This form is for applying for general registration as an Aboriginal and Torres Strait Islander health practitioner.

It is important that you refer to the Aboriginal and Torres Strait Islander Health Practice Board of Australia (the Board) registration standards before completing this application. Registration standards and other relevant codes and guidelines can be found at [www.atsihealthpracticeboard.gov.au](http://www.atsihealthpracticeboard.gov.au).

If you need assistance to complete this form, Australian Health Practitioner Regulation Agency (AHPRA) staff are available to help. You can request assistance in one of three ways:

- make an enquiry in person at any AHPRA office
- call our Customer Service Team on 1300 419 495, or
- email a web enquiry via the AHPRA website. To make a web enquiry, visit [www.ahpra.gov.au/About-AHPRA/Contact-Us/Make-an-Enquiry](http://www.ahpra.gov.au/About-AHPRA/Contact-Us/Make-an-Enquiry) and select the ‘Registration Requirement’ category.

This application will not be considered unless it is complete and all supporting documentation has been provided. Supporting documentation must be certified in accordance with the AHPRA guidelines. For more information, see Certifying documents in the Information and definitions section of this form.

### Privacy and confidentiality

The Board and AHPRA are committed to protecting your personal information in accordance with the Privacy Act 1988 (Cth). The ways the Board and AHPRA may collect, use and disclose your information are set out in the collection statement relevant to this application, available at [www.ahpra.gov.au/privacy](http://www.ahpra.gov.au/privacy).

By signing this form, you confirm that you have read the collection statement. AHPRA’s privacy policy explains how you may access and seek correction of your personal information held by AHPRA and the Board, how to complain to AHPRA about a breach of your privacy and how your complaint will be dealt with. This policy can be accessed at [www.ahpra.gov.au/privacy](http://www.ahpra.gov.au/privacy).

### Symbols in this form

- **Additional information**
  Provides specific information about a question or section of the form.

- **Attention**
  Highlights important information about the form.

- **Attach document(s) to this form**
  Processing cannot occur until all required documents are received.

- **Signature required**
  Requests appropriate parties to sign the form where indicated.

- **Mail document(s) directly to AHPRA**
  Requires delivery of documents by an organisation or the applicant.

### Completing this form

- Read and complete all questions.
- Ensure that all pages and required attachments are returned to AHPRA.
- Use a black or blue pen only.
- Print clearly in **block letters**
- Place X in all applicable boxes: [X]
- DO NOT send original documents unless specified.

Do not use staples or glue, or affix sticky notes to your application. Please ensure all supporting documents are on A4 size paper.

### PART A – To be completed by the applicant

#### SECTION A: Personal details

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

1. **What is your name and date of birth?**

<table>
<thead>
<tr>
<th>Title*</th>
<th>MR</th>
<th>MRS</th>
<th>MISS</th>
<th>MS</th>
<th>DR</th>
<th>OTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family name*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First given name*</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Middle name(s)*</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Previous names known by (e.g. maiden name)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of birth</td>
<td>D</td>
<td>D /</td>
<td>M M /</td>
<td>Y Y Y Y</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you have ever been formally known by another name, or you are providing documents in another name, you must attach proof of your name change unless this has been previously provided to the Board. For more information, see Change of name in the Information and definitions section of this form.
2. What are your birth and personal details?

Country of birth

City/Suburb/Town/Community of birth

State/Territory of birth (if within Australia)

VIC   NSW   QLD   SA   WA   NT   TAS   ACT

Sex*

MALE   FEMALE   INTERSEX / INDETERMINATE

Languages spoken other than English (optional)*

SECTION B: Proof of identity

You must provide proof of your identity with this application. Please refer to the Proof of identity requirements available at www.ahpra.gov.au/identity.

You must provide one document from each category A, B and C, and one document from category D if the document supplied for category B or C does not contain evidence of a current Australian residential address.

3. Are you applying for registration from outside of Australia AND unable to provide evidence from each category?

YES   NO

Go to the next question

Attachment required below – then go to Section C: Contact information

You must attach a certified copy of a foreign passport (an EU card is not acceptable).

Your certified copy must include:

- a certified copy of the identity information page (the photo page), and

4. Which documents from each category will you provide for proof of identity?

Choose proof of identity documents to submit: (A document may only be used once for any category)

<table>
<thead>
<tr>
<th>Documents</th>
<th>Category used:</th>
<th>Documents</th>
<th>Category used:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australian birth or adoption certificate</td>
<td>A B C</td>
<td>Australian financial institution account</td>
<td>A B C</td>
</tr>
<tr>
<td>Australian visa (Foreign passport must be selected as evidence for Category B)</td>
<td>A B C</td>
<td>Australian Medicare card</td>
<td>A B C</td>
</tr>
<tr>
<td>ImmiCard</td>
<td>A B C</td>
<td>Australian PAYG payment summary</td>
<td>A B C</td>
</tr>
<tr>
<td>Australian citizenship certificate</td>
<td>A B C</td>
<td>Australian motor vehicle registration</td>
<td>A B C</td>
</tr>
<tr>
<td>Australian passport</td>
<td>A B C</td>
<td>Australian Taxation Assessment Notice</td>
<td>A B C</td>
</tr>
<tr>
<td>Australian motor vehicle licence</td>
<td>A B C</td>
<td>Australian insurance policy</td>
<td>A B C</td>
</tr>
<tr>
<td>Foreign passport</td>
<td>A B C</td>
<td>Australian pension/healthcare card</td>
<td>A B C</td>
</tr>
<tr>
<td>Australian Working with Children/ Vulnerable People Card</td>
<td>A B C</td>
<td>Category D documents</td>
<td></td>
</tr>
<tr>
<td>Australian firearms or shooter’s licence</td>
<td>A B C</td>
<td>A document from Category D is only required if your Category B or C document does not provide evidence of your residential address.</td>
<td></td>
</tr>
<tr>
<td>Australian student ID card</td>
<td>A B C</td>
<td>I have used a Category B or C document that has my current residential address.</td>
<td></td>
</tr>
<tr>
<td>Intl. or foreign motor vehicle licence</td>
<td>A B C</td>
<td>Australian rate notice</td>
<td></td>
</tr>
<tr>
<td>Australian proof of age card</td>
<td>A B C</td>
<td>Current Australian lease or tenancy agreement</td>
<td></td>
</tr>
<tr>
<td>Australian academic transcript</td>
<td>A B C</td>
<td>Australian utility account</td>
<td></td>
</tr>
<tr>
<td>Australian registration certificate</td>
<td>A B C</td>
<td>Australian electoral enrolment card</td>
<td></td>
</tr>
</tbody>
</table>

You must attach a certified copy of all proof of identity documents that you have indicated above.
SECTION C: Contact information

Once registered, you can change your contact information at any time. Please go to www.ahpra.gov.au and
• download and complete the change of address form CHDT-00 – Request for change of address details on the register, or
• log in to your AHPRA account to change your details online.

5. What are your contact details?

Provide your current contact details below – place an ✗ next to your preferred contact phone number.

<table>
<thead>
<tr>
<th>Business hours</th>
<th>Mobile</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>After hours</th>
<th>Mobile</th>
</tr>
</thead>
<tbody>
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</table>

<table>
<thead>
<tr>
<th>Email</th>
</tr>
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</table>

6. What is your residential address?

When you are not yet practising, or when you are not practising the profession predominantly at one address:
• your residential address will be recognised as your principal place of practice, and
• the information items marked with an asterisk (*) will appear on the public register as your principal place of practice.

Refer to the question below for the definition of principal place of practice.

Residential address cannot be a PO Box.

<table>
<thead>
<tr>
<th>Site/building and/or position/department (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City/Suburb/Town/Community*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>State or territory (e.g. VIC, ACT)/International province*</th>
<th>Postcode/ZIP*</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

7. Will the address of your principal place of practice be the same as your residential address?

Principal place of practice for a registered health practitioner is:
• the address at which you will predominantly practise the profession; or
• your principal place of residence, if you are not practising the profession or are not practising the profession predominantly at one address.

Principal place of practice cannot be a PO Box.

The information items marked with an asterisk (*) will appear on the public register.

<table>
<thead>
<tr>
<th>Site/building and/or position/department (if applicable)</th>
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</thead>
<tbody>
<tr>
<td></td>
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</thead>
<tbody>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>State/Territory* (e.g. VIC)</th>
<th>Postcode*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
8. What is your mailing address?

Your mailing address is used for postal correspondence.

☐ Residential address
☐ Principal place of practice
☐ Other (Provide your mailing address below)

Site/building and/or position/department (if applicable)

Address/PO Box (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET; or PO BOX 1234)

City/Suburb/Town/Community

State or territory (e.g. VIC, ACT)/International province

Postcode/ZIP

Country (if other than Australia)

SECTION D: Qualification for the profession

In accordance with section 52 of the National Law, to be eligible for general registration you must be qualified for general registration in the health profession. Section 53 of the National Law states that to be qualified you must hold either:

(a) an approved qualification for the health profession; or

(b) a qualification that the National Board considers to be substantially equivalent, or based on similar competencies to an approved qualification; or

(c) a qualification, not referred to in (a) or (b), relevant to the health profession and have successfully completed an examination or other assessment required by the National Board for the purpose of general registration in the health profession; or.

(d) a qualification, not referred to in (a) or (b), that under the National Law, or a corresponding prior Act, qualified you for general registration in the health profession and you were previously registered on the basis of holding that qualification.

The Board’s website contains information on approved qualifications accepted under point (a) and examinations or assessments accepted under point (c) above.

9. Do you hold a current first aid certificate which includes education in cardiopulmonary resuscitation?

YES ☐ NO ☐

You must attach a certified copy of your current first aid certificate that includes education in cardiopulmonary resuscitation.

10. What are the details of your qualifications and examinations/assessments?

For more information, see Certifying documents in the Information and definitions section of this form.

Most recent qualification and examinations/assessments

Title of qualification

Name of institution (University/College/Examining body)

Country

Start date M M / Y Y Y Y

Completion date M M / Y Y Y Y

You must attach a certified copy of your original academic transcript and testimony or certificate that indicates completion of the qualification mentioned in this form.
### Additional qualification and examinations/assessments

<table>
<thead>
<tr>
<th>Title of qualification</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of institution (University/College/Examining body)</td>
<td></td>
</tr>
<tr>
<td>Country</td>
<td></td>
</tr>
<tr>
<td>Start date</td>
<td>Completion date</td>
</tr>
</tbody>
</table>

Start date: **MM / YY**  
Completion date: **MM / YY**

You **must** attach a certified copy of your original academic transcript and testimony or certificate that indicates completion of the qualification mentioned in this form.

### Attach a separate sheet if your qualification details do not fit in the space provided.

---

### SECTION E: Registration history

**11. Do you have current registration or have you previously held registration in any health profession in any state, territory or under the National Registration and Accreditation Scheme (the National Scheme) or other country within the past five years?**

- **YES**  
- **NO**

Where you hold current or previous registration within or outside of Australia, including any health professions not yet part of the National Scheme, you **must** arrange for original Certificates of Registration Status or Certificates of Good Standing to be forwarded directly from the registration authority to your AHPRA state office. Refer to page 12 of this form for your AHPRA state office address.

#### Most recent registration

<table>
<thead>
<tr>
<th>State/Territory/Country</th>
<th>Profession</th>
<th>Period of registration</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td><strong>DD / MM / YYYY</strong> to <strong>DD / MM / YYYY</strong></td>
</tr>
</tbody>
</table>

#### Additional registration

<table>
<thead>
<tr>
<th>State/Territory/Country</th>
<th>Profession</th>
<th>Period of registration</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td><strong>DD / MM / YYYY</strong> to <strong>DD / MM / YYYY</strong></td>
</tr>
</tbody>
</table>

Attach a separate sheet if all your registration history does not fit within the space provided.
SECTION F: Suitability statements

Information required by the Board to assess your suitability for registration is detailed in the following questions. It is recommended that you provide as much information as possible to enable the Board to reach a timely and informed decision.

Please note that registration is dependent on suitability as defined in the National Law, and the requirements set out in the Board's registration standards. Refer to www.atsihealthpracticeboard.gov.au/registration-standards for further information.

12. Do you have any criminal history in Australia?

It is important that you have a clear understanding of the definition of criminal history. For more information, see Criminal history in the Information and definitions section of this form.

YES □ NO □

You must attach a signed and dated written statement with details of your criminal history in Australia and an explanation of the circumstances.

13. Do you have any criminal history in one or more countries other than Australia?

For more information, see Criminal history in the Information and definitions section of this form.

If you answer Yes to this question, you are required to obtain an international criminal history check (ICHC) from an approved vendor, who will provide a check reference number and ICHC reference page. For a list of approved vendors and further information about international criminal history checks, refer to www.ahpra.gov.au/internationalcriminalhistory.

NO □ Go to the next question

YES □

You are required to:

- obtain an international criminal history check from an approved vendor for each country and provide details below, and
- provide details of your criminal history in a signed and dated written statement.

<table>
<thead>
<tr>
<th>Country</th>
<th>Check reference number</th>
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</thead>
<tbody>
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</tbody>
</table>

You must attach a separate sheet if the list of overseas countries and corresponding check reference number does not fit in the space provided.

You must attach the international criminal history check (ICHC) reference page provided by the approved vendor.

You must attach a signed and dated written statement with details of your criminal history in each of the countries listed and an explanation of the circumstances.

14. Are there any countries other than Australia in which you have lived, or been primarily based, for six consecutive months or longer, when aged 18 years or more?

If you answer Yes to this question, you are required to obtain an international criminal history check (ICHC) from an approved vendor, who will provide a check reference number and ICHC reference page. For a list of approved vendors and further information about international criminal history checks, refer to www.ahpra.gov.au/internationalcriminalhistory.

NO □ Go to the next question

YES □

You are required to obtain an international criminal history check from an approved vendor for each country and provide details below.

<table>
<thead>
<tr>
<th>Country</th>
<th>Check reference number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

You must attach a separate sheet if the list of overseas countries and corresponding check reference number does not fit in the space provided.

You must attach the international criminal history check (ICHC) reference page provided by the approved vendor.

15. Will you have appropriate professional indemnity insurance arrangements in place while you are practising?

The Board requires all applicants to have appropriate professional indemnity insurance arrangements in place when practising. Applicants unable to meet this requirement are ineligible for registration.

For more information, see Professional indemnity insurance in the Information and definitions section of this form.

YES □ NO □
16. Have you graduated from a course relevant to the profession more than two years ago but not yet commenced practice?

**YES** [ ]  **NO** [ ]

Following assessment of your application, the Board may require you to demonstrate your competence to practice.

17. Are you returning from an absence from practice?

**YES** [ ]  **NO** [ ]

I have not practised the profession for at least:

- [ ] three months full-time equivalent within the past three years.
- [ ] six months full-time equivalent within the past 3–5 years.
- [ ] 12 months full-time equivalent within the past 5–10 years.

You must attach a signed and dated résumé that describes your full practice history. It is important that you refer to Résumé in the Information and definitions section of this form for mandatory requirements of the CV.

18. Are you, and do you identify as, an Aboriginal and/or Torres Strait Islander person?

For more information, see the Board's Aboriginal and/or Torres Strait Islander registration standard online at www.atsihealthpracticeboard.gov.au/registration-standards

**YES** [ ]  **NO** [ ]

You must be an Aboriginal and/or Torres Strait Islander person to be eligible for general registration.

19. Are you accepted as an Aboriginal and/or Torres Strait Islander person in the community which you live or lived?

Pursuant to section 80 of the National Law, the Board may seek further evidence of a registrant’s claim to be an Aboriginal and/or Torres Strait Islander person.

**YES** [ ]  **NO** [ ]

You must provide evidence that:

- you are an Aboriginal and/or Torres Strait Islander person
- you identify as an Aboriginal and/or Torres Strait Islander person, and
- you are accepted as an Aboriginal and/or Torres Strait Islander person in the community which you live or have lived.

Evidence may include, but is not limited to, a letter, to the satisfaction of the Board, stating that a person is an Aboriginal or Torres Strait Islander or both and is accepted by a recognised Aboriginal and/or Torres Strait Islander organisation. The letter must carry the organisation’s letterhead, hold the organisation’s official seal and be dated and signed by a person authorised by the organisation.

20. Do you have an impairment that detrimentally affects, or is likely to detrimentally affect, your capacity to practise the profession?

For more information, see Impairment in the Information and definitions section of this form.

**YES** [ ]  **NO** [ ]

You must attach to this application details of any impairments and how they are managed.

21. Is your registration in any profession currently suspended or cancelled in Australia (under the National Law or a corresponding prior Act) or overseas?

You must attach to this application details of any registration suspension or cancellation.

**YES** [ ]  **NO** [ ]

22. Have you previously had your registration cancelled, refused or suspended in Australia (under the National Law or a corresponding prior Act) or overseas?

You must attach to this application details of any cancellation, refusal or suspension.

**YES** [ ]  **NO** [ ]
23. Has your registration ever been subject to conditions, undertakings or limitations in Australia (under the National Law or a corresponding prior Act) or overseas?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

You must attach to this application details of any conditions, undertakings or limitations.

24. Are you disqualified from applying for registration, or being registered, in any profession in Australia (under the National Law, a corresponding prior Act or a law of a co-regulatory jurisdiction), or overseas?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

Co-regulatory jurisdiction means a participating jurisdiction (of the National Law) in which the Act applying (the National Law) declares that the jurisdiction is not participating in the health, performance and conduct process provided by Divisions 3 to 12 of Part 8 (of the National Law).

You must attach to this application details of any disqualifications.

25. Have you been, or are you currently, the subject of conduct, performance or health proceedings whilst registered under the National Law, a corresponding prior Act, or the law of another jurisdiction in Australia or overseas, where those proceedings were not finalised?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

You must attach to this application details of any conduct, performance or health proceedings.
Obligations of registered health practitioners

The National Law pt 7 div 11 sub-div 3 establishes the legislative obligations of registered health practitioners. A contravention of these obligations, as detailed at points 1, 2, 4, 5, 6 or 8 below does not constitute an offence but may constitute behaviour for which health, conduct or performance action may be taken by the Board. Registered health practitioners are also obligated to meet the requirements of their Board as established in registration standards, codes and guidelines.

Continuing professional development
1. A registered health practitioner must undertake the continuing professional development required by an approved registration standard for the health profession in which the practitioner is registered.

Professional indemnity insurance arrangements
2. A registered health practitioner must not practise the health profession in which the practitioner is registered unless appropriate professional indemnity insurance arrangements are in force in relation to the practitioner’s practice of the profession.

3. A National Board may, at any time by written notice, require a registered health practitioner registered by the Board to give the Board evidence of the appropriate professional indemnity insurance arrangements that are in force in relation to the practitioner’s practice of the profession.

4. A registered health practitioner must not, without reasonable excuse, fail to comply with a written notice given to the practitioner under point 3 above.

Notice of certain events
5. A registered health practitioner must, within 7 days after becoming aware that a relevant event has occurred in relation to the practitioner, give the National Board that registered the practitioner written notice of the event. Relevant event means—
   a) the practitioner is charged, whether in a participating jurisdiction or elsewhere, with an offence punishable by 12 months imprisonment or more; or
   b) the practitioner is convicted of or the subject of a finding of guilt for an offence, whether in a participating jurisdiction or elsewhere, punishable by imprisonment; or
   c) appropriate professional indemnity insurance arrangements are no longer in place in relation to the practitioner’s practice of the profession; or
   d) the practitioner’s right to practise at a hospital or another facility at which health services are provided is withdrawn or restricted because of the practitioner’s conduct, professional performance or health; or
   e) the practitioner’s billing privileges are withdrawn or restricted under the Human Services (Medicare) Act 1973 (Cth) because of the practitioner’s conduct, professional performance or health; or
   f) the practitioner’s authority under a law of a State or Territory to administer, obtain, possess, prescribe, sell, supply or use a scheduled medicine or class of scheduled medicines is cancelled or restricted; or
   g) a complaint is made about the practitioner to the following entities—
      (i) the chief executive officer under the Human Services (Medicare) Act 1973 (Cth);
      (ii) an entity performing functions under the Health Insurance Act 1973 (Cth);
      (iii) the Secretary within the meaning of the National Health Act 1953 (Cth);
      (iv) the Secretary to the Department in which the Migration Act 1958 (Cth) is administered;
      (v) another Commonwealth, State or Territory entity having functions relating to professional services provided by health practitioners or the regulation of health practitioners.
   h) the practitioner’s registration under the law of another country that provides for the registration of health practitioners is suspended or cancelled or made subject to a condition or another restriction.

Change in principal place of practice, address or name
6. A registered health practitioner must, within 30 days of any of the following changes happening, give the National Board that registered the practitioner written notice of the change and any evidence providing proof of the change required by the Board—
   a) a change in the practitioner’s principal place of practice;
   b) a change in the address provided by the registered health practitioner as the address the Board should use in corresponding with the practitioner;
   c) a change in the practitioner’s name.

Employer’s details
7. A National Board may, at any time by written notice given to a health practitioner registered by the Board, ask the practitioner to give the Board the following information—
   a) information about whether the practitioner is employed by another entity;
   b) if the practitioner is employed by another entity—
      (i) the name of the practitioner’s employer; and
      (ii) the address and other contact details of the practitioner’s employer.

8. The registered health practitioner must not, without reasonable excuse, fail to comply with the notice.

Consent
I consent to the Board and AHPRA making enquiries of, and exchanging information with, the authorities of any Australian state or territory, or other country, regarding my practice as a health practitioner or otherwise regarding matters relevant to this application.

I authorise the Board to obtain my criminal history in Australia and overseas.

I understand that:
   • a complete criminal history, including resolved and unresolved charges, spent convictions, and findings of guilt for which no conviction was recorded, will be released to the Board, and
   • information will be extracted from this form and used for the purpose of criminal history checking. This information may be used by Australian police services for law enforcement purposes including the investigation of any outstanding criminal offences.

I acknowledge that:
   • the Board may validate documents provided in support of this application as evidence of my identity, and
   • failure to complete all relevant sections of this application and to enclose all supporting documentation may result in this application not being accepted.

I undertake to comply with all relevant legislation and Board registration standards, codes and guidelines.

I confirm that I have read the privacy and confidentiality statement for this form.

I declare that:
   • the above statements, and the documents provided in support of this application, are true and correct, and
   • I am the person named in the attached documents.

I make this declaration in the knowledge that a false statement is grounds for the Board to refuse registration.

I am aware that personal information that I provide may be given to a third party for regulatory purposes, consistent with the National Law.

Signature of applicant

Name of applicant

Date

Effective from: 30 October 2017
PART B – To be completed by the agent (if required)

SECTION H: Agent to act on behalf of applicant

26. Do you wish to appoint an agent to communicate/act on your behalf in relation to this application?

YES  Complete Applicant authorisation and arrange for agent to complete Agent authorisation

NO  Go to Section I: Payment

Applicant authorisation

I authorise my agent to (mark one or more as required):

☐ communicate with the Board on my behalf regarding the processing and progress of my application. (The agent and the Board may communicate by telephone, fax, written correspondence)

☐ undertake any other action reasonably necessary for the processing of my application on my behalf (except signing and lodging applications forms, which must be completed by the applicant)

☐ receive all formal correspondence from the Board in relation to this application.

Date

[ ] D [ ] D / [ ] M [ ] M / [ ] Y [ ] Y [ ] Y

Signature of applicant

SIGN HERE

Agent authorisation

AGENT TO COMPLETE: I consent to act as Agent of the registrant named below.

Full name of agent

Full name of applicant

Agent contact details

Address/PO Box (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET; or PO BOX 1234)

__________________________________________________________________________

__________________________________________________________________________

City/Suburb/Town

State or territory (e.g. VIC, ACT)/International province

Postcode/ZIP

Country

Business hours (phone)

Mobile

Email

Date

[ ] D [ ] D / [ ] M [ ] M / [ ] Y [ ] Y [ ] Y

Signature of agent

SIGN HERE
PART C – To be completed by the applicant

SECTION I: Payment

You are required to pay **both** an application fee and a registration fee.

| Application fee: | $92 |
| Registration fee: | $150 |
| **Amount payable:** | **$242** |

Applicants **must** pay 100% of the stated fees at the time of submitting the application.

Registration period
The annual registration period for the Aboriginal and Torres Strait Islander health practice profession is from **1 December to 30 November**.

If your application is made between **1 October and 30 November this year**, you will be registered until **30 November next year**.

Refund rules
The application fee is non-refundable. The registration fee will be refunded if the application is not approved.

27. How are you paying your fees?

**Payment** by cheque, money order or bank draft must be in Australian currency, drawn on an Australian bank. A receipt will be provided.

- **Visa or MasterCard**
  - Complete credit/debit card payment slip below
- **Cheque/Money order/Bank draft**
  - You must attach cheque or money order payable to the Australian Health Practitioner Regulation Agency.
  - On the back of the cheque, money order or bank draft, you **must** write:
    - your full name, and
    - your date of birth.

Credit/Debit card payment slip – please fill out

<table>
<thead>
<tr>
<th>Amount payable</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Visa or MasterCard number</th>
</tr>
</thead>
</table>

Expiry date

<table>
<thead>
<tr>
<th>SIGN HERE</th>
</tr>
</thead>
</table>

Name on card

Cardholder’s signature

---

Effective from: 30 October 2017
SECTION J: Checklist

Please label each attachment with the corresponding question number.

Have the following items been attached or arranged, if required/applicable?

<table>
<thead>
<tr>
<th>Additional documentation</th>
<th>Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>Question 1 Evidence of a change of name</td>
<td></td>
</tr>
<tr>
<td>Question 3 A certified copy of your foreign passport</td>
<td></td>
</tr>
<tr>
<td>Question 4 Certified copies of all documents that provide sufficient evidence of your identity</td>
<td></td>
</tr>
<tr>
<td>Question 9 Certified copy of your current first aid certificate</td>
<td></td>
</tr>
<tr>
<td>Question 10 Certified copies of all of your relevant qualifications approved or considered to be equivalent by the Board</td>
<td></td>
</tr>
<tr>
<td>Question 10 A separate sheet with additional qualification details</td>
<td></td>
</tr>
<tr>
<td>Question 11 Certificate of Registration Status or Certificate of Good Standing has been requested from relevant authority</td>
<td></td>
</tr>
<tr>
<td>Question 11 A separate sheet with additional registration history details</td>
<td></td>
</tr>
<tr>
<td>Question 12 A signed and dated written statement with details of your criminal history in Australia and an explanation of the circumstances</td>
<td></td>
</tr>
<tr>
<td>Question 13 A separate sheet of additional overseas countries with criminal history and corresponding ICHC reference number</td>
<td></td>
</tr>
<tr>
<td>Question 13 A signed and dated written statement with details of your criminal history outside Australia and explanation of the circumstances</td>
<td></td>
</tr>
<tr>
<td>Questions 13 &amp; 14 ICHC reference page provided by the approved vendor</td>
<td></td>
</tr>
<tr>
<td>Question 14 A separate sheet of additional overseas countries lived in and corresponding ICHC reference number</td>
<td></td>
</tr>
<tr>
<td>Question 17 Your résumé</td>
<td></td>
</tr>
<tr>
<td>Question 19 Evidence that you are, identify and are accepted as an Aboriginal or Torres Strait Islander person</td>
<td></td>
</tr>
<tr>
<td>Question 20 A separate sheet with your impairment details</td>
<td></td>
</tr>
<tr>
<td>Question 21 A separate sheet with your previous suspension or cancellation details</td>
<td></td>
</tr>
<tr>
<td>Question 22 A separate sheet with your cancellation, refusal or suspension details</td>
<td></td>
</tr>
<tr>
<td>Question 23 A separate sheet with your previous conditions, undertakings or limitation details</td>
<td></td>
</tr>
<tr>
<td>Question 24 A separate sheet with your disqualification details</td>
<td></td>
</tr>
<tr>
<td>Question 25 A separate sheet with your conduct, performance or health proceedings</td>
<td></td>
</tr>
<tr>
<td>Payment</td>
<td></td>
</tr>
<tr>
<td>Application fee</td>
<td></td>
</tr>
<tr>
<td>Registration fee</td>
<td></td>
</tr>
<tr>
<td>If paying by cheque/money order/bank draft, your name and registration number are written on the back</td>
<td></td>
</tr>
</tbody>
</table>

Please post this form with payment and required attachments to:

AHPRAGPO Box 9958IN YOUR CAPITAL CITY (refer below)You may contact AHPRAPayment
Sydney NSW 2001  Canberra ACT 2601  Melbourne VIC 3001  Brisbane QLD 4001
Adelaide SA  5001  Perth WA 6001  Hobart TAS 7001  Darwin NT 0801

Effective from: 30 October 2017
CERTIFYING DOCUMENTS
DO NOT send original documents unless specified. Copies of documents provided in support of an application, or other purpose required by the National Law, must be certified as true copies of the original documents. Each and every certified document must:

• be in English. If original documents are not in English, you must provide a certified copy of the original document and translation in accordance with AHPRA guidelines, which are available at www.ahpra.gov.au/certify
• be initialed on every page by the authorised officer. For a list of people authorised to certify documents, visit www.ahpra.gov.au/certify
• be annotated on the last page as appropriate e.g. ‘I have sighted the original document and certify this to be a true copy of the original’ and signed by the authorised officer, and
• list the name, date of certification, and contact phone number, and position number (if relevant) and have the stamp or seal of the authorised officer (if relevant) applied.

Certified copies will only be accepted in hard copy by mail or in person (not by fax, email, etc.). Photocopies of previously certified documents will not be accepted. For more information, AHPRA’s guidelines for certifying documents can be found online at www.ahpra.gov.au/certify

CHANGE OF NAME
You must provide evidence of a change of name if you have ever been formally known by another name(s) or if any of the documentation you are providing in support of your application is in another name(s). Evidence must be a certified copy of one of the following documents:

• Standard marriage certificate
• Deed poll
• Change of name certificate

Faxed, scanned or emailed copies of certified documents will not be accepted.

CONTINUING PROFESSIONAL DEVELOPMENT (CPD)
You are required to participate regularly in CPD and maintain records of those activities from 1 July 2012. You must undertake a minimum of 60 hours of CPD activities over a three-year cycle and a minimum of 10 hours in any one year.

For more information, view the full registration standard online at www.atsihealthpracticeboard.gov.au/registration-standards

CRIMINAL HISTORY
Criminal history includes the following, whether in Australia or overseas, at any time:

• every conviction of a person for an offence
• every plea of guilty or finding of guilt by a court of the person for an offence, whether or not a conviction is recorded for the offence, and
• every charge made against the person for an offence.

Under the National Law, spent convictions legislation does not apply to criminal history disclosure requirements. Therefore, you must disclose your complete criminal history as detailed above, irrespective of the time that has lapsed since the charge was laid or the finding of guilt was made.

The Board will decide whether a health practitioner’s criminal history is relevant to the practice of the profession.

You are not required to obtain or provide your Australian criminal history report. AHPRA will obtain this check on your behalf. You may be required to obtain international criminal history reports. For more information, view the registration standard online at www.atsihealthpracticeboard.gov.au/Registration-Standards

ENGLISH LANGUAGE SKILLS
To be eligible for registration you must be able to demonstrate that you have an adequate command of the English language. English language proficiency can be demonstrated through the completion of the Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care (Practice) or a qualification considered by the Board to be equivalent.

For more information, view the full registration standard online at www.atsihealthpracticeboard.gov.au/registration-standards

IMPAIRMENT
Impairment means a physical or mental impairment, disability, condition or disorder (including substance abuse or dependence) that detrimentally affects or is likely to detrimentally affect your capacity to practise the profession. The National Law requires you to declare any such impairments at the time of application, including details of the impairment and how it is managed.

PRACTICE
Practice means any role, whether remunerated or not, in which you use your skills and knowledge as a health practitioner in your profession. Practice is not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct non-clinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles and any other roles that impact on safe, effective delivery of services in the profession.

PROFESSIONAL INDEMNITY INSURANCE (PII)
You must have PII, or some alternative form of indemnity cover that complies with the Board’s standard, for all aspects of your practice, whether you are employed or self-employed, and regardless of whether you are working in the private, non-government or public sector.

You can be covered by either individual insurance arrangements or third party insurance arrangements which may apply through employment or education institution insurance arrangements. Applicants unable to meet the Board’s requirements are ineligible for registration. It is your responsibility to understand the nature of the cover under which you are practising.

For more information, view the full registration standard online at www.atsihealthpracticeboard.gov.au/registration-standards

RECENCY OF PRACTICE
To ensure you are able to practise competently and safely, you must be able to demonstrate recency of practice. If you are returning to practice after a absence, the requirement for recency of practice will depend on the length of absence and the length of practice prior to absence. Depending on your situation the Board may impose conditions on your registration.

For more information, view the full registration standard online at www.atsihealthpracticeboard.gov.au/registration-standards

RÉSUMÉ (CURRICULUM VITAE)
Your résumé, also known as your curriculum vitae, must:

• explain any period since obtaining your professional qualifications where you have not practised and reasons why (e.g. undertaking study, travel, family commitment)
• detail any gaps in your practice history of more than three months from the date you obtained your qualification
• be in chronological order
• be signed and dated with a statement ‘This curriculum vitae is true and correct as at (insert date)’
• be the original signed curriculum vitae (no faxes or scanned copies will be accepted).

It must also contain all the elements defined in AHPRA’s standard format for curriculum vitae which can be found at www.ahpra.gov.au/cv