



# Declaration form - renewal

Type: **Limited and provisional registration**

Health Practitioner Regulation National Law (the National Law)

This form is for supervisors, employers, sponsors and education providers of registrants renewing limited or provisional registration with Board approved arrangements.

The registrant must complete the personal details and requirements. The declarations must be completed by the supervisor, employer, sponsor and/or education provider of the registrant. This declaration form must be included as part of the registrant's renewal application.

This form is not for registrants who have completed a Board approved program of study, are a medical intern, a provisional nurse or midwife, a provisional psychologist or a limited or provisional pharmacist.

### Symbols in this form

- Additional information**  
Provides specific information about a question or section of the form.
- Attention**  
Highlights important information about the form.
- Attach document(s) to this form**  
Processing cannot occur until all required documents are received.
- Signature required**  
Requests appropriate parties to sign the form where indicated.

### Completing this form

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



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

## PART A – To be completed by the registrant

### SECTION A: Personal details

1. What is your name?

Title MR  MRS  MISS  MS  DR  OTHER

Family name

First given name

Middle name(s)

2. What is your registration number?

Registration number

3. What is your date of birth?

Date of birth  /  /




## SECTION B: Registration requirements

**4. Has your practice been in accordance with the requirements previously approved by the Board?**

YES

NO


 To confirm the requirements previously approved by the Board, refer to the Public Register.

**Provide details of why you have not practised in accordance with the requirements previously approved by the Board**

.....

.....

.....

 You **must** attach a separate sheet with additional details that do not fit in the space provided.

**5. Have you complied with any CPD requirements from the Board?**

YES


NO

**Provide details of CPD you have undertaken and why the CPD requirements have not been met**

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.....

.....

 You **must** attach a separate sheet with additional details that do not fit in the space provided.

**6. Have you made progress towards meeting the requirements for general or specialist registration?**

N/A  I do not intend to obtain general or specialist registration.


YES   You **must** attach a statement signed by your employer about progress made (e.g. rotations completed or underway).

NO  **Provide details of your circumstances below**


.....

.....

.....

 You **must** attach a separate sheet with additional details that do not fit in the space provided.

**7. If a supervision report is required for this renewal, it must be attached to this document upon submission.**

 Attach the supervision report. Visit [www.ahpra.gov.au](http://www.ahpra.gov.au) to download the appropriate supervised report associated with your Board.



## PART B – To be completed by the principal/primary supervisor

### SECTION C: Principal supervisor's undertaking

#### 8. What are your contact details?

<b>Title</b>	MR <input checked="" type="checkbox"/>	MRS <input checked="" type="checkbox"/>	MISS <input checked="" type="checkbox"/>	MS <input checked="" type="checkbox"/>	DR <input checked="" type="checkbox"/>	OTHER	<input type="text" value="SPECIFY"/>
<b>Family (legal) name</b>	<input type="text"/>						
<b>First given name</b>	<input type="text"/>						
<b>Position</b>	<input type="text"/>						
<b>Registration number</b>	<input type="text"/>			<b>During business hours (phone)</b>			
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Email</b>	<input type="text"/>						

I undertake to be the applicant's principal/primary supervisor and to provide a level of supervision required by the Board and as otherwise determined from time to time by the Board.

I further undertake to:

- ensure that the applicant is practising safely and is not placing the public at risk.
- ensure the applicant only works within the scope and terms of their registration.
- observe the applicant's work, conduct other supervision activities as required and identify and address any problems.
- notify the Board immediately if I have concerns about the applicant's clinical performance, health or failure to comply with conditions or undertakings.
- obtain approval of the Board for any proposed changes to work arrangements before they are implemented.
- inform the Board if I am no longer able to undertake the role of the applicant's supervisor.
- ensure that, in delegating day to day supervision to other practitioners, they have the relevant registration in accordance with the National Law, and
- provide supervision and work performance reports as required by the Board, in a form approved by the Board.

#### For supervision of medical registrant only

If you are undertaking supervision of a medical registrant, please tick the below boxes.

I further undertake to:

- ensure that any term co-supervisors that I appoint that are delegated the day-to-day supervision meet the requirements set in the Board's guidelines (this is only applicable to DMS or DCT (or equivalent) in a hospital setting)
- ensure before I delegate supervision to a temporary co-supervisor, that he/she has general and/or specialist registration and is appropriately experienced to provide the supervision
- provide reports to the Board in a form approved by the Board at renewal or new application or at subsequent intervals as determined by the Board.

Name of applicant

Date

 /  / 

Name of principal/primary supervisor

Signature of principal/primary supervisor



SIGN HERE

**PART C – To be completed by the employer/sponsor/education provider****SECTION D: Declaration****9. What are your contact 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 (legal) name	<input type="text"/>						
First given name	<input type="text"/>						
Position	<input type="text"/>						
During business hours (phone)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>						

I declare that the information provided this form is true and correct.

I confirm that the registrant will continue to undertake the position as previously approved by the Board and in accordance with any requirements set by the Board.

Name of employer, sponsor or education provider	Signature of employer, sponsor or education provider
<input type="text"/>	<input type="text" value="SIGN HERE"/>
Date	
<input type="text" value="DD"/> / <input type="text" value="MM"/> / <input type="text" value="YYYY"/>	

**PART D – To be completed by the applicant****SECTION E: Checklist****Have the following items been attached or arranged, if required?**

<i>Additional documentation</i>		Attached
<b>Question 4</b>	A separate sheet with details of why you have not practiced in accordance with the requirements approved by the Board	<input type="checkbox"/>
<b>Question 5</b>	A separate sheet with details of CPD you have undertaken and why the CPD requirements have not been met	<input type="checkbox"/>
<b>Question 6</b>	Details of progress made towards meeting the requirements for general or specialist registration	<input type="checkbox"/>
<b>Question 6</b>	A separate sheet with details of why you have not made progress towards meeting the requirements for general or specialist registration	<input type="checkbox"/>
<b>Question 7</b>	Supervision report	<input type="checkbox"/>

**Do not email this form.**

Please submit this completed form and supporting evidence using the Online Upload Service at [www.ahpra.gov.au/registration/online-upload](http://www.ahpra.gov.au/registration/online-upload) or practitioner portal. You may contact Ahpra on 1300 419 495