

# Registration Renewal

## APPLICATION FORM



THE NUTRITION SOCIETY  
OF AUSTRALIA (INC.)

[www.nsa.asn.au](http://www.nsa.asn.au)

### PLEASE READ THE BELOW INFORMATION (tick statement)

- Read the checklist carefully and follow the instructions for submission of your application. Any applications with missing information or which are not correctly submitted will not be reviewed.
- If applying to change category, your application will be sent to the Registration Committee to review. The Registration Committee meet four times per year to discuss applications. Your wait time will depend on the date your application is received. See [www.nsa.asn.au](http://www.nsa.asn.au) for deadlines.
- Registration will not provide you with a Medicare provider number nor is it a license to work. You do not need to be Registered with NSA to work in nutrition nor does Registration guarantee employment. You will not be a 'registered clinical nutritionist'.
- Registration lasts for three years, in which time you must renew your NSA membership annually or your Registration will be invalid.
- All photocopies of original documents must be certified by a Justice of the Peace or at a police station.
- You must declare any criminal convictions.
- By registering you are agreeing to abide by the NSA Code of Ethics and Statement of Professional Conduct found [www.nsa.asn.au/index.php/membership/code\\_of\\_ethics/](http://www.nsa.asn.au/index.php/membership/code_of_ethics/).

I understand the above information and affirm that I have provided complete and accurate information in this form and accompanying documents.

NAME:

SIGNATURE:

DATE:

### PERSONAL INFORMATION

DR  MR  MRS  MS  MISS

FIRST NAME:

SURNAME:

ADDRESS:

CITY/SUBURB:

STATE:

POSTCODE:

COUNTRY:

PHONE:

MOBILE:

FAX:

EMAIL:

QUALIFICATIONS:

PLACE OF EMPLOYMENT:

AREA OF SPECIALTY:

MEMBERSHIP NUMBER:

## CATEGORY

Are you applying to change category?  YES  NO

Please select which category you are renewing or applying for:

- Associate Nutritionist (ANutr.)  Registered Public Health Nutritionist (RPHNutr.)  
 Registered Nutritionist (RNutr.)  Registered Animal Nutritionist (RANutr.)

## CHECKLIST OF ACCOMPANYING DOCUMENTS (please tick)

- An up-to-date CV  
 Full time equivalent hours worked within the nutrition area (compulsory for RNutr., RPHNutr. and RANutr.)  
Note: self-employment is not considered. Please use table below. Please use table provided below.\*  
 Continuing Professional Development log with 300 CPD. See website for CPD guide.  
 If applying for RPHNutr or RANutr, a statement of your competency in public health or animal nutrition.

\*Please use the below table as a template for listing your previous work history within your CV

Employer	
Job Position	
Period Employed	x years or x months
Full-time equivalent hours worked (full time equivalent - 38 hours per week)	
Duties within role	

## FEES

The cost to renew your Registration is \$200 for a three year term.

CARD TYPE:  VISA  MASTERCARD

CARD NUMBER:

<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"/>
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EXPIRY DATE:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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CVV:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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CARD HOLDER'S NAME:

<input type="text"/>
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SIGNATURE:

<input type="text"/>
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## SUBMISSION

Please email your application as a single document titled 'SURNAME First Name' followed in the order as listed in the checklist to [info@nsa.asn.au](mailto:info@nsa.asn.au).

Alternatively, post to **Nutrition Society of Australia, PO Box 576, CROWS NEST NSW 1585** or fax to **02 9431 8677**

If you have any questions, please consult the Frequently Asked Questions document on the NSA website.