implementation and evaluation; or communication, into your practice.* |
| * ***Cultural competence*** *– Please provide a reflection and brief example/s on how you have incorporated this area into your practice. If this is an area which you think needs more consideration in your practice moving forward, please provide an outline as to how you may address this.* |
| * ***Ethical and legal practice*** *– Please provide a reflection and brief example/s on how you have incorporated this area into your practice. If this is an area which you think needs more consideration in your practice moving forward, please provide an outline as to how you may address this.* |
| * ***Reflective practice and continuing professional development*** *– Please provide a reflection and brief example/s on how you have incorporated this area into your practice. If this is an area which you think needs more consideration in your practice moving forward, please provide an outline as to how you may address this.* |

**SECTION THREE**

**CONTINUING PROFESSIONAL DEVELOPMENT**

For further guidance on how to complete this section please refer to Information Sheet IS1, Registration, Continuing Professional Development and Supervision (please see website: [https://www.musictherapy.org.nz/about-mthnz/registration-board/](about:blank)

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| **3.1** **What were your identified learning and professional development goals/ needs for the past year?**  **Tip: “Copy and paste” from last year’s application.** |
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| **3.2 How did your CPD activity affect your professional practice and meet your identified learning & development goals/needs for the past year?** |
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**3.3 DEFINITIONS OF CATEGORIES FOR CONTINUING PROFESSIONAL DEVELOPMENT (CPD)**

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| --- | --- | --- | --- |
| **Code** | **Type of CPD** | **Total CPD hours**  **20hrs minimum** | **Examples** |
| 1 | **Music Therapy Specific Training and Development** | 12 hours minimum, demonstrating a range of MT specific CPD opportunities | * Attendance at music therapy workshops, seminars or courses (please only note those hours dedicated to professional training, not networking or informal contact) * Music therapy conference presentations and participation * Reading and research that provides the knowledge foundation for the establishment of new initiatives or strategic development of music therapy services * Professional reading related to music therapy (please provide name and author of book or article) * Writing or contributing to a music therapy paper, article or book * Undertaking/participating in music therapy research * Attendance at regional group meetings/events focused on professional practice (please note that general networking and informal meetings with colleagues are not considered CPD) |
| 2 | **Other Training or Development** |  | * Attendance at professional workshops, seminars or courses (please only note those hours dedicated to professional training, not networking or informal contact) * Engagement or participation in bi-cultural understanding and/or training * Professional conference presentations and participation * Workplace training e.g. Health and Safety, Child Protection or Control and Restraint training * Undertaking/participating in professional research |
| 3 | **Musical Activity relating to music therapy practice** |  | * Maintaining and developing musical skills relevant to music therapy practice * Participating in improvisation or community music groups * Active participation in performance experiences relevant to music therapy practice * Engagement and learning of taonga pūoro |
| 4 | **Other** |  | * Self-directed learning projects that contribute to your professional development , including te reo and bi-cultural engagement * Submissions or comment on professional programmes or development * Involvement in and/or leadership of relevant organisations at local or national level which may include national or regional music therapy work * Personal learnings related to mentorship, training and/or supervision of student music therapists |

**3.4 DESCRIPTION OF CPD HOURS**

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| --- | --- | --- | --- | --- | --- |
| Date of CPD activity | Hours | Code  see above | Description of CPD activity | Key learning outcomes (What did the presenter intend for you to learn or what goal did you have for self-directed learning?) | Critical reflection on how this CPD relates to **your** music therapy practice |
| ***Example for guidance only***  *12.07.19* | *6* | *2* | *Strengthening relationships with children in an agency setting using child-centred play therapy ‘ways of being’: Professional development workshop by ChildPlay Works NZ* | *Gain practical knowledge and understanding of entry-level elements of CCPT*  *Apply elements of CCPT to the process of building a relationship with a child*  *Develop ways of responding to children to effectively deepen the relationship in order to assist in being optimal agents of change*  *Develop an understanding of the significance of play*  *(Through role plays), understand experientially what it might be like for a child to experience a relationship in which they have been heard and understood*  *Gain an understanding of how CCPT can enable children to process trauma* | *A number of the children who I work with are very motivated by non-musical play or by play that incorporates music but relies primarily on non-musical toys or objects. While this can sometimes feel uncomfortable as a music therapist, this workshop reinforced the importance of allowing the child the freedom and flexibility to express him or herself through non-musical play. It also provided great, practical strategies for communicating with children during play which I was immediately able to incorporate into my work.* |
| Minimum of **20 hours** of which **12 hours minimum** demonstrating a range of Music Therapy Specific Training and Development (Code 1) | | | | | |
| Date | Hours | Code | Activity | Key learning outcomes | Critical reflection on how this CPD relates to your music therapy practice |
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**Total Hours**

**Total hours breakdown MUST be completed please:**

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| Code | Category | Hours |
| **1** | **Music Therapy Specific Training and Development** (min. 12) |  |
| **2** | **Other Training or Development** |  |
| **3** | **Musical Activity relating to music therapy practice** |  |
| **4** | **Other** |  |
|  | **TOTAL HOURS** |  |

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| **3.5 What are your identified learning and development goals/needs for the coming year? How do you intend to meet these CPD needs**? (add more rows if needed) The Board encourages NZ RMThs to include training in and engagement with te ao Māori as one aspect of their CPD plan each year. |
| **Example of Goal and Plan to address goal**  Learning and development goal 1:  I will be exploring the use of music and movement with young children, within the context of group sessions, to encourage active participation; engagement in a shared musical experience; to support gross motor skills and physical health.  Plan for addressing goal 1:  I will engage in professional reading on this topic; liaise with colleagues (both MT's and in allied fields such a physiotherapy) and attend workshops in order to upskill myself. |
| Learning and development goal 1: |
| Plan for addressing goal 1: |
| Learning and development goal 2: |
| Plan for addressing goal 2: |
| Learning and development goal 3: |
| Plan for addressing goal 3: |

**CPD record: Applicant Declaration:**

I confirm that I have completed the CPD record and it contains activities that I have undertaken in order to fulfil CPD requirements. I confirm:

I have undertaken **a minimum of 20 hours** of CPD activities this year, of which **12 hours were music therapy specific training and development.**

Please complete the section below if you **have not** undertaken a minimum of 20 hours of CPD activities this year and outline your reasons below:

**SECTION FOUR**

**SUPERVISION LOG**

For further guidance on how to complete this section please refer to Information Sheet IS1, Registration, Continuing Professional Development and Supervision (please see website: [https://www.musictherapy.org.nz/about-mthnz/registration-board/](about:blank). (Also, please see note 4.)

**There is a minimum requirement of 10 hours supervision per year.**

You are required to complete a separate line for each supervision session undertaken. Each line item must contain the date, duration of the session and name of supervisor.

**Please ask your supervisor to read the relevant pages concerning supervision and continuing professional development and sign the declaration page.**

**TYPES OF SUPERVISION**

***Individual Supervision*** is formally facilitated by a Registered Music Therapist or other professional with supervision experience, usually with a formal contract. Individual supervision does not include case-load review.

***Group Supervision*** is formally facilitated by a Registered Music Therapist or experienced supervisor. Supervisees can freely share and learn from their own and others’ experience and are aided by the interactions occurring among group members.

***Peer Supe*rvision** involves formal connections between Registered Music Therapists or those in related professions who co-facilitate the supervision process as a means of developing their respective competence and effectiveness as allied health professionals. Peer supervision can occur in pairs and/or groups, at an arranged time and place. Peer supervision does not include regional meetings, team meetings or site meetings/visits.

If none of the above fit, please explain your supervision.

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**Please cross (x) the types of supervision undertaken that are detailed in the following pages (**add or delete lines as required)**:**

Individual Supervision Group Supervision Peer Supervision

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| **Details of Your Supervisor** | | |
| Provide the name of your supervisor and the frequency of contact. If you have had more than one supervisor please include all details. | | |
| **Supervisor name/s** | **Supervisor occupation/position and details of professional registration if applicable** | **Frequency of contact**  e.g. monthly, fortnightly |
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**4.1 SUPERVISION LOG: There is a minimum requirement of 10 hours supervision per year.**

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| **INDIVIDUAL SUPERVISION** | | | | |
| **Date** | **Hours** | | | **Name of supervisor** |
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| **GROUP SUPERVISION** | | | | |
| **Date** | **Hours** | | | **Name of group supervisor** |
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| **PEER SUPERVISION** | | | | |
| **Date** | | **Hours** | | **Other Group Members (either names or professional roles/affiliations)** |
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| **TOTAL HOURS OF SUPERVISION MUST BE COMPLETED** | | | | |
| **Individual hours** | | |  |  |
| **Group hours** | | |  |  |
| **Peer hours** | | |  |  |
| **TOTAL HOURS** | | |  |  |

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| 4.2 **Ongoing Supervision:**  Please provide details of your plan for your ongoing supervision. Including supervisor name, frequency and type of supervision. |

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| **4.3 Supervision Reflective Statement:**  Please provide a general reflective statement of how supervision has supported your practice over the past year**.**  **Please do not disclose personal and/or confidential information.** |

**DECLARATION AND SIGNATURE PAGES**

All written signatures must be completed and can be done by inserting a signature electronically or written manually, scanned and then attached to the application form.

**Supervision Log Declaration (to be completed by supervisor)**

I confirm that the Supervision log contains details of supervision undertaken and meets the combined minimum required supervision of **10 hours across all types of supervision** undertaken during the year?

Please cross one:

YES NO

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| If you have crossed NO, please outline the reasons below: |

**CPD Record Declaration (to be completed by supervisor)**

**I can confirm that I have reviewed the applicant’s CPD activity log and that I am satisfied that it meets the applicant’s identified learning and development goals.**

Please cross one:

YES NO

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| If you have crossed NO, please outline your reasons below: |

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| **SUPERVISOR DECLARATION To be completed by your main supervisor**.  This practitioner has met the minimum requirements for:   * relevant continuing professional development (CPD) and * professional supervision appropriate to their role and experience, and * I am satisfied that they have demonstrated professional development relevant to their goals and, * provided critical practice reflection. | |
| **Supervisor’s Name** | **Date** |
| **Signature:** |  |
|  | |
| **DECLARATION OF APPLICANT:**  ***I declare that the information given on this form is correct to the best of my knowledge and I continue to abide by the MThNZ Code of Ethics and continue to meet the Standards of Practice for New Zealand Registered Music Therapists.***  ***I confirm that all the information in the Continuing Professional Development Record Section and the Supervision Log section is correct to the best of my knowledge.***  ***I confirm that all relevant signatures have been included in these Declaration pages.*** | |
| **Signature of applicant:** | **Date** |

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| **REGISTRATION FEE** (See Note 5)  If the application is unsuccessful, a refund will be made that is equivalent to one hour of the Registrar’s time, plus any costs for return of documents (if applicable).  Note: This is **not** a membership subscription for MThNZ. | |
|  | |
| I will pay the required fee by electronic bank transfer no later than 1 March (or 1 August in the August round).  **Account number: 12-3140-0421783-00**  Account name: The NZ Society for Music Therapy/NZSMT.  Please state your name, registration number and APC renewal as reference when making an online payment.  **(e.g. Lewis 00 APC)** | **YES / NO (delete one)**  If NO, please state reason: |
| **Amount to be paid: $ Date:** |

**THIS CHECKLIST MUST BE COMPLETED**

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| **Checklist** (must be completed) |  |
| 1. Application form completed | YES / NO (delete one) |
| 2. The CPD record is completed | YES / NO (delete one) |
| 3. Supervision Log is completed | YES / NO (delete one) |
| 4. The Declaration Page has been signed by my Supervisor and myself | YES / NO (delete one) |
| 5. Fee to be paid online **by 1 March** (or 1 August if in the August round of applications) | YES / NO (delete one) |
| 6. I have been selected for review of my CPD & Standards of Practice. I have attached a written summary outlining the relevance of my activities to my practice as a Music Therapist on the form provided | YES / NO (delete one) |

**Please do not include these pages in your application; they are for your guidance only.**

**NOTES TO ASSIST COMPLETING THE APPLICATION FORM FOR**

**RENEWAL OF ANNUAL PRACTISING CERTIFICATE AS A MUSIC THERAPIST IN NEW ZEALAND**

**Please read “Process and guidelines for registration and renewal of annual practising certificates including supervision and continuing professional development guidelines” on the Registration page of the MThNZ website:** [https://www.musictherapy.org.nz/about-mthnz/registration-board/](about:blank)

**Section One**

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. If you have a “preferred” name, please include.

1. **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, music therapy teaching and music therapy research. Add additional lines if required.

**Section Two *must*** be completed by provisionally registered music therapists applying for full registration.

**Section Three**

1. **CONTINUING PROFESSIONAL DEVELOPMENT**

Please complete the CPD Record. Refer to the CPD log information sheet (IS1) for guidelines from the Registration page of the MThNZ website: [www.musictherapy.org.nz/registration.](about:blank)

**Section Four**

1. **SUPERVISION**

Please complete the Supervision Log. Please refer to the Supervision log information sheet for guidelines from the Registration page of the MThNZ website: [www.musictherapy.org.nz/registration.](about:blank)

Please complete **all sections** in full.

It is expected that all NZ RMThs attend regular ongoing supervision with an experienced Registered Music Therapist or a suitably qualified and registered person from a related discipline (such as counsellor, psychotherapist, or psychologist.) It is recommended that supervision takes place at least monthly and a requirement that there is a minimum of 10 hours supervision per year. If you require further information about supervision, please contact the Registration Board.

1. **FEE**

Please refer to the MThNZ website (https:// https://www.musictherapy.org.nz/about-mthnz/registration-board/) for details of the fee for this application. If the application is unsuccessful, a refund equivalent to one hour of the Registrar’s time, plus any costs for return of documents (if applicable). Fees are due by 1 March each year.

A MThNZ membership subscription is not the registration fee. There are two separate fees.

Registration Payment can be made online to the following bank account:

**Account number: 12-3140-0421783-00**

Account name: The NZ Society for Music Therapy/NZSMT.

Please state your **name, registration number and renewal APC** as reference when making an online payment.

**6**. **DECLARATION AND SIGNATURE PAGES**

All declarations and signatures are now included on one page. Your signature indicates your confirmation of the declaration that all information is correct including your personal details, music therapy practice, CPD Record and Supervision Log.

You are asked to obtain your supervisor’s signature. All written signatures must be completed and can be done by inserting a signature electronically or written manually and scanned then attached to the application form.

**Additional Information**

In the best interest of those people who require the services of a Registered Music Therapist, the Register is an open document and published on the website. 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 Registration Board will not disclose your contact details or confidential information to any third party. There may be occasions when Music Therapy NZ wishes to share information with all Registered Music Therapists and this information will be forwarded to you by the Registration Board if you are not a member of MThNZ.

**7. CLOSING DATE INFORMATION:**

The closing date for all applications as a music therapist in New Zealand **is 1 March each year.**

**A second round of applications for those with special circumstances will close on 1 August each year.**

From 2020 the Board initiated the 1 August round for special circumstances, registration applications from overseas music therapists intending to practice in NZ, and renewal of annual practising certificates for RMTh returning after placing their annual practising certificate on hold for reasons such as parental leave, health issues, overseas travel. This list of special circumstances is not exhaustive and there may be other situations that would be considered.

1 August applicants shall apply in the usual way and provide a covering letter explaining why they are applying outside of the standard timeframe. If an Annual Practising Certificate is granted, it will be for the part of the year remaining. However, the Board are very clear that this is not an opportunity for NZ RMThs to leave their renewal until this second round unless there is an exceptional circumstance. Annual practising certificate renewals are processed only at the 1 March application deadline.

**Barbara Lewis, Registrar**

[**registrar@musictherapy.org.nz**](mailto:registrar@musictherapy.org.nz) **M: 027 7770228**

**NZ Music Therapy Registration Board**