

2021 Case Report Contest

Contestant Declaration Form

Applicant details

Name: _____ MNZ member No.(where applies) : _____

Phone: _____ Email: _____

Eligibility criteria

I confirm that I meet the eligibility criteria for this Case Report Competition. I am a *(tick appropriate box)*:

Current MNZ RMT member Current MNZ New Graduate member Current MNZ student member

Non-MNZ member massage therapist Non-MNZ student*

(*Must be actively enrolled and attending a massage therapy program (Level 5-7) at one of the NZQA accredited providers in New Zealand, as listed on the MNZ website. Please give study programme and education provider name below)

Study Programme and Provider: _____

I am a massage therapist working in New Zealand with *(tick appropriate box)*:

NZ citizenship NZ residency** Current valid NZ work visa**

(** Must attach copy of proof of residency or current valid work visa)

I hold a NZQA accredited qualification in massage therapy (Level 5-7).

(Please provide details below of highest massage therapy qualification including NZQA level, or equivalent. NB: You must have proof of recognised prior learning (RPL) from MNZ if the qualification was gained overseas.)

Study Programme and NZQA level: _____

Declaration

I hereby certify that:

This case report is entirely my own work and that I am responsible for all aspects of the work contained herein, except where I have fully and accurately documented references to the works of others.

I have used a Case Report Supervisor (CRS), their relationship to me is as a: Tutor Colleague Mentor

I, the undersigned Case Report Supervisor certify that the Case Report is the work of the author; and, while acting as a guide and a resource for the author, I did not unduly influence their work.

Case Report Supervisor name: _____ Signature: _____

Case Report Supervisor email address: _____

I have fully explained to the client the purpose and procedures of the case report and have asked the client about their goals for treatment.

I have ensured the client has signed the 'Client Informed Consent Form for Publication of Case Report'.

My case report adheres to the Case Report Guidelines and I have included all the required documents with my case report.

Contestant Signature: _____ Date: _____