



Application for limited registration for postgraduate training

Profession: **Medical radiation practice**

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

This form is to be used by applicants who do not qualify for general registration and who wish to apply for limited registration to undertake postgraduate training.

Practitioners with limited registration for postgraduate training must not practise in any capacity outside of their clinical training program.

Applicants should also note that where registration is granted under this category of registration, it will only be granted for a specific purpose and for a limited time. Practitioners undertaking postgraduate training that requires a clinical component must practise supervised under arrangements approved by the Medical Radiation Practice Board of Australia (the Board).

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.medicalradiationpracticeboard.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:
- **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: Registration division(s)

1. In which division(s) of the profession are you applying for limited registration?

Mark all options applicable to your application

Diagnostic radiography

Radiation therapy

Nuclear medicine technology

SECTION B: Personal details



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

2. What is your name and date of birth?

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 / /



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.



3. 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 INTERSEX / INDETERMINATE

Languages spoken fluently other than English (optional)*

SECTION C: Proof of identity

i 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.

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

YES

NO **Go to the next question**

Attachment required below – then go to Section D: Contact information



You **must** attach a certified copy of a foreign passport (an EU card is not acceptable).

Your certified copy **must** include:

- a certified copy of the identity information page (the photo page), and
- 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.

i 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.

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

i 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:			Documents	Category used:		
	A	B	C		A	B	C
Australian birth or adoption certificate	<input type="checkbox"/>	NA	<input type="checkbox"/>	Australian financial institution account	NA	NA	<input type="checkbox"/>
Australian visa (Foreign passport must be selected as evidence for Category B)	<input type="checkbox"/>	NA	<input type="checkbox"/>	Australian Medicare card	NA	NA	<input type="checkbox"/>
ImmiCard	<input type="checkbox"/>	NA	<input type="checkbox"/>	Australian PAYG payment summary	NA	NA	<input type="checkbox"/>
Australian citizenship certificate	<input type="checkbox"/>	NA	<input type="checkbox"/>	Australian motor vehicle registration	NA	NA	<input type="checkbox"/>
Australian passport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Australian Taxation Assessment Notice	NA	NA	<input type="checkbox"/>
Australian motor vehicle licence	NA	<input type="checkbox"/>	<input type="checkbox"/>	Australian insurance policy	NA	NA	<input type="checkbox"/>
Foreign passport	NA	<input type="checkbox"/>	<input type="checkbox"/>	Australian pension/healthcare card	NA	NA	<input type="checkbox"/>
Australian Working with Children/Vulnerable People Card	NA	<input type="checkbox"/>	<input type="checkbox"/>	Category D documents			
Australian firearms or shooter's licence	NA	<input type="checkbox"/>	<input 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.			
Australian student ID card	NA	<input type="checkbox"/>	<input type="checkbox"/>	I have used a Category B or C document that has my current residential address			<input type="checkbox"/>
Intl. or foreign motor vehicle licence	NA	<input type="checkbox"/>	<input type="checkbox"/>	Australian rate notice			<input type="checkbox"/>
Australian proof of age card	NA	<input type="checkbox"/>	<input type="checkbox"/>	Current Australian lease or tenancy agreement			<input type="checkbox"/>
Australian government benefits	NA	NA	<input type="checkbox"/>	Australian utility account			<input type="checkbox"/>
Australian academic transcript	NA	NA	<input type="checkbox"/>	Australian electoral enrolment card			<input type="checkbox"/>
Australian registration certificate	NA	NA	<input type="checkbox"/>				



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



SECTION D: Contact information



Once registered, you can change your contact information at any time. Please go to www.ahpra.gov.au and

- download and complete the change of address form *CHDT-00 – Request for change of address details on the register*, or
- log in to your Ahpra account to change your details online.

6. 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

7. 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)

8. 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*



9. What is your mailing address?

i 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 E: Qualification for the profession

i In accordance with section 66 of the National Law, to be eligible for limited registration you must satisfy the Board that you have qualifications in the profession relevant to, and suitable for, postgraduate training in medical radiation practice. If you are applying for registration in **more than one division** you are required to provide documentation for all applicable divisions.

10. What are the details of your qualification(s)?

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

Most recent qualification

Title of qualification

Division of registration applicable to

Name of institution (University/College)

Country

Start date Completion date

MM / YYYY MM / YYYY

i You **must** attach a certified copy of your original academic transcript and a certificate that indicates completion of the qualification mentioned within this form.





Additional qualification

Title of qualification

Division of registration applicable to

Name of institution (University/College)

Country

Start date

 /

Completion date

 /


You **must** attach a certified copy of your original academic transcript and a certificate that indicates completion of the qualification mentioned within this form.



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

SECTION F: Registration history

11. Do you have current registration or have you previously held registration as a health practitioner in any state, territory or under the National Regulation 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.

YES

NO



Where you hold current or previous registration within or 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 **page 17** of this form for your Ahpra state office address.

Most recent registration

State/Territory/Country

Profession

Period of registration

 / / to / /

Additional registration

State/Territory/Country

Profession

Period of registration

 / / to / /


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



SECTION G: Suitability statements

i 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.medicalradiationpracticeboard.gov.au/registration-standards for further information.

12. 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.

13. Do you have any criminal history in one or more countries other than Australia?

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.



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 your criminal history in each of the countries listed and an explanation of the circumstances.

14. 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?

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.



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.



All applicants must demonstrate English language competency via one of the following pathways:

i An evidence requirements guide is available at www.ahpra.gov.au/EnglishLanguageSkills.

Recognised country means one of the following countries:

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

Combined secondary and tertiary education pathway

You have undertaken and satisfactorily completed:

- at least two years of secondary education that was taught and assessed solely in English in a recognised country, **and**
- tertiary qualifications on which you are relying to support your eligibility for registration under the National Law, which were taught and assessed solely in English in a recognised country.

Extended education pathway

You have undertaken and satisfactorily completed at least six years' (full time equivalent) continuous education taught and assessed solely in English, in any of the recognised countries, which includes tertiary qualifications in the profession on which you are relying to support your eligibility for registration under the National Law.

Primary language pathway

With overseas qualification in a non-recognised country

English is your primary language and you have undertaken and satisfactorily completed:

- all of your primary and secondary education taught and assessed solely in English in a recognised country, **and**
- tertiary qualifications on which you are relying to support your eligibility for registration under the National Law, which were taught and assessed solely in English.

English language test pathway

You have achieved the required minimum scores in one of the approved English language tests and meet the requirements for test results specified in the Board's *English language skills registration standard*.

15. Which one of the English language competency pathways do you meet?

i Ahpra may verify the information you provide below.

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

i If a qualification that was relied on for registration is not an approved program of study, you **must** provide confirmation that the course was taught and assessed solely in English. A list of approved programs of study is available at www.ahpra.gov.au/Education/Approved-Programs-of-Study

Combined secondary and tertiary education pathway

Provide details of secondary and tertiary education in the table below, then go to question 19

Extended education pathway

Provide details of secondary, vocational and tertiary education in the table below, then go to question 19

Primary language pathway

This is a declaration that English is your primary language
Provide details of primary, secondary and tertiary education in the table below, then go to question 19

English language test pathway

Go to question 16

Complete the following table of education undertaken in chronological order (earliest to most recent):

Timeframe	Level of education	Program name <i>If applicable</i>	Education institution <i>Specify name and address</i>	Recognised country <i>If applicable</i>	Study status
Study commenced: MM/YYYYY	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary			<input type="checkbox"/> Australia <input type="checkbox"/> New Zealand <input type="checkbox"/> South Africa <input type="checkbox"/> United States <input type="checkbox"/> Canada <input type="checkbox"/> Republic of Ireland <input type="checkbox"/> United Kingdom	<input type="checkbox"/> Full time <input type="checkbox"/> Part time
Study completed: MM/YYYYY	<input type="checkbox"/> Vocational <input type="checkbox"/> Tertiary				
Study commenced: MM/YYYYY	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary			<input type="checkbox"/> Australia <input type="checkbox"/> New Zealand <input type="checkbox"/> South Africa <input type="checkbox"/> United States <input type="checkbox"/> Canada <input type="checkbox"/> Republic of Ireland <input type="checkbox"/> United Kingdom	<input type="checkbox"/> Full time <input type="checkbox"/> Part time
Study completed: MM/YYYYY	<input type="checkbox"/> Vocational <input type="checkbox"/> Tertiary				
Study commenced: MM/YYYYY	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary			<input type="checkbox"/> Australia <input type="checkbox"/> New Zealand <input type="checkbox"/> South Africa <input type="checkbox"/> United States <input type="checkbox"/> Canada <input type="checkbox"/> Republic of Ireland <input type="checkbox"/> United Kingdom	<input type="checkbox"/> Full time <input type="checkbox"/> Part time
Study completed: MM/YYYYY	<input type="checkbox"/> Vocational <input type="checkbox"/> Tertiary				



Please attach a separate sheet with any additional details that do not fit in the space provided above.

If a qualification specified above was relied on for registration and is **not** an approved program of study, you **must** provide a certified copy of your academic transcript confirming that the course was taught and assessed solely in English.

If the transcript does not confirm that the course was taught and assessed solely in English, you **must** arrange for a letter in the required form to be provided directly to Ahpra by the education provider confirming that the course was taught and assessed solely in English.

16. Were your results from the English language tests obtained in one or two sittings?

i In certain circumstances, you can use English language test results from a maximum of two test sittings in a six month period. For more information, refer to the Board's *English language skills registration standard*.

One sitting Provide date of test below, then go to the next question and complete details for one sitting

Two sittings Provide dates below, then go to the next question and complete details for both sittings

Sitting one DD / MM / YYYY

Sitting two DD / MM / YYYY



17. Which of these English language tests have you successfully completed?

Provide reference number(s) for the test(s) you are relying on and attach a copy of your test results.

International English Language Test System (IELTS) Academic module

Test report form number – sitting one:

Test report form number – sitting two (if applicable):

The Board requires the IELTS (academic module) with a minimum overall score of 7 and a minimum score of 7 in each of the four components (listening, reading, writing and speaking).

Occupational English Test (OET)

Candidate number – sitting one:

Candidate number – sitting two (if applicable):

The Board requires the OET with a minimum score of B or 350 in each of the four components (listening, reading, writing and speaking).

Pearson Test of English Academic (PTE Academic)

Registration ID – sitting one:

Registration ID – sitting two (if applicable):

The Board requires the PTE Academic with a minimum overall score of 65 and a minimum score of 65 in each of the four communicative skills (listening, reading, writing and speaking).

Test of English as a Foreign Language internet-based test (TOEFL iBT)

Registration number – sitting one:

Registration number – sitting two (if applicable):

The Board requires the TOEFL iBT with a minimum total score of 94 and the minimum scores of 24 for listening, 24 for reading, 27 for writing, and 23 for speaking.



If your English language test(s) were completed within the past two years, you **must** provide a copy of your test results, including the reference number(s), so that Ahpra can verify your results.
If your English language test(s) were not completed within the past two years, you **must** provide a certified copy of your results.

18. Were your results from the above-mentioned English language tests obtained in the past two years?

YES

NO



In order for your results to be accepted, within 12 months of completing your test(s) you **must** have commenced:

- continuous employment as a registered health practitioner in a recognised country where English was the primary language of practice, **and/or**
- continuous enrolment in an approved program of study.

You **must** lodge this application within 12 months of completing the employment and/or program of study.



You **must** attach a certified copy of your English language test results, **and**:

- your CV and a letter from employer(s) or a professional referee in the required form confirming continuous employment as a registered health practitioner in a recognised country (if you are relying on continuous employment over two years in duration, only two years is required), **and/or**
- an academic transcript evidencing that you were enrolled continuously in a Board-approved program of study that commenced within 12 months of sitting the English language test, and that you completed your study no longer than 12 months before lodging your application.

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



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

YES

NO

20. Have you practised in the profession in the past three years?



Please note that this registration allows you to practise supervised for the purpose of postgraduate education. 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.

YES

NO



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.



21. 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.

22. 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.

23. 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.

24. 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.

25. 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.

26. 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.

27. Do you undertake to notify the Board of your supervisor's details, and your place of practice details, not less than 30 days before commencing supervised practice?

YES NO



SECTION H: Postgraduate training details

28. When will your limited registration period need to begin?

- On the date of the Board's approval
 On the date below, or the date of the Board's approval, whichever is the latter

Commencement date

DD / MM / YYYY

29. What is the proposed commencement date of your postgraduate study?

Commencement date

DD / MM / YYYY

30. What is the proposed completion date of your postgraduate study?

Completion date

DD / MM / YYYY

31. How many months of registration is required to complete the proposed postgraduate studies?

- Registration cannot be granted for more than 12 months and registrants who are eligible are only able to renew their registration three times.

Months

SPECIFY

32. What are the details of the postgraduate training program you are enrolled in?

- Practitioners with limited registration must maintain their enrolment in the designated postgraduate program. If there is any change to the enrolment you must notify the Board immediately and you may be required to submit a new application for registration.

Postgraduate training program

Title of program

Division of registration applicable to

Name of institution or provider (University/College/Examining body)

33. Is the postgraduate course that you are enrolled in on the list of approved programs of study?

- Please refer to the Board's website www.medicalradiationpracticeboard.gov.au/accreditation for a list of approved programs of study. Please note that successful completion of a postgraduate program does not automatically entitle practitioners to general registration.

YES

NO



You **must** attach details of your postgraduate training plan describing the purpose, location, content and details of clinical activities and any clinical practice that will be undertaken.

34. Do you agree that you will only practise under supervision if granted limited registration for postgraduate training?

YES

NO



Practitioners unable to agree to practice only under supervision are ineligible for registration.



PART B – To be completed by the education provider/employer

SECTION I: Education provider/employer details

35. What are the details of the contact person?



A contact person, for example, could be the course coordinator.

Provide contact details below

Name of education provider/employing organisation

MR

MRS

MISS

MS

DR

OTHER

Family (legal) name of contact

First given name

Address/PO Box (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET; or PO BOX 1234)

City/Suburb/Town

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

Postcode

Business phone

Mobile

Email

36. What is the name of the postgraduate training program in which the applicant is enrolled?

Title of the postgraduate training program

SECTION J: List of sites

37. What are the names and addresses of all sites of practice for which registration is being sought?

Site/Building (if applicable)

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

City/Suburb/Town

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

Postcode



Site/Building (if applicable)

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

City/Suburb/Town


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

Site/Building (if applicable)

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

City/Suburb/Town

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

 Attach a separate sheet of the names and addresses of additional sites that do not fit within the spaces provided.

SECTION K: Education provider/employer's declaration

I declare that the information provided in this document (including supervision and training details) is true and correct.
 I confirm that the applicant named below has been formally enrolled in the postgraduate program as described in this application.

<p>Name of applicant</p> <input style="width: 95%;" type="text"/>	<p>Name of education provider/employer contact</p> <input style="width: 95%;" type="text"/>
<p>Date</p> <input style="width: 25%; text-align: center;" type="text"/> / <input style="width: 25%; text-align: center;" type="text"/> / <input style="width: 25%; text-align: center;" type="text"/> / <input style="width: 25%; text-align: center;" type="text"/>	<p>Signature of education provider/employer contact</p> <div style="border: 1px solid #ccc; padding: 5px; display: flex; align-items: center;"> SIGN HERE </div>



PART C – To be completed by the applicant's nominated supervisor

SECTION L: Supervisor details



Applicants granted limited registration for postgraduate training **must** practice under supervision.

Eligibility criteria for supervisors

A supervisor may be approved as a supervisor if he or she holds registration and has practised for at least three years prior to the commencement of the period of supervised practice covered by this application. The supervisor must also hold unrestricted registration.

38. What are the details of the registered medical radiation practitioner who will supervise the applicant?

Provide supervisor details below

MR MRS MISS MS DR OTHER

Family (legal) name of supervisor

First given name

Registration number

Position

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

City/Suburb/Town

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

Postcode

Business phone

Mobile

Email



You **must** attach to this application a curriculum vitae for the supervisor detailing the practice undertaken since registration and the current position of the supervisor.

39. On the proposed date of commencement of supervised practice detailed on this application, will you hold unrestricted registration as a medical radiation practitioner and have practised for at least three years?

YES

Provide the year of your initial registration below

NO



You **must** attach a separate sheet with your reasons for why this criteria should not be applied.



SECTION M: Supervisor's undertaking and declaration

Undertaking

I undertake to be the applicant's principal supervisor and to provide a level of supervision as described in the Board's Supervision Guidelines 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
- observe the applicant's work, conduct case reviews, periodically conduct performance reviews 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
- ensure that the applicant practises in accordance with work arrangements approved by the Board
- 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
- provide work performance reports to the Board in a form approved by the Board at subsequent intervals as determined by the Board.

Declaration

I declare that the:

- information provided in this document (including supervision and training details) is true and correct.
- medical radiation practitioner (applicant) named below will be supervised at all times while undertaking any clinical activities or clinical practice in accordance with the Board's guidelines on supervision.

Name of applicant <input type="text"/>	Name of nominated supervisor <input type="text"/>
Date <input type="text" value="DD"/> / <input type="text" value="MM"/> / <input type="text" value="YYYY"/>	Signature of supervisor <div style="border: 1px solid black; padding: 5px; display: flex; align-items: center;"> SIGN HERE </div>

All correspondence to the nominated supervisor will be sent to the applicant's principle place of practice.





PART D – To be completed by the applicant

SECTION N: Obligations, consent and declaration



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 consent to Ahpra and the National Board, at any time during the next 12 months, obtaining a written report about my criminal history through a nationally coordinated criminal history check. I acknowledge that:

- Ahpra and the National Boards may obtain a written report about my criminal history at any time during the next 12 months
- 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 National Board
- my personal information currently held by Ahpra and from this form will be 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 and used by Ahpra and the National Board when obtaining a written report about my criminal history at any time during the next 12 months
- if I have not provided any identity information with this application, and Ahpra needs to obtain a written report about my criminal history at any time during the next 12 months, I will provide the required identity information when requested by Ahpra
- Ahpra may validate documents in support of this application, or that I provide when requested at any time during the next 12 months, as evidence of my identity at any time during the next 12 months
- if and when this application for renewal of registration is granted, Ahpra may obtain a written report about my criminal history at any time during the next 12 months for the purpose of:
 - a) checking a statement made by me in this application for renewal,
 - b) an audit carried out by the National Board,
 - c) assessing my ongoing suitability to hold health practitioner registration, including if a complaint is made about me to Ahpra, or
 - d) considering an application made by me about my health practitioner registration, and
- I may dispute the result of the nationally coordinated criminal history check by contacting Ahpra in the first instance.

Declaration

I declare that:

- the statements made, and any documents provided, in support of this application are true and correct, and
- I am the person named in this application and in any documents provided.

I make this declaration in the knowledge that a false declaration amounts to a contravention of the National Law and may lead to refusal of registration or health, conduct or performance action under the National Law.

I confirm that if I advertise any of my services or my business, the advertising* complies with section 133 of the National Law and the National Board's Advertising Guidelines as it:

- Is not false, misleading or deceptive or likely to be misleading or deceptive
- does not offer a gift, discount or other inducement without stating the terms and conditions of the offer
- does not use testimonials or purported testimonials about the service or business
- does not create an unreasonable expectation of beneficial treatment, and
- does not directly or indirectly encourage the indiscriminate or unnecessary use of my services.

*For information about advertising obligations please see the advertising resources page on:

<https://www.ahpra.gov.au/Publications/Advertising-hub.aspx>

I acknowledge that:

- the National Board may validate documents provided in support of this application as evidence of my identity
- failure to complete all relevant sections of this application for renewal of registration 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 for renewal of registration will be sent to me electronically to me via my nominated email address
- 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 the all relevant legislation and National Board registration standards, codes and guidelines.

I understand that personal information that I provide may be given to a third party for regulatory purposes, as authorised or required by the National Law.

Signature of applicant


SIGN HERE

Name of applicant

Date

D
D /
 M
M /
 Y
Y
Y
Y



SECTION 0: Payment

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

Use the *Pro-rata registration fees* table below to select your registration fee. Your registration fee depends on how many months you will be registered and 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.

Application fee:	\$209	+	Registration fee:	\$ INSERT FEE	=	Amount payable:	\$ INSERT FEE
						Applicants must pay 100% of the stated fees at the time of submitting the application.	

Pro-rata registration fees

Number of months you will be registered

	1	2	3	4	5	6	7	8	9	10	11	12
Registration fee	\$17	\$35	\$52	\$70	\$87	\$105	\$122	\$139	\$157	\$174	\$192	\$209
Registration fee for NSW registrants	\$14	\$29	\$43	\$57	\$71	\$86	\$100	\$114	\$128	\$143	\$157	\$171



Refund rules

The application fee is non-refundable. The registration fee will be refunded if the application is not approved.

40. Please complete the credit/debit card payment slip below.

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 P: Checklist



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

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

<i>Additional documentation</i>		Attached
Question 2	Evidence of a change of name	<input type="checkbox"/>
Question 4	A certified copy of a foreign passport	<input type="checkbox"/>
Question 5	Certified copies of all documents that provide sufficient evidence of your identity	<input type="checkbox"/>
Question 10	Certified copies of all your relevant qualifications approved or considered to be equivalent by the Board	<input type="checkbox"/>
Question 10	A separate sheet with additional qualifications	<input type="checkbox"/>
Question 11	Certificate of Registration Status or Certificate of Good Standing has been requested from relevant authority	<input type="checkbox"/>
Question 11	A separate sheet with additional registration history details	<input type="checkbox"/>
Question 12	A signed and dated written statement with details of your criminal history in Australia and an explanation of the circumstances	<input type="checkbox"/>
Question 13	A separate sheet of additional overseas countries with criminal history and corresponding ICHC reference number	<input type="checkbox"/>
Question 13	A signed and dated written statement with details of your criminal history outside Australia and explanation of the circumstances	<input type="checkbox"/>
Questions 13 & 14	ICHC reference page provided by the approved vendor	<input type="checkbox"/>
Question 14	A separate sheet of additional overseas countries lived in and corresponding ICHC reference number	<input type="checkbox"/>
Question 15	A separate sheet with any additional qualification details	<input type="checkbox"/>
Question 15	Transcript(s)/letter(s) from education provider confirming that your course was taught and assessed solely in English	<input type="checkbox"/>
Question 17	Copy of your English language test results	<input type="checkbox"/>
Question 18	Certified copy of your English language test results	<input type="checkbox"/>
Question 18	Evidence of continuous employment as a registered health practitioner in a recognised country where English was the primary language of practice and/or continuous enrolment in an approved program of study	<input type="checkbox"/>
Question 20	Your curriculum vitae	<input type="checkbox"/>
Question 21	A separate sheet with your impairment details	<input type="checkbox"/>
Question 22	A separate sheet with your current suspension or cancellation details	<input type="checkbox"/>
Question 23	A separate sheet with your previous cancellation, refusal or suspension details	<input type="checkbox"/>
Question 24	A separate sheet with your previous conditions, undertakings or limitation details	<input type="checkbox"/>
Question 25	A separate sheet with your disqualification details	<input type="checkbox"/>
Question 26	A separate sheet with your conduct performance or health proceedings	<input type="checkbox"/>
Question 33	A separate sheet with details of your training plan	<input type="checkbox"/>
Question 37	A separate sheet with additional site details	<input type="checkbox"/>
Question 38	Your supervisor's curriculum vitae	<input type="checkbox"/>
Question 39	A separate sheet with reasons for why this criteria should not be applied	<input type="checkbox"/>
Payment		
	Application fee	<input type="checkbox"/>
	Registration fee	<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 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
- be annotated on the last page as appropriate e.g. 'I have sighted the original document and certify this to be a true copy of the original' and signed by the authorised officer, and
- list the name, date of certification, and contact phone number, and position number (if relevant) and have the stamp or seal of the authorised officer (if relevant) applied.

Certified copies will only be accepted in hard copy by mail or in person (not by fax, email, etc). Photocopies of previously certified documents will not be accepted. For more information, Ahpra's guidelines for certifying documents can be found online at www.ahpra.gov.au/certify

CHANGE OF NAME

You must provide evidence of a change of name if you have ever been formally known by another name(s) or 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.

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 your criminal history is relevant to the practice of your profession. You are not required to obtain or provide your Australian criminal history report, Ahpra will obtain this check on your behalf. But if you have not given us certified proof of identity documents since October 2019, you will need to do this first.

Any document containing a photograph must be annotated with the statement '*I certify that this a true copy of the original and the photograph is a true likeness of the person presenting the document as sighted by me.*'

You may be required to obtain international criminal history reports.

For more information, view the full registration standard online at

www.medicalradiationpracticeboard.gov.au/registration-standards

and the requirements for supplying proof of identity and certified documents at www.ahpra.gov.au/Registration/Registration-Process/Proof-of-Identity and www.ahpra.gov.au/Registration/Registration-Process/Certifying-Documents

CURRICULUM VITAE

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)

- 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).

For practitioners returning to practice after a period of absence between three and five years, you must detail the level of CPD undertaken during the period of absence. 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

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*.

For more information, view the full registration standard online at

www.medicalradiationpracticeboard.gov.au/registration-standards

IMPAIRMENT

The National Law defines impairment as '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'.

An illness or health condition that is safely managed is not the same as impairment, as these do not have a detrimental impact on your capacity to practise. Examples you do not need to tell us about include:

- wearing prescription glasses to correct your vision or hearing aids to correct your hearing, or
- seeing a psychologist for anxiety and following a treatment plan.

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)

You cannot practise as a medical radiation practitioner in Australia unless you are covered by your own, or third-party professional indemnity insurance (PII) arrangements that meet the requirements of the Board's registration standard. Remember, practising means using your skills and knowledge as a health practitioner in any paid or unpaid role in your profession.

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.medicalradiationpracticeboard.gov.au/registration-standards