



Registration Application Form For Private Practice

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

	Registration of Private Practice
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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

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 : Type of Practice to be undertaken

Location of Premises (provide photo evidence)

Nature of equipment provided (provide photo evidence)

Method of patient record keeping

7. 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

SECTION F: SUITABILITY STATEMENTS

8. Have you received the necessary permits?

You must attach a copy of your work and entry permits including any required approvals to operate a private practice.

9. 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 G : OBLIGATIONS OF REGISTERED HEALTH PRACTITIONERS

Registered health practitioners must inform the council of a change in their status in any matters that may be related to this application within seven days after becoming aware of the change and if fails to comply may be punishable under law.

SECTION H: FEES

Please tick the appropriate box(s).

Registration for private practice \$100

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

I consent:

to the council making enquiries of and exchanging information with the authorities of any country stipulated in this application, regarding my practice as a health practitioner or otherwise regarding matters relevant to this application

I acknowledge

the board may validate documents provided in support of this application as evidence of my practice
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

Printed name of the applicant/registrant