

Registration Application form

Profession:

COMPLETING YOUR APPLICATION

- Read all instructions
- Print clearly in BLOCK LETTERS using a black or blue pen
- Place X in ALL applicable boxes

SECTION A : Application inclusions

1. What are you applying for?

Please mark all options that are applicable

<input type="checkbox"/>	Registration
<input type="checkbox"/>	Private Practitioners Registration

SECTION B: Personal Details and Identification

The information items in this section of the application that are marked with an asterisk(*) will appear on the public register

2. What is your name?

* Mr Mrs Miss Ms Dr Other

* Family (legal) name

* First given name

* Middle given name(s)

Previous names or other names known by

Preferred Name

Gender: M F

3. What are your birth details?

Date of birth

DD / MM/ YYYY

Country of birth

Place/city of birth

4. Proof of identity:

Passport

You must attach a certified copy of your passport

5. What is your residential address?

6. What are your contact details?

During business hours

After hours

Mobile

Email

SECTION C : Qualification for the profession

7. What are the details of your qualifications?

A: Primary qualification

Title of qualification

Name of institute(University/College/Examining body)

Country

Start Date:

MM / YYYY

Completion Date:

MM / YYYY

B: Additional Qualifications (if any)

Title of qualification

Name of institute(University/College/Examining body)

Country

Start Date:

MM / YYYY

Completion Date:

MM / YYYY

SECTION D: Registration history

The Registrar requires a Certificate of Registration Status or Certificate of Good Standing in which you are currently or have previously been registered as an allied health practitioner during the past five years

8. What is your registration history?

A: Most recent registration

State/Territory/Country
Category of registration
Profession
Period of Registration
DD/MM/YYYY to DD/MM/YYYY

B: Additional Registration

State/Territory/Country
Category of registration
Profession
Period of Registration
DD/MM/YYYY to DD/MM/YYYY

State/Territory/Country
Category of registration
Profession
Period of Registration
DD/MM/YYYY to DD/MM/YYYY



SECTION E: WORK HISTORY

You must attach Curriculum Vitae that describe your full practice history and any clinical or procedural skills undertaken.

SECTION F: SUITABILITY STATEMENTS



You must attach a Police Clearance Form

9. Do you have any criminal history?

<input type="checkbox"/>	Yes		You must attach a summary of such criminal history and the outcome
<input type="checkbox"/>	No		go to the next question

10. Did you undertake your secondary education and your tertiary qualifications in the profession, in English, in one of the following countries?

<input type="checkbox"/>	Australia	<input type="checkbox"/>	Canada
<input type="checkbox"/>	New Zealand	<input type="checkbox"/>	United Kingdom
<input type="checkbox"/>	United States of America	<input type="checkbox"/>	Fiji
<input type="checkbox"/>	Papua New Guinea		

<input type="checkbox"/>	Yes		Go to question 13
<input type="checkbox"/>	No		Go to next question

11. Which of the English language examinations listed below have you successfully completed?

<input type="checkbox"/>	International English Language Test System (IELTS)
<input type="checkbox"/>	Occupational English Test (OET)

13. Do you have an impairment that detrimentally affects or is likely to detrimentally affect your capacity to practice the profession?

No  Go to next section

Yes **You must attach details of any impairments and how they are managed**

SECTION H: FEES

Please tick the appropriate box(s).

Registration \$50

Annual Practising Licence \$20

Letter of Good Standing \$50

SECTION I: CONSENT

14. Please read and make sure you understand these statements before signing

I consent:	to the Registrar making enquiries of and exchanging information with the authorities of any country stipulated in this application, regarding my practice as an allied health practitioner or otherwise regarding matters relevant to this application
•	
I authorize:	
•	the Registrar to obtain my criminal records if necessary
I acknowledge	
•	failure to complete all the relevant sections and enclose all supporting documents may result in this application not being accepted
I undertake	
•	to comply with all relevant legislations, board registration, standards, codes and guidelines
I declare	
•	that I am aware of my infection status for blood-borne viruses and I will comply with the requirements of the Infection control guidelines in relation to blood borne viruses
•	that the above statements, and the documents provided in support of this application are true and correct
•	that I am the person named in the attached documents
I make	
•	a declaration in the knowledge that a false statement is grounds for the council to refuse registration

Signature of the applicant/registrant

Date

DD/MM/YYYY

