Application for general registration
for students completing an approved program of study
Profession: Aboriginal and Torres Strait Islander health practice

This form is for students who are completing an approved program of study and who have never been registered or practised as a health practitioner in Australia or overseas. This is an application for general registration as an Aboriginal and Torres Strait Islander health practitioner in Australia. This application must be lodged, with all supporting documents, in the capital city of the state or territory where the approved program of study has been completed.

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

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 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.

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.

**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.

**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: ☒
• **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: Application criteria**

1. Are you a new graduate or are you currently completing an approved program of study relating to this application?  
   **YES □** Go to the next question  
   **NO □**

   You are not eligible to use this application form. To apply for general registration, please complete application form AGEN-81, available online at www.atsihealthpracticeboard.gov.au.

2. Have you ever been registered or practised as a health practitioner in Australia or overseas?  
   **YES □**

   **NO □** Go to the next question

   You are not eligible to use this application form. To apply for general registration, please complete application form AGEN-81, available online at www.atsihealthpracticeboard.gov.au.

3. At what academic institution are you completing your study?  
   Name of institution
   Country
   State/Territory (if in Australia)  
   VIC ☑  NSW ☐  QLD ☐  SA ☐  WA ☐  NT ☐  TAS ☐  ACT ☐

4. What is your student identification number?  
   Student identification number
SECTION B: Personal details

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

5. 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></td>
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<td></td>
<td></td>
<td></td>
<td>SPECIFY</td>
</tr>
</tbody>
</table>

Family name*

First given name*

Middle name(s)*

Previous names known by (e.g. maiden name)

Date of birth DD/MM/YYYY

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.

6. What are your birth and personal details?

Country of birth

City/Suburb/Town/Community of birth

State/Territory of birth (if within Australia)

<table>
<thead>
<tr>
<th>VIC</th>
<th>NSW</th>
<th>QLD</th>
<th>SA</th>
<th>WA</th>
<th>NT</th>
<th>TAS</th>
<th>ACT</th>
</tr>
</thead>
</table>

Sex*

<table>
<thead>
<tr>
<th>MALE</th>
<th>FEMALE</th>
<th>INTERSEX / INDETERMINATE</th>
</tr>
</thead>
</table>

Languages spoken other than English (optional)*
### SECTION C: Proof of 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.

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

If you are applying for registration from outside of Australia and are unable to provide evidence from each category, you will be required to meet the minimum identity requirements. Refer to [www.ahpra.gov.au/identity](http://www.ahpra.gov.au/identity) for further information.

- **YES**
- **NO** Go to the next question

**Attachment required below – then go to Section D: 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

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

You must only use each document once.

The documents provided must meet the following criteria:
- At least one document must be in the applicant’s current name.
- Your category B document must have a recent photo.
- If using your passport, a certified copy of the identity information page (the photo page) must be provided.
- All documents must be true certified copies of the original. See Certifying documents in the Information and definitions section of this form for more information.

**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</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Australian visa (Foreign passport must be selected as evidence for Category B)</td>
<td>A</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>ImmiCard</td>
<td>A</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Australian citizenship certificate</td>
<td>A</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Australian passport</td>
<td>A</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Australian motor vehicle licence</td>
<td>NA</td>
<td>A</td>
<td>NA</td>
</tr>
<tr>
<td>Foreign passport</td>
<td>NA</td>
<td>A</td>
<td>NA</td>
</tr>
<tr>
<td>Australian Working with Children/Vulnerable People Card</td>
<td>NA</td>
<td>A</td>
<td>NA</td>
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<tr>
<td>Australian firearms or shooter’s licence</td>
<td>NA</td>
<td>A</td>
<td>NA</td>
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<tr>
<td>Australian student ID card</td>
<td>NA</td>
<td>A</td>
<td>NA</td>
</tr>
<tr>
<td>Intl. or foreign motor vehicle licence</td>
<td>NA</td>
<td>A</td>
<td>NA</td>
</tr>
<tr>
<td>Australian proof of age card</td>
<td>NA</td>
<td>A</td>
<td>NA</td>
</tr>
<tr>
<td>Australian government benefits</td>
<td>NA</td>
<td>A</td>
<td>NA</td>
</tr>
<tr>
<td>Australian academic transcript</td>
<td>NA</td>
<td>A</td>
<td>NA</td>
</tr>
<tr>
<td>Australian registration certificate</td>
<td>NA</td>
<td>A</td>
<td>NA</td>
</tr>
</tbody>
</table>

**Category D documents**

- A document from Category D is only required if your Category B or C document does not provide evidence of your residential address.
- I have used a Category B or C document that has my current residential address
- Australian rate notice
- Current Australian lease or tenancy agreement
- Australian utility account
- Australian electoral enrolment card

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

9. 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>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>After hours</th>
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<table>
<thead>
<tr>
<th>Email</th>
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</table>

10. 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.

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

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

City/Suburb/Town/Community*

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

Country (if other than Australia)

<table>
<thead>
<tr>
<th>YES</th>
<th>NO Provide your Australian principal place of practice below</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

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

<table>
<thead>
<tr>
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City/Suburb/Town/Community*

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<tr>
<th>State/Territory (e.g. VIC, ACT)</th>
<th>Postcode*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>
12. 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)

13. 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.

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

As a student completing studies at an Australian university you may not yet have your qualification conferred, and are therefore unable and not required to provide a copy of your degree with your application. Your application will be processed when the Board receives advice direct from the relevant university that you have met the requirements of the course and are entitled to the qualification.

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

Primary qualification and examinations/assessments

Title of qualification

Name of institution (University/College/Examining body/TAFE/RTO)

Campus

Country

Start date / Completion date Length of program

If you have received your academic qualification you must attach a certified copy.
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.

15. 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.

16. 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.

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.

17. 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.

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.

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

The Board requires all applicants to have appropriate professional indemnity 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 ☐
19. Are you accepted as an Aboriginal and/or Torres Strait Islander person in the community which you live or lived?

**YES**

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.

**NO**

You must be accepted as an Aboriginal and/or Torres Strait Islander person in the community which you live or have lived to be eligible for registration.

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

**YES**

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

**NO**

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

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

**YES**

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

**NO**

You must attach to this application details of any impairments and how they are managed.
PART B – To be completed by the agent (if required)

SECTION G: Agent to act on behalf of applicant

22. 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 / Y 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 / Y Y Y Y

Signature of agent

SIGN HERE
PART C – To be completed by the applicant

SECTION H: Obligations and consent

Before you sign and date this form, make sure that you have answered all of the relevant questions correctly and read the statements below. An incomplete form may delay processing and you may be asked to complete a new form. For more information, see the Information and definitions section of this form.

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 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
 SECTION I: Payment

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

<table>
<thead>
<tr>
<th>Application fee:</th>
<th>Registration fee:</th>
<th>Amount payable:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$92</td>
<td>$150</td>
<td>$242</td>
</tr>
</tbody>
</table>

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.

23. 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.

Mark one box below only
- Visa or MasterCard
- Cheque/Money order/Bank draft
- Cash/EFTPOS (only available if paying in person)

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.

Please post this form with payment and required attachments to:

AHPRA
GPO Box 9958
IN YOUR CAPITAL CITY (refer below)

Sydney NSW 2001  Canberra ACT 2601  Melbourne VIC 3001  Brisbane QLD 4001
Adelaide SA  5001  Perth WA 6001  Hobart TAS 7001  Darwin NT 0801

You may contact AHPRA on 1300 419 495 or you can lodge an enquiry at www.ahpra.gov.au

Credit/Debit card payment slip – please fill out

<table>
<thead>
<tr>
<th>Amount payable</th>
<th>Name on card</th>
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<th>Visa or MasterCard number</th>
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<table>
<thead>
<tr>
<th>Expiry date</th>
<th>Cardholder's signature</th>
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<td>SIGN HERE</td>
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</table>

Effective from: 30 October 2017
SECTION J: Checklist

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 5: Evidence of a change of name (if required)</td>
<td></td>
</tr>
<tr>
<td>Question 7: A certified copy of your foreign passport</td>
<td></td>
</tr>
<tr>
<td>Question 8: Certified copies of all documents that provide sufficient evidence of your identity</td>
<td></td>
</tr>
<tr>
<td>Question 13: Certified copy of your current first aid certificate (if applicable)</td>
<td></td>
</tr>
<tr>
<td>Question 14: Certified copies of your relevant qualifications (if applicable)</td>
<td></td>
</tr>
<tr>
<td>Question 15: 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 16: A separate sheet of additional overseas countries with criminal history and corresponding ICHC reference number</td>
<td></td>
</tr>
<tr>
<td>Question 16: 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 16 &amp; 17: ICHC reference page provided by the approved vendor</td>
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</tr>
<tr>
<td>Question 17: A separate sheet of additional overseas countries lived in and corresponding ICHC reference number</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 21: A separate sheet with your impairment details</td>
<td></td>
</tr>
</tbody>
</table>

Payment

- Application fee
- Registration fee

If paying by cheque/money order/bank draft, your name and registration number are written on the back

Information and definitions

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

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

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 impairments at the time of application. If you have an impairment, you will need to provide 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

Effective from: 30 October 2017