

Internationally Qualified Nurses (IQN) Competence Assessment Programme (CAP) Reimbursement Application

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About this Application Form

Internationally Qualified Nurses (IQN) Competence Assessment Programme (CAP) Reimbursement Applications are managed and funded by Health New Zealand Te Whatu Ora.

The purpose of this fund is reimbursement of fees for internationally qualified nurses, who meet the funding criteria, as they become registered to work in New Zealand. You can apply for CAP reimbursement upon successful completion of a CAP and on verification of commencement of employment with an approved service provider, (see page 6) in a patient-facing role.

A pro-rata tax-free application for reimbursement of up to \$10,000NZD can be made by those who:

- are a Foreign National with a valid New Zealand Work Visa (or equivalent);
- have been required to complete a Competence Assessment Programme (CAP) after 1 August 2022 at an institution approved by the Nursing Council of New Zealand Te Kaunihera Tapuhi o Aotearoa (NCNZ);
- have gone on to successfully obtain registration and an Annual Practising Certificate (APC) from NCNZ; and
- have commenced employment as a nurse¹ in a direct patient-facing role with an approved New Zealand employer; Aged Residential Care facility, Community Health Organisation or Primary Health Organisation.

If you have met the above criteria, complete this form to apply for a payment to contribute towards reimbursement of financial cost incurred by you for attendance at the CAP programme. Any payment will be pro-rata (proportionate) based on the Full Time Equivalent (FTE) hours of the job you obtain, up to a maximum of \$10,000NZD. To be eligible, your application must be made within 12 months of completing the CAP programme.

A table which details payment rates can be found on page 6. More information can be found here: <https://www.tewhatauora.govt.nz/for-the-health-sector/nursing/internationally-qualified-nurses-cap-fund/>

¹ Enrolled Nurse, Registered Nurse, or Nurse Practitioner

Submission of application

Submission of this form is not a guarantee of payment. Your eligibility to receive payment will be assessed once your completed application form is received.

If you submit an application that is incomplete or missing information, it is not possible to complete an assessment. The application will be returned to you for completion. Assessment will commence once all necessary information is received.

Please refer to the **Checklist** to ensure that you have included all required information.

Privacy

The information you provide in this application form will be stored securely and your registration number may be shared with the NCNZ to enable Health New Zealand Te Whatu Ora to better understand the effectiveness of this programme.

This programme operates in accordance with the Privacy Act 2020, for further information please see the Privacy Statement on page 7 of this application form.

How to Apply for Payment

You must complete all the required fields in this application form, provide all required supporting documentation, and sign the declaration at the back of this form.

Once you have all the information required, and the application is completed, email this application form and supporting documents to Health New Zealand Te Whatu Ora. The email address can be found below.

Payment Timeframes

Assessment of an application will commence once a complete application is submitted. Whilst the assessment process can take up to 12 weeks, this time frame is approximate and will be affected by the volume of applications submitted to Te Whatu Ora. If your application is assessed and approved there will be additional time required for the processing of payment.

Email Address

Please submit your completed application and all required documentation in one single email.

Send your completed application form and all supporting documents to:

nursingcontracts@tas.health.nz.

Submission Requirements

To successfully make an application for payment, you must provide all the following:

- **A CAP Reimbursement Payment Application Form** (this form, signed and dated, with all compulsory fields completed).
- **Proof of your identity** (a copy of your International Passport), including (if applicable) proof of any name changes (such as a marriage certificate). It is not necessary to have this document witnessed.
- **Proof of your legal right to work in New Zealand** (such as a valid New Zealand Work Visa (or equivalent)).
- **Verification that you completed the CAP programme since 1 August 2022** from a provider accredited by NCNZ.
- **Proof** of personal financial cost to yourself for CAP; this must include an invoice and proof of payment.
- **Verification that you have subsequently obtained an Annual Practising Certificate (APC)** from NCNZ. We will require your Nursing Council registration number and you may be asked to provide additional verification.
- **Verification** that you are currently employed as a nurse in a direct patient-facing role by an approved New Zealand employer. This will be a formal letter from your employer confirming your employment and must include your FTE or specify your regular number of worked hours per week.
- **Verification** of your New Zealand bank account details (a pre-printed Deposit Slip, or top section of bank statement; or a letter from your bank.).

Competence Assessment Programme (CAP) Reimbursement Application

Compulsory fields/attachments are marked with a *

Section A – Personal Information

- 1.* First Name(s): _____
Surname: _____
- 2.* Email Address: _____
- 3.* Postal Address: _____

4. Nursing Council registration number (6 digits): _____
- 5.* I hold a legal right to work in New Zealand (such as a valid New Zealand Work Visa (or equivalent) and have provided verification of this: Yes No

Section B – CAP Programme and Professional Information

- 6.* Country of initial nursing qualification: _____
- 7.* Country of most recent nursing registration: _____
- 8.* Start Date of your New Zealand CAP programme: Click or tap to enter a date.
- 9.* CAP Provider:

Ara Institute of Canterbury	Otago Polytechnic	UCOL Universal College of Learning
Avatar Institute of Learning	Presbyterian Support Central Enliven	Unitec New Zealand
Eastern Institute of Technology	Qestral Corporation Limited	Waikato Institute of Technology
Lonsdale Education Centre	Rosebank Lifecare	Te Whatu Ora - Waitemata District
Manukau Institute of Technology	Royal New Zealand Plunket Society	Western Institute of Technology Taranaki
Nelson Marlborough Institute of Technology	Toi Ohomai Institute of Technology	Whitireia New Zealand
Northland Polytechnic		
Oceania Group (Wesley Institute of Nursing)		

- 10.*** I have completed the CAP programme, required by NZNC, in New Zealand since 1 August 2022. I have provided verification of this.
- 10b.*** The total financial cost that I personally paid for the CAP programme was: \$
I have provided verification of this.
- 11.*** I have subsequently obtained an APC from NCNZ and have provided my registration number:
- 12.*** I have commenced employment as a nurse in a direct patient-facing role with an approved New Zealand employer in one of the following areas; Aged Residential Care facility, a Community Health Organisation or Primary Health Organisation.
- 12b.*** My regular FTE/hours per week are: _____ FTE
I accept that any reimbursement assessment will be based on this ²: _____ hours per week

Section C – Payment Information

13a. Complete your New Zealand bank account number below **AND** include verification of your bank account details

Bank	Branch	Account	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

13b. I confirm that I have provided **verification** of my New Zealand bank account details and included it with with application form:

Section D – Declaration

By signing this declaration, I understand and confirm that:

- I have read this form, understand and agree to the eligibility criteria and requirements for the Competence Assessment Programme (CAP) Reimbursement Payment.
- Payment of the CAP programme fees were made by me personally.
- I understand and agree that any amount I receive will be pro-rata (proportionate) based on the amount paid for CAP fees **and** the Full Time Equivalent (FTE)* hours of the employment I have obtained, up to a maximum of \$10,000NZD.
- No agreed CAP reimbursement will ever exceed the amount paid by the applicant in CAP fees.
- The information I have provided is true, accurate and complete.
- If I have made a false statement or have failed to disclose any relevant information, my application may be delayed or declined, or I may be required to pay back any funds I receive.
- Te Whatu Ora Health New Zealand may contact the training provider, my employer(s), NCNZ, or any other person, in order to confirm or clarify any information needed to assess this application and/or make payment.
- Te Whatu Ora may share your NCNZ registration number with the NCNZ to better understand the effectiveness of this programme.

* A table which details payment rates can be found on page 6.

Applicant (Print Name) *: _____

Signature*: _____ Date: ____ / ____ / ____

Checklist

When you have completed this application form, please use this checklist to ensure that you have included **all** the information required. If you submit an application that is incomplete or missing information the information will be requested from you via email.

I have supplied ALL the following information:

A CAP Reimbursement Payment Application Form (this form, signed and dated, with all compulsory fields completed).

Proof of your identity (a copy of your International Passport), including (if applicable) proof of any name changes (such as a marriage certificate). It is not necessary to have this document witnessed.

Proof of your legal right to work in New Zealand (such as a valid New Zealand Work Visa (or equivalent).

Verification that you have completed a CAP programme since 1 August 2022 from a provider accredited by NCNZ. This will include an invoice and proof of payment.

Verification that you have subsequently obtained registration and an Annual Practicing Certificate (APC) from NCNZ. We will require your Nursing Council registration number and you may be asked to provide additional verification.

Verification that you have commenced permanent employment as a nurse in a direct patient-facing role from an approved New Zealand employer. This must include your FTE or regular number of worked hours per week.

Verification of your New Zealand bank account details (a Pre-printed Deposit Slip; or hand-written deposit slip, stamped by bank teller; or top section of bank statement; or a letter from your bank.) for the account you wish the payment to be made to.

Payment Rate Schedule

CAP Payment Schedule	
Verified Contract FTE	Maximum CAP Reimbursement *
1.0FTE / 40hrs per week	\$10,000 NZD
0.9FTE / 36hrs per week	\$9,000 NZD
0.8FTE / 32hrs per week	\$8,000 NZD
0.7FTE / 28hrs per week	\$7,000 NZD
0.6FTE / 24hrs per week	\$6,000 NZD
0.5FTE / 20hrs per week	\$5,000 NZD
0.4FTE / 16hrs per week	\$4,000 NZD
0.3FTE / 12hrs per week	\$3,000 NZD
0.2FTE / 8hrs per week	\$2,000 NZD
0.1FTE / 4hrs per week	\$1,000 NZD

* Reimbursement will comprise a calculation of the CAP fees against FTE hours of employment based on the table above. No payment will exceed the verified amount paid for the CAP course, and will not exceed \$10,000.00 NZD
*Where your contract hours are within a range (eg. 35-40 hours) the midway point between the minimum and maximum will be used as your FTE (eg. 37.5 hours).
Casual and temp agency employees do not qualify for this funding.

Approved New Zealand Employers:

Licensed Aged Residential Care Facility (ARC)
 Primary Health Organisations (PHO)
 Approved Community Health Organisations.

Privacy Statement

Te Whatu Ora – Health New Zealand is a government agency leading the day-to-day running of the health system across New Zealand, with functions delivered at local, district, regional and national levels. Te Whatu Ora is also responsible for improving services and outcomes across the health system.

What is IQN CAP?

Internationally Qualified Nurses (IQN) Competence Assessment Programme (CAP) reimbursement payments managed and funded by Te Whatu Ora – Health New Zealand for internationally qualified nurses have been directed by the New Zealand Nursing Council to complete this training.

The purposes of this fund are to help reduce the costs for internationally qualified nurses to become registered to work in New Zealand and to help make New Zealand more attractive in a highly competitive international market where nurses are in high demand.

In order to understand how well the programme is working we may decide to undertake various audits (for example: how long applicants stay practising in New Zealand).

This privacy statement outlines how we may collect, use, store and disclose your personal information in accordance with the Privacy Act 2020.

As part of the reimbursement process we collect personal information from you, including:

- Your full name
- Your email and residential address
- Nursing Council of New Zealand (NCNZ) Registration Number
- Information about your costs for CAP training, including start date, price, and confirmation of payment
- New Zealand bank account details
- Identity documentation - a copy of your international passport and proof of any name changes (if applicable)
- Immigration NZ Work Visa or Residency documentation
- Employment details, including your employer, date of commencement, hours of work and FTE)

Providing this information is optional however if you choose not to provide the requested information, we will be unable to process your application for reimbursement.

We collect your personal information in order to:

- Validate your application for reimbursement under the IQN CAP Fund business rules
- Enable payment of the approved funding to applicants
- Communicate with applicants
- Ensure an effective reimbursement process
- Monitor the success of the programme
- Gain insights into our IQN workforce

To give effect to these purposes your personal information may need to be disclosed to:

- Te Whatu Ora personnel who are performing the tasks necessary to achieve the above purposes
- Nursing Council of New Zealand in order to monitor the success of the programme and gain insights into our IQN workforce.

We take reasonable steps to ensure your personal information is protected by storing it in a secure SharePoint folder and only granting access to approved personnel for the purposes defined above.

Privacy queries or concerns

You have the right to ask for a copy of any personal information we hold about you, and to ask for it to be corrected if you think it is wrong. If you'd like to ask for a copy of your information, or to have it corrected, please contact us at nursingcontracts@tas.health.nz. To help us provide the information in a timely way, please include:

- Sufficient information to identify you and validate your identity (*to ensure we don't release your personal information to someone other than you*), and
Specify that you wish to see the personal information relating to your application for reimbursement under the Internationally Qualified Nurses (IQN) CAP Fund