



Application for general registration

For current non-practising registrants

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 non-practising registrants to apply 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, codes and guidelines before completing this application. These documents can be found at www.atsihealthpracticeboard.gov.au



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 Australian Health Practitioner Regulation Agency (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: **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 birth details?

| | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|------------------------------|-------------------------------|-----------------------------|-----------------------------|--------------------------------------------|
| Title* | MR <input type="checkbox"/> | MRS <input type="checkbox"/> | MISS <input type="checkbox"/> | MS <input type="checkbox"/> | DR <input type="checkbox"/> | OTHER <input type="text" value="SPECIFY"/> |
| Family name* | <input type="text"/> | | | | | |
| First given name* | <input type="text"/> | | | | | |
| Middle name(s)* | <input type="text"/> | | | | | |
| Previous names known by (e.g. maiden name) | <input type="text"/> | | | | | |
| Date of birth | <input type="text" value="DD"/> / <input type="text" value="MM"/> / <input type="text" value="YYYY"/> | | | | | |
| Country of birth | <input type="text"/> | | | | | |
| 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 <i>Change of name</i> in the <i>Information and definitions</i> section of this form. | | | | | | |



2. What is your registration number?

Registration number*

A T S

SECTION B: 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.

3. 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

4. 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)

5. 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*

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

Postcode*



SECTION D: 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.

8. Since your last declaration to Ahpra, has there been any change to your criminal history in Australia that you have not declared to Ahpra?



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 on page two of this form.

YES ☐

NO ☐



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

9. Since your last declaration to Ahpra, has there been any change to your criminal history in one or more countries other than Australia that you have not declared to Ahpra?

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 the change in your criminal history in a signed and dated written statement.



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.

| 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 any change to your criminal history in each of the countries listed and an explanation of the circumstances.

10. 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 ☐

11. 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.



12. Are you returning from an absence from practice?



The Board may grant general registration with conditions to an applicant who is otherwise eligible for registration but who has not practised for:

- at least three months full-time equivalent, or
- one month full-time equivalent in the previous registration period (12 months) within the past three years.

For more information, see *Recency of practice* in the *Information and definitions* section of this form.

YES ☐

NO ☐

I have not practised the profession for at least:

☐ three months full-time equivalent within the past three years.

☐ one month full-time equivalent within the past registration year.



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.

13. 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.

14. 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.

15. 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.

16. 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.

17. 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.

18. 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.



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

SECTION E: Agent to act on behalf of applicant

19. 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 G: 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

/ /

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

/ /

Signature of agent



SIGN HERE



PART C – To be completed by the applicant

SECTION F: 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, and
- (if relevant) any registration currently held by me that is not compatible with the registration type I am applying for, to be surrendered when the registration type I am applying for is granted.

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

 / /



SECTION G: Payment



You are required to pay a registration fee.

Registration fee:

\$154

=

Amount payable:

\$154

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 registration fee will be refunded if the application is not approved.

20. How are you paying your fee?



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:

- name
- date of birth, and
- registration number.

Credit/Debit card payment slip – please fill out

Amount payable

\$

Visa or MasterCard number

Expiry date

Name on card

Cardholder's signature



SIGN HERE



SECTION H: Checklist

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

| <i>Additional documentation</i> | | Attached |
|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| Question 1 | Evidence of a change of name | <input type="checkbox"/> |
| Question 7 | Certificate of Registration Status or Certificate of Good Standing has been requested from relevant authority | <input type="checkbox"/> |
| Question 7 | A separate sheet with additional registration history details | <input type="checkbox"/> |
| Question 8 | A signed and dated written statement with details of any change to your criminal history in Australia and an explanation of the circumstances | <input type="checkbox"/> |
| Question 9 | A separate sheet of overseas countries and corresponding ICHC reference number | <input type="checkbox"/> |
| Question 9 | ICHC reference page provided by the approved vendor | <input type="checkbox"/> |
| Question 9 | A signed and dated written statement with details of any change to your criminal history overseas and an explanation of the circumstances | <input type="checkbox"/> |
| Question 12 | Your résumé | <input type="checkbox"/> |
| Question 13 | A separate sheet with your impairment details | <input type="checkbox"/> |
| Question 14 | A separate sheet with your current suspension or cancellation details | <input type="checkbox"/> |
| Question 15 | A separate sheet with your previous cancellation, refusal or suspension details | <input type="checkbox"/> |
| Question 16 | A separate sheet with your previous conditions, undertakings or limitation details | <input type="checkbox"/> |
| Question 17 | A separate sheet with your disqualifications details | <input type="checkbox"/> |
| Question 18 | A separate sheet with your conduct, performance or health proceedings | <input type="checkbox"/> |
| <i>Payment</i> | | |
| | Registration fee | <input type="checkbox"/> |
| | If paying by cheque/money order/bank draft, your name and registration number are written on the back | <input type="checkbox"/> |

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
 Adelaide SA 5001

Canberra ACT 2601
 Perth WA 6001

Melbourne VIC 3001
 Hobart TAS 7001

Brisbane QLD 4001
 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

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 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

REGENCY 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