

CERTIFICATE OF GOOD CHARACTER

All registration applicants are required to supply:

- ☐ One Certificate of Good Character from a registered medical laboratory scientist or a recent employer (this is not required if a Technician Certification Form is supplied)
- ☐ One Certificate of Good Character from a person who has known you for one year or more and who is not related to you

Name of Applicant	
Name of Referee	
Position Title (if applicable)	
Address for Correspondence	
Contact Telephone Number	
Email Address	
Is the candidate related to you by blood or marriage? <input type="checkbox"/> Yes <input type="checkbox"/> No	

How long and in what capacity have you known the applicant?

What is your assessment of the applicant's professionalism, reliability, integrity and honesty?

Are there any personal or professional issues the Medical Sciences Council of New Zealand should be aware of?

In your opinion is the applicant a fit and proper person to be registered? (If no, please explain your reasons)

Do you have any further comments about the applicant's character?

DECLARATION

I confirm that the above information is true to the best of my knowledge.

Signed

Date

Use of Reference

The information and opinion you provided will be treated as confidential to the Medical Sciences Council of New Zealand. It will be used for the purpose of consideration of the suitability of the candidate to be registered under s.16 of the Health Practitioners Competence Assurance Act 2003.

Privacy Act 1993

Any reference you provide may be made available to the candidate on request under the provisions of the Privacy Act 1993.