

APPLICATION FOR ENTRY IN THE REGISTER OF DIETITIANS



Cyprus Registration Board for Food Scientists,
Food Technologists and Dietitians
P.O.Box. 22103, 1517 Nicosia -Cyprus
Tel. 22452258, Fax: 22452292

Confidential to the Registration Board

Before completing this application, please read the 'Registration of Food Scientists, Food Technologists and Dietitians' Law (Law no.31(I)/96).

Fees which must accompany the application:

a) For entry in the Register of Food Scientists/Food Technologists or in the Register of Dietitians	50€
b) For entry in the Special Catalogue of Food Scientists/Food Technologists and Dietitians	50€
c) Renewal of subscription to the Register of Food Scientists/Food Technologists or to the Register of Dietitians or to the Special Catalogue of Food Scientists/Food Technologists and Dietitians	35€

1. SURNAME	FIRST NAME	TITLE <i>(Dr., Mrs, Ms, Mr.)</i>
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2. DATE OF BIRTH	4. IDENTITY CARD NO.
3. NATIONALITY	DATE OF ISSUE

5. APPLICATION FOR ENTRY IN THE REGISTER OF DIETITIANS	
(I) DIETITIAN	<input type="checkbox"/>
(II) CLINICAL DIETETIAN	<input type="checkbox"/>

6. WORK ADDRESS	7. HOME ADDRESS
TEL NO.	FAX NO.
 	TEL NO.
	FAX NO.

8. ACADEMIC QUALIFICATIONS

NAME OF DEGREE/TITLE:	
MAIN SUBJECTS STUDIED:	
EDUCATIONAL INSTITUTION (COUNTRY):	
PERIOD OF STUDY: (FROM)	(TO)

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MAIN SUBJECTS STUDIED:	
EDUCATIONAL INSTITUTION (COUNTRY):	
PERIOD OF STUDY: (FROM)	(TO)

NAME OF DEGREE/TITLE:	
MAIN SUBJECTS STUDIED:	
EDUCATIONAL INSTITUTION (COUNTRY):	
PERIOD OF STUDY: (FROM)	(TO)

9. PROFESSIONAL QUALIFICATIONS

NAME OF BODY:
GRADE / TITLE:
OBTAINED ON:

NAME OF BODY:
GRADE / TITLE:
OBTAINED ON:

10. Have you ever been convicted by a criminal court? (If yes, please state the nature of the offence, the date of conviction and the punishment imposed).

11. Please attach the originals or certified copies of the Diplomas, Degrees and Certificates referred to in this application.

Number of documents attached hereto:

12. OTHER INFORMATION

Please state any other information which you believe that the Board should have knowledge of.

13. DECLARATION

I, the undersigned, hereby declare that the above information is true and I submit my application for registration as a member in the Register of Dietitians and I accept to abide by the provisions of the relevant legislation.

Signature: _____ Date: _____

Send your application to the following address:

**Cyprus Registration Board for Food Scientists, Food Technologists and Dietitians
P.O. Box 22103, 1517 Nicosia**

Please do not forget to attach all the necessary forms, accompanying documents and fees.

For any problem or enquiry, please do not hesitate to contact us on 22452258 or fax us on 22452292.

TO BE COMPLETED BY THE BOARD

RECEIVED ON:	S/N IN ENTRY BOOK:
FEES RECEIPT NO.:	RETURN OF FEES:
EXAMINED BY THE BOARD ON:	
ENTERED IN THE REGISTER:	REGISTER NO.:
BOARD'S DECISION (COMMENTS):	

President

Vice-President
