Aboriginal and Torres Strait Islander Health Practice Board
Ahpra

Application for general registration

Profession: **Aboriginal and Torres Strait Islander Health Practice**

Part 7 Division 6 of the Health Practitioner Regulation National Law (the National Law)

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**

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.

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: ☒
- **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?

Title* MR ☐ MRS ☐ MISS ☐ MS ☐ DR ☐ OTHER SPECIFY

Family name*

First given name*

Middle name(s)*

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

Date of birth D D / M M / Y Y Y Y

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?

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** for further information.

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
- an official English translation of your passport (if your passport is in a language other than English). Please refer to *Translating documents* at **www.ahpra.gov.au/translate** for further information.

4. 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.
- All documents **must** be officially translated into English. Please refer to *Translating documents* at **www.ahpra.gov.au/translate** for further information.
- 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)

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

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.

Business hours ☐

Mobile ☐

After hours ☐

Email

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.

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

Address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET)

City/Suburb/Town/Community*

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

Postcode/ZIP*

Country (if other than Australia)

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

YES ☐ NO ☐ ***Provide your Australian principal place of practice below***

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.

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

Address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET)

City/Suburb/Town/Community*

State/Territory* (e.g. VIC, ACT)

Postcode*

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. 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

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.

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

SECTION E: Registration history

10. 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?

For a list of the professions regulated under the National Scheme, please refer to **www.ahpra.gov.au**

If you have been previously registered outside of Australia, the Board requires a Certificate of Registration Status or Certificate of Good Standing from **every** jurisdiction outside of Australia in which you are currently, or have previously been registered as a health practitioner **during the past five years**.

Certificates **must** be dated within three months of your application being received by Ahpra.

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

State/Territory/Country

Profession

Period of registration D D / M M / Y Y Y Y to D D / M M / Y Y Y Y

Additional registration

State/Territory/Country

Profession

Period of registration D D / M M / Y Y Y Y to D D / M M / Y Y Y Y

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.

11. 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.

12. 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.***

Country	Check reference number

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.

13. 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***

Country	Check reference number

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.

14. 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 ☐

15. 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.

16. Do you meet the Board's recency of practice requirements?

To meet the Board's *Recency of practice registration standard*, you are required to have practised:

- at least 450 hours within the previous three years, or
- 150 hours within the previous 12 months in your intended scope of practice.

If you don't meet the standard, you will be required to provide information to help the Board make a decision about your application. For more information, see *Recency of practice* in the *Information and definitions* section of this form or the full registration standard online at **www.atsihealthpracticeboard.gov.au/Registration/Forms**.

N/A ☐ I am a recent graduate and my qualification for registration was awarded in the last two years.

YES ☐ I meet the Board's recency of practice requirements

NO ☐

You **must** attach evidence of your practice history that includes:

- your detailed practice history, including your previous scope(s) of practice and when you last practised
- your intended practice, and
- activities carried out since you last practised including any continuing professional development you may have done.

17. 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 ☐

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

18. 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 ☐

You **must** provide evidence that you:

- are an Aboriginal and/or Torres Strait Islander person
- identify as an Aboriginal and/or Torres Strait Islander person, and
- 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, if available, and be dated and signed by a person authorised by the organisation.

NO ☐

STOP 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.

19. 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.

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

YES ☐ NO ☐

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

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

YES ☐ NO ☐

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

22. Has your registration ever been subject to conditions, undertakings or limitations in Australia (under the National Law or a corresponding prior Act) or overseas?

YES ☐ NO ☐

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

23. 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?

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).

YES ☐ NO ☐

You **must** attach to this application details of any disqualifications.

24. 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?

YES ☐ NO ☐

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

SECTION G: 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 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 to nationally coordinated criminal history check

I authorise Ahpra and the Board to carry out a nationally coordinated criminal history check for the purpose of assessing this application.

I acknowledge 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 Ahpra and the Board,
- my personal information will be extracted from this form and provided to the Australian Criminal Intelligence Commission (ACIC) and Australian police agencies for the purpose of conducting a nationally coordinated criminal history check, including all names under which I am or have been known
- my personal information may be used by police for general law enforcement purposes, including those purposes set out in the *Australian Crime Commission Act 2002 (Cth)*,
- my identity information provided with this application will be enrolled with Ahpra to allow for any subsequent criminal history checks during my period of registration
- if and when this application for registration is granted, Ahpra may check my criminal history at any time during my period of registration as required by the Board for the purpose of assessing my suitability to hold health practitioner registration; or in response to a Notice of Certain Events; or an application for Removal of Reprimand from the National Register,
- I may dispute the result of the nationally coordinated criminal history check by contacting Ahpra in the first instance.

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 acknowledge that:

- the Board may validate documents provided in support of this application as evidence of my identity
- failure to complete all relevant sections of this application and to enclose all supporting documentation may result in this application not being accepted
- notices required under the National Law and other correspondence relating to my application and registration (if granted) will be sent electronically to me via my nominated email address, and
- Ahpra uses overseas cloud service providers to hold, process and maintain personal information where this is reasonably necessary to enable Ahpra to perform its functions under the National Law. These providers include Salesforce, whose operations are located in Japan and the United States of America.

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 this application and in the documents provided.

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

SIGN HERE

Name of applicant

Date

D D / M M / Y Y Y Y

PART B – To be completed by the agent (if required)

SECTION H: Agent to act on behalf of applicant

25. 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 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 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:		Registration fee:		Amount payable:
$94	+	$154	=	$248

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.

26. 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
  Complete credit/debit card payment slip below
- ☐ Cash/EFTPOS
  (only available if paying in person)
- ☐ 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
- date of birth.

Credit/Debit card payment slip – please fill out

Amount payable

$

Visa or MasterCard number

Expiry date

M M / Y Y

Name on card

Cardholder's signature

SIGN HERE

SECTION J: Checklist

Please label **each attachment** with the corresponding question number.

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

Additional documentation		Attached
Question 1	Evidence of a change of name	☐
Question 3	A certified copy of your foreign passport	☐
Question 4	Certified copies of all documents that provide sufficient evidence of your identity	☐
Question 9	Certified copies of **all** of your relevant qualifications approved or considered to be equivalent by the Board	☐
Question 9	A separate sheet with additional qualification details	☐
Question 10	Certificate of Registration Status or Certificate of Good Standing has been requested from relevant authority	☐
Question 10	A separate sheet with additional registration history details	☐
Question 11	A signed and dated written statement with details of your criminal history in Australia and an explanation of the circumstances	☐
Question 12	A separate sheet of additional overseas countries with criminal history and corresponding ICHC reference number	☐
Question 12	A signed and dated written statement with details of your criminal history outside Australia and explanation of the circumstances	☐
Questions 12 & 13	ICHC reference page provided by the approved vendor	☐
Question 13	A separate sheet of additional overseas countries lived in and corresponding ICHC reference number	☐
Question 16	Your résumé	☐
Question 18	Evidence that you are, identify and are accepted as an Aboriginal or Torres Strait Islander person	☐
Question 19	A separate sheet with your impairment details	☐
Question 20	A separate sheet with your previous suspension or cancellation details	☐
Question 21	A separate sheet with your cancellation, refusal or suspension details	☐
Question 22	A separate sheet with your previous conditions, undertakings or limitation details	☐
Question 23	A separate sheet with your disqualification details	☐
Question 24	A separate sheet with your conduct, performance or health proceedings	☐
Payment		
	Application fee	☐
	Registration fee	☐
	If paying by cheque/money order/bank draft, your name and registration number are written on the back	☐

Please post this form with payment and required attachments to:

Ahpra
GPO Box 9958
IN YOUR CAPITAL CITY *(refer below)*

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

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

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/registration/registration-process**
- be initialled on every page by the authorised officer. For a list of people authorised to certify documents, visit **www.ahpra.gov.au/certify.aspx**
- 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.aspx**

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)

Registered practitioners must meet the requirements of the Board's CPD registration standard. 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 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 registration standard, for all aspects of your practice, in all locations in Australia. Initial registration and annual renewal of registration requires a declaration that you will be covered for all aspects of practice for the whole period of the registration. You may be covered by your Australian employer's PII—you will need to confirm this with your employer.

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 have recent practice in your scope of practice in which you intend to work during the period of registration for which you are applying.

To meet the standard, you must have completed a minimum of:

- 450 hours of practice in the previous three years, or
- 150 hours of practice in the previous 12 months.

If you are returning to practice after an absence of more than three years, the specific requirements for registration will depend on the scope of practice, your level of experience and the length of absence from that scope, including any continuing professional development undertaken.

If you propose to extend your scope of practice you must complete any advanced training/preparation that your peers would reasonably expect to ensure you are competent. If you are making a substantial change to a different scope you must submit a plan for professional development to the Board for approval before commencing the extended scope of practice.

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**