

SESNZ Accreditation recognises professional expertise in the areas of sport and exercise science gained through formal education and training and practical experience.

PERSONAL DETAILS

Title _____
 Name _____
 Address _____

 Home Phone _____
 Mobile _____
 Email _____

EMPLOYMENT DETAILS

Position _____
 Organisation _____
 Address _____

 Work Phone _____

ACCREDITATION LEVEL

Please tick the LEVEL (s) you are applying for accreditation in:

<input type="checkbox"/>	Level 1 Registered Exercise & Sport Scientist (AESS)
<input type="checkbox"/>	Level 2 Accredited Exercise & Sport Science Practitioner (RESSP)
<input type="checkbox"/>	Level 2 Accredited Exercise Physiologist (AEP)

SPECIALTY DETAILS

Please tick your primary, and if applicable your secondary specialty areas that you have acquired hours for **level 2**

- | | |
|--|--|
| <input type="checkbox"/> Applied Exercise Physiology | <input type="checkbox"/> Motor control & Skill acquisition |
| <input type="checkbox"/> Sports Biomechanics & Performance Analysis | <input type="checkbox"/> Musculoskeletal Exercise Rehabilitation |
| <input type="checkbox"/> Strength and Conditioning | <input type="checkbox"/> Sports Nutrition |
| <input type="checkbox"/> Mental Skills & Sport Psychology | |
| <input type="checkbox"/> Exercise prescription for special populations (AEP) | |

QUALIFICATIONS

(List only tertiary qualifications awarded, or currently enrolled for)

Qualification	Major	Institution	Year completed (expected)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REFEREES

Please supply the names, positions and contact details of two (2) suitable referees (people with a sport science or exercise background) in support of your application. The referees may be contacted by the SESNZ reviewer.

Title	_____	Mobile	_____
Name	_____	Home Phone	_____
Position	_____	Work Phone	_____
Organisation	_____		
Address	_____		

Email	_____		

Title	_____	Mobile	_____
Name	_____	Home Phone	_____
Position	_____	Work Phone	_____
Organisation	_____		
Address	_____		

Email	_____		

DECLARATION AND ADHERENCE TO CODE OF ETHICS

I declare the information I have provided in support of this application is a true and correct reflection of my qualifications, education and experiences. I agree to abide by the SESNZ Code of Ethics.

I have included with my application Please tick

- Verified Academic Transcript
- Brief CV
- Examples of evidence which fulfils the accreditation criteria
- Logged hours form (Level 2 application)
- Case studies (Level 2 application)
- Copies of First Aid and CPR certificates
- Membership Fee
- Accreditation Fee
- I agree to my contact details being listed in SESNZ publications

Privacy Act 1993

I consent to the collection of my contact address and personal details by Sport and Exercise Science New Zealand for the purposes of assisting the development of Sport and Exercise Science New Zealand and for it to retain, use and disclose this information to its officers and members for this purpose. I acknowledge my right to have access to and correct this information under the Privacy Act 1993.

Applicant signature _____ Date _____

PAYMENT OPTIONS

- Cheque (attached)
- Direct Credit

Please pay "Sport and Exercise Science NZ Inc": account number 03-0584-0294865-00. Please ensure you note your surname in the Payee details.

Forward your Application Form and Fees to:

Sport and Exercise Science NZ, PO Box 37415, Christchurch 8245
natmanager@sesnz.org.nz