



## Application for general registration Profession: Physiotherapy

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

This form is used for general registration as a physiotherapist in Australia. Overseas-qualified applicants should contact the Australian Health Practitioner Regulation Agency (AHPRA) for further information. Applicants who have previously held registration with the Physiotherapy Board of Australia (the Board), or held registration with another state or territory physiotherapy board prior to 30 June 2010, should contact AHPRA for further information.

It is important that you refer to the Board's registration standards, codes and guidelines when completing the form. Registration standards, codes and guidelines can be found at [www.physiotherapyboard.gov.au](http://www.physiotherapyboard.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 information collected in this form is authorised or required under the National Law for the purposes of determining an applicant's eligibility for registration. Information supplied in this form may be provided to other people or agencies as specified in the National Law. Failure to provide some or all of the information requested may prevent you being registered. AHPRA's *Privacy policy* explains how your personal information will be stored, handled and used. The privacy policy outlines how you can access information AHPRA holds about you, and how you may make a complaint if you feel your privacy has been breached by AHPRA. This document can be accessed at [www.ahpra.gov.au/privacy](http://www.ahpra.gov.au/privacy)

### Symbols in this form



#### Additional information

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



#### Attention

Highlights important information about the form.



#### Attach document(s) to this form

Processing cannot occur until all required documents are received.



#### Signature required

Requests appropriate parties to sign the form where indicated.



#### Mail document(s) directly to AHPRA

Requires delivery of documents by an organisation or the applicant.

### Completing this form

- Read and **complete all questions**.
- Ensure that **all pages** and required **attachments** are returned to AHPRA.
- Use a **black** or **blue** pen only.
- Print clearly in **BLOCK LETTERS**
- Place X in **all** applicable boxes:
- **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.

## 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?



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.

#### Title\*

MR  MRS  MISS  MS  DR  OTHER

#### Family name\*

#### First given name\*

#### Middle name(s)\*

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

Date of birth  /  /



**2. What are your birth and personal details?**

**Country of birth**

**City/Suburb/Town of birth**

**State/Territory of birth (if within Australia)**  
 VIC  NSW  QLD  SA  WA  NT  TAS  ACT

**Sex\***  
 MALE  FEMALE

**Languages spoken other than English (optional)\***

**SECTION B: Proof of identity**

**You must provide proof of your identity with this application**

**The minimum requirements for overseas applicants, or those who have recently arrived in Australia, can be found in the AHPRA Proof of identity requirements document under the heading *What special circumstances apply to overseas applicants or applicants who have recently arrived in Australia?* This document is available at [www.ahpra.gov.au/identity](http://www.ahpra.gov.au/identity)**

- You **must** provide evidence from category A, B, and C.
  - You **must** only use each document once.
  - If your evidence from category C or B does not include your residential address, you **must** also provide evidence from category D.
- Please indicate on the chart below which piece of evidence you are submitting for each category and attach the certified copies of documents to your application.

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

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. For documents translated in Australia, the translator **must** be accredited by NAATI – see [www.naati.com.au](http://www.naati.com.au) For documents translated overseas, see [www.fit-ift.org](http://www.fit-ift.org) for a list of authorities who provide certified translations. Please refer to *Translating documents* at [www.ahpra.gov.au/translate](http://www.ahpra.gov.au/translate) for further information.
- Australian birth certificate extracts are **not** accepted.
- 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:			Documents	Category used:		
	A	B	C		A	B	C
Australian passport	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Medicare card	NA	NA	<input checked="" type="checkbox"/>
Overseas passport with current Aust. visa	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	PAYG payment summary	NA	NA	<input checked="" type="checkbox"/>
Australian birth certificate	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	Motor vehicle registration	NA	NA	<input checked="" type="checkbox"/>
Current Australian visa	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	Financial institution statement	NA	NA	<input checked="" type="checkbox"/>
Australian Armed Services papers	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	Taxation assessment notice	NA	NA	<input checked="" type="checkbox"/>
Travel documents with Aust. visa	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	Health insurance card	NA	NA	<input checked="" type="checkbox"/>
Australian citizenship certificate	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	Pension card	NA	NA	<input checked="" type="checkbox"/>
Australian driver licence	NA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Category D documents</b>			
Working with children check card	NA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	A document from Category D is only required if your Category B or C document does not provide evidence of your residential address.			
Firearm or shooters licence	NA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	I have used a Category B or C document that has my current residential address			<input checked="" type="checkbox"/>
Student ID card	NA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Mortgage papers			<input checked="" type="checkbox"/>
International driver licence	NA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Rate notices			<input checked="" type="checkbox"/>
Proof of age card	NA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Lease or tenancy agreement			<input checked="" type="checkbox"/>
Change of name certificate	NA	NA	<input checked="" type="checkbox"/>	Utility account			<input checked="" type="checkbox"/>
Australian marriage certificate	NA	NA	<input checked="" type="checkbox"/>	Electoral enrolment card			<input checked="" type="checkbox"/>
Australian divorce papers	NA	NA	<input checked="" type="checkbox"/>				
Board registration certificate	NA	NA	<input checked="" type="checkbox"/>				
Bank acct. details – credit or ATM card	NA	NA	<input checked="" type="checkbox"/>				

**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](http://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.

### 4. 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**

### 5. 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\***

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

**Country (if other than Australia)**

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



Principal place of practice for a registered health practitioner is:

- the address at which you will predominantly practise the profession; or
- your principal place of residence, if you are not practising the profession or are not practising the profession predominantly at one address.

Principal place of practice **cannot** be a PO Box.

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

YES

NO  *Provide your Australian principal place of practice below*

**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\***



**7. What is your mailing address?**



Your mailing address is used for postal correspondence

- My residential address
- My 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**

\_\_\_\_\_

**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.

In addition to the completion of an approved qualification, the Board may require you to pass an examination prior to accepting an application for general registration.

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

**8. 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      Completion date

MM / YYYY      MM / YYYY

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  /  /  /  /  /       Completion date  /  /  /  /  /

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**

**9. What is your health practitioner registration history?**

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**.

**Most recent registration**

State/Territory/Country

Profession

Period of registration  /  /  /  /  /  to  /  /  /  /  /

**Additional registration**

State/Territory/Country

Profession

Period of registration  /  /  /  /  /  to  /  /  /  /  /

If you have been previously registered outside of Australia, 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 [www.ahpra.gov.au/About-AHPRA/Contact-Us](http://www.ahpra.gov.au/About-AHPRA/Contact-Us) for your AHPRA state office address.

Attach a separate sheet if your registration history does not fit in the space provided.

**SECTION F: Work history**


**10. What is your full practice history?**

It is important that you refer to *Curriculum vitae* in the *Information and definitions* section of this form for **mandatory requirements** of the CV. Your curriculum vitae will further inform the Board in relation to your recency of practice and registration history.

You **must** attach to your application a **signed and dated** curriculum vitae that describes your full practice history and any clinical or skills training undertaken.



## SECTION G: 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.physiotherapyboard.gov.au/Registration-Standards](http://www.physiotherapyboard.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

 Provide a separate sheet with details of your criminal history in Australia and explanation of circumstances.


**12. Do you have any criminal history in another country?**

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

YES  NO


 Provide a separate sheet with details of your criminal history in another country and explanation of circumstances.

**13. Have you previously been registered to practise as a physiotherapist in Australia?**

 If you have previously been registered to practice as a physiotherapist in Australia, you have met the requirements of the Board's *English language skills registration standard*. However, the Board may still need evidence of your English language skills. In such a case, the Board will contact you

YES  **Go to question 17** NO  **Go to the next question**


**14. Did you undertake and complete your secondary education and your tertiary qualifications in the profession, in English, in one of the countries listed?**

 For more information, see *English language skills* in the *Information and definitions* section of this form.


- Australia
- Canada
- New Zealand
- Republic of Ireland
- South Africa
- United Kingdom
- United States of America

YES  NO  **Go to the next question**

**Attachment required below – then go to question 17**


 You **must** submit a certified copy of the original evidence of having undertaken your secondary education in English.

**15. Which of the English language examinations listed here have you successfully completed?**

 Pass results **must** be obtained in one sitting.


**International English Language Test System (IELTS) Academic module**  
 Test report form number:  
  
 The Board requires an IELTS Academic module score of at least 7 in each of the four components (listening, reading, writing and speaking).

**Occupational English Test (OET)**  
 Candidate number:  
  
 The Board requires completion and an overall pass in the OET, with grades A or B in each of the four components (listening, reading, writing and speaking).

 You **must** arrange for the testing authority to provide evidence of your successful completion of the Board-approved English language test directly to your AHPRA state office. AHPRA will verify your test results directly with the testing authority (e.g., by secure internet login).

**16. Were your results from the above-mentioned English language examinations obtained in the past two years?**

YES  NO

 You **must** attach evidence that you have actively maintained employment as a registered health practitioner, or been continuously enrolled as a student in an approved program of study, using English as the primary language of practice in one of the following countries:

- Australia
- Canada
- New Zealand
- Republic of Ireland
- South Africa
- United Kingdom
- United States of America



17. Do you commit to having appropriate professional indemnity insurance arrangements in place for all practice undertaken during the registration period?

The Board requires all applicants for general registration 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

18. Do you commit to undertake sufficient continuing professional development, in accordance with the Board's *Continuing professional development registration standard*, in order to maintain competence throughout the period of registration?

For more information, see *Continuing professional development* in the *Information and definitions* section of this form.

YES  NO

19. If you graduated more than five years ago, have you practised the profession in the past five years?

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

YES  NO/NA

You **must** attach documentary evidence of practice in the last five years which demonstrates your competence to practise the profession.

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

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

YES  NO

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

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

YES  NO

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

22. 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.

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

YES  NO

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

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

**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.



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

YES

NO



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

## 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 or the subject of a finding of guilt for an offence, whether in a participating jurisdiction or elsewhere, punishable by imprisonment; or
  - c) appropriate professional indemnity insurance arrangements are no longer in place in relation to the practitioner's practice of the profession; or
  - d) the practitioner's right to practise at a hospital or another facility at which health services are provided is withdrawn or restricted because of the practitioner's conduct, professional performance or health; or
  - e) the practitioner's billing privileges are withdrawn or restricted under the *Human Services (Medicare) Act 1973* (Cth) because of the practitioner's conduct, professional performance or health; or
  - f) the practitioner's authority under a law of a State or Territory to administer, obtain, possess, prescribe, sell, supply or use a scheduled medicine or class of scheduled medicines is cancelled or restricted; or
  - g) a complaint is made about the practitioner to the following entities—
    - (i) the chief executive officer under the *Human Services (Medicare) Act 1973* (Cth);
    - (ii) an entity performing functions under the *Health Insurance Act 1973* (Cth);
    - (iii) the Secretary within the meaning of the *National Health Act 1953* (Cth);
    - (iv) the Secretary to the Department in which the *Migration Act 1958* (Cth) is administered;
    - (v) another Commonwealth, State or Territory entity having functions relating to professional services provided by health practitioners or the regulation of health practitioners.
  - h) the practitioner's registration under the law of another country that provides for the registration of health practitioners is suspended or cancelled or made subject to a condition or another restriction.

#### Change in principal place of practice, address or name

6. A registered health practitioner must, within 30 days of any of the following changes happening, give the National Board that registered the practitioner written notice of

- the change and any evidence providing proof of the change required by the Board—
  - a) a change in the practitioner's principal place of practice;
  - b) a change in the address provided by the registered health practitioner as the address the Board should use in corresponding with the practitioner;
  - c) a change in the practitioner's name.

#### Employer's details

7. A National Board may, at any time by written notice given to a health practitioner registered by the Board, ask the practitioner to give the Board the following information—
  - a) information about whether the practitioner is employed by another entity;
  - b) if the practitioner is employed by another entity—
    - (i) the name of the practitioner's employer; and
    - (ii) the address and other contact details of the practitioner's employer.
8. The registered health practitioner must not, without reasonable excuse, fail to comply with the notice.

### Consent

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

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

I understand that:

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

I acknowledge that:

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

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

I 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



SIGN HERE

Name of applicant

Date

DD / MM / YYYY





## SECTION I: Payment



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

**Your required payment is detailed below:**

Use the table below to select your application fee and registration fee. Your registration fee depends on your principal place of practice, as applicants whose principal place of practice is New South Wales are entitled to a rebate from the NSW Government.

<b>Application fee:</b>	+	<b>Registration fee:</b>	=	<b>Amount payable:</b>				
\$179		\$ INSERT FEE		\$ INSERT FEE				
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Registration fee</td> <td style="text-align: right; padding: 2px;">\$179</td> </tr> <tr> <td style="padding: 2px;">Registration fee for NSW registrants</td> <td style="text-align: right; padding: 2px;">\$158</td> </tr> </table>	Registration fee	\$179	Registration fee for NSW registrants	\$158		Applicants <b>must</b> pay 100% of the stated fees at the time of submitting the application.
Registration fee	\$179							
Registration fee for NSW registrants	\$158							



**Registration Period**

The annual registration period for the physiotherapy 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 name, and
  - your 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 J: Checklist

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

<i>Additional documentation</i>		<b>Attached</b>
<b>Question 1</b>	Evidence of a change of name	<input type="checkbox"/>
<b>Question 3</b>	Certified copies of all documents that provide sufficient evidence of your identity	<input type="checkbox"/>
<b>Question 8</b>	Certified copies of <b>all</b> of your relevant qualifications approved or considered to be equivalent by the Board	<input type="checkbox"/>
<b>Question 8</b>	A separate sheet with additional registration details	<input type="checkbox"/>
<b>Question 9</b>	Certificate of Registration Status or Certificate of Good Standing has been requested from relevant authority	<input type="checkbox"/>
<b>Question 9</b>	A separate sheet with additional registration details	<input type="checkbox"/>
<b>Question 10</b>	Your curriculum vitae	<input type="checkbox"/>
<b>Question 11</b>	A separate sheet with an explanation of circumstances of your criminal history in Australia	<input type="checkbox"/>
<b>Question 12</b>	A separate sheet with an explanation of circumstances of your criminal history overseas	<input type="checkbox"/>
<b>Question 14</b>	A certified copy of the original evidence of having undertaken your secondary education in English	<input type="checkbox"/>
<b>Question 15</b>	Evidence of the successful completion of an approved English language test has been requested from relevant authority	<input type="checkbox"/>
<b>Question 16</b>	Evidence that you have actively maintained employment using English as the primary language of practice	<input type="checkbox"/>
<b>Question 19</b>	Documentary evidence of practice in the last five years	<input type="checkbox"/>
<b>Question 20</b>	A separate sheet with your impairment details	<input type="checkbox"/>
<b>Question 21</b>	A separate sheet with your current suspension or cancellation details	<input type="checkbox"/>
<b>Question 22</b>	A separate sheet with your previous cancellation, refusal or suspension details	<input type="checkbox"/>
<b>Question 23</b>	A separate sheet with your previous conditions, undertakings or limitation details	<input type="checkbox"/>
<b>Question 24</b>	A separate sheet with your disqualification details	<input type="checkbox"/>
<b>Question 25</b>	A separate sheet with your conduct, performance or health proceedings	<input type="checkbox"/>
<b>Payment</b>		
	Application fee	<input type="checkbox"/>
	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](http://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](http://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](http://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](http://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 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 (ceremonial certificates will not be accepted).
- Deed poll.
- Change of name certificate.

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

### CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

You are required to maintain a portfolio documenting participation in CPD that contributes to maintaining and improving your competence to practise in your chosen scope of practice. Practising physiotherapists must complete at least 20 hours of CPD per year. The Board will accept as evidence a declaration by an individual of CPD activity sufficient to maintain competence throughout the period of registration. CPD activities must contribute directly to maintaining and improving your competence in your chosen scope of practice.

For more information, view the full registration standard online at [www.physiotherapyboard.gov.au/Registration-Standards](http://www.physiotherapyboard.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.

Do not provide copies of a criminal history check. AHPRA will conduct a check on your behalf. For more information, view the full registration standard online at [www.physiotherapyboard.gov.au/Registration-Standards](http://www.physiotherapyboard.gov.au/Registration-Standards)

### CURRICULUM VITAE

Your curriculum vitae **must**:

- 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)', and
- 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](http://www.ahpra.gov.au/cv)

### ENGLISH LANGUAGE SKILLS

To be eligible for registration you **must** be able to provide evidence of English language skills that meet the Board's *English language skills registration standard* which can be found at

[www.physiotherapyboard.gov.au/Registration-Standards](http://www.physiotherapyboard.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 renewal, 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)

All registered physiotherapists practising in Australia are required to have in place professional indemnity insurance (PII) arrangements that are continuous throughout the period of practice. The registrant must ensure that the cover is appropriate to the level of risk and is inclusive of run-off cover.

The Board considers that it is the individual physiotherapist's role, in consultation with your insurer, to assess the risk involved in practice and to specify a level of cover that is appropriate to that risk.

Registered physiotherapists whose PII arrangements are provided by their employer must have individual PII arrangements in place if they intend to practise physiotherapy outside their stated employment, including when undertaking practical components of professional development activities.

Registered physiotherapists must ensure their PII arrangements provide unlimited run-off cover for when they cease to practise or change insurance provider. For more information, view the full registration standard online at [www.physiotherapyboard.gov.au/Registration-Standards](http://www.physiotherapyboard.gov.au/Registration-Standards)

### REGENCY OF PRACTICE

All registered physiotherapists practising in Australia are required to maintain their competence to practise. Upon renewal of registration, all physiotherapists must confirm that they have practised physiotherapy within the five years before the first day of the renewal period. The Board will accept as evidence at renewal a declaration by an individual that they have practised physiotherapy.

For more information, view the full registration standard online at [www.physiotherapyboard.gov.au/Registration-Standards](http://www.physiotherapyboard.gov.au/Registration-Standards)