



Application for general registration for students completing an approved program of study Profession: Aboriginal and Torres Strait Islander Health Practice


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

This form is for students who are completing an approved program of study and who have never been registered or practised as a health practitioner in Australia or overseas. This is an application for general registration as an Aboriginal and Torres Strait Islander Health Practitioner in Australia. This application must be lodged, with all supporting documents, in the capital city of the state or territory where the approved program of study has been completed.

It is important that you refer to the Aboriginal and Torres Strait Islander Health Practice Board of Australia (the Board) registration standards before completing this application. Registration standards and other relevant codes and guidelines can be found at www.atsihealthpracticeboard.gov.au

If you need assistance to complete this form, Australian Health Practitioner Regulation Agency (Ahpra) staff are available to help. You can request assistance in one of three ways:

- make an enquiry in person at any Ahpra office
- call our Customer Service Team on 1300 419 495, or
- email a web enquiry via the Ahpra website. To make a web enquiry, visit www.ahpra.gov.au/About-Ahpra/Contact-Us/Make-an-Enquiry and select the 'Registration Requirement' category.





 **This application will not be considered unless it is complete and all supporting documentation has been provided.** Supporting documentation **must** be certified in accordance with the Ahpra guidelines. For more information, see *Certifying documents* in the *Information and definitions* section of this form.

Privacy and confidentiality

The Board and Ahpra are committed to protecting your personal information in accordance with the *Privacy Act 1988* (Cth). The ways the Board and Ahpra may collect, use and disclose your information are set out in the collection statement relevant to this application, available at www.ahpra.gov.au/privacy.


By signing this form, you confirm that you have read the collection statement. Ahpra's privacy policy explains how you may access and seek correction of your personal information held by Ahpra and the Board, how to complain to Ahpra about a breach of your privacy and how your complaint will be dealt with. This policy can be accessed at www.ahpra.gov.au/privacy.

Symbols in this form

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

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.

 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: Application criteria

1. Are you a new graduate or are you currently completing an approved program of study relating to this application? YES Go to the next question NO

 **You are not eligible to use this application form.** To apply for general registration, please complete application form AGEN-81, available online at www.atsihealthpracticeboard.gov.au.

2. Have you ever been registered or practised as a health practitioner in Australia or overseas? YES NO Go to the next question

 **You are not eligible to use this application form.** To apply for general registration, please complete application form AGEN-81, available online at www.atsihealthpracticeboard.gov.au.

3. At what academic institution are you completing your study?

Name of institution

Country

State/Territory (if in Australia)
VIC NSW QLD SA WA NT TAS ACT



4. What is your student identification number?

Student identification number

SECTION B: Personal details



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

5. 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.

6. What are your birth and personal details?

Country of birth

City/Suburb/Town/Community of birth

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

Sex*
 MALE FEMALE INTERSEX/INDETERMINATE

Languages spoken other than English (optional)*




SECTION C: Proof of identity

 **You must provide proof of your identity with this application.** Please refer to the *Proof of identity requirements* available at www.ahpra.gov.au/identity.

7. Are you applying for registration from within Australia?

YES

NO **Go to the next question**

 You **must** only use each document once.

The documents provided **must** meet the following criteria:

- At least **one** document must be in your 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.
- For documents containing a photograph, the following certification statement must be included by the authorised officer, 'I certify that this is a true copy of the original and the photograph is a true likeness of the person presenting the document as sighted by me.'
- 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 – then go to Section D: Contact information

- 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.
- 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 checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	Australian financial institution account	NA	NA	<input checked="" type="checkbox"/>
Australian visa (Foreign passport must be selected as evidence for Category B)	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	Australian Medicare card	NA	NA	<input checked="" type="checkbox"/>
ImmiCard	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	Australian PAYG payment summary	NA	NA	<input checked="" type="checkbox"/>
Australian citizenship certificate	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	Australian motor vehicle registration	NA	NA	<input checked="" type="checkbox"/>
Australian passport	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Australian Taxation Assessment Notice	NA	NA	<input checked="" type="checkbox"/>
Australian driver's licence	NA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Australian insurance policy	NA	NA	<input checked="" type="checkbox"/>
Foreign passport	NA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Australian pension/healthcare card	NA	NA	<input checked="" type="checkbox"/>
Australian Working with Children Check or Vulnerable People Check	NA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Category D documents			
Australian firearms or shooter's licence	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.			
Australian student ID card	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"/>			
International or foreign driver's licence	NA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Australian rate notice <input checked="" type="checkbox"/>			
Australian proof of age card	NA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Current Australian lease or tenancy agreement <input checked="" type="checkbox"/>			
Australian government benefits	NA	NA	<input checked="" type="checkbox"/>	Australian utility account <input checked="" type="checkbox"/>			
Australian academic transcript	NA	NA	<input checked="" type="checkbox"/>				
Australian registration certificate	NA	NA	<input checked="" type="checkbox"/>				



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



Once **registered** and **living** in Australia, you need to become identity enrolled. Please download and complete the form *POIA-00 – Proof of identity requirements form: Within Australia* to become identity enrolled.

8. Are you applying for registration from outside Australia?

YES **Go to the next question**

NO **Go back to question 7 to nominate the proof of identity you will provide with your application**

9. Can you meet the proof of identity requirements for applicants applying for registration within Australia?

NO

YES **Go back to question 7 to nominate the proof of identity you will provide with your application**

i You **must** only use each document once.

The documents provided **must** meet the following criteria:

- At least **one** document must be in your 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.

Choose proof of identity documents to submit – then go to Section D: Contact information

- You **must** provide one category B document and two category C documents.
- A document may only be used once for any category.

Documents	Category used:		Documents	Category used:	
	B	C		B	C
Passport or travel document (Certificate of Identity, Document of Identity, ImmiCard, Laissez Passer and Titre de Voyage)	<input type="checkbox"/>	<input type="checkbox"/>	Birth certificate	NA	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Driver's licence	NA	<input type="checkbox"/>
Australian passport	<input type="checkbox"/>	<input type="checkbox"/>	Marriage certificate	NA	<input type="checkbox"/>
Australian visa (must be provided in conjunction with a foreign passport of travel document)	NA	<input type="checkbox"/>	Identity card	NA	<input type="checkbox"/>
			Australia citizenship certificate	NA	<input type="checkbox"/>



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



Certifying documents

- If using your passport, a certified copy of the identity information page (the photo page) **must** be provided.
- For documents containing a photograph, the following certification statement must be included by the authorised officer, 'I certify that this is a true copy of the original and the photograph is a true likeness of the person presenting the document as sighted by me.'
- 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.



SECTION D: Contact information



Once registered, you can change your contact information at any time. Please go to www.ahpra.gov.au/login to change your contact details using your online account.

10. 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

11. What is your residential address?



When you are not yet practising, or when you are not practising the profession predominantly at one address:

- your residential address will be recognised as your principal place of practice, and
- the information items marked with an asterisk (*) will appear on the public register as your principal place of practice.

Refer to the question below for the definition of principal place of practice.

Residential address **cannot** be a PO Box.

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

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

City/Suburb/Town/Community*

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

Country (if other than Australia)

12. 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/Community*

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



13. What is your mailing address?

- Residential address
- Principal place of practice
- Other (*Provide your mailing address below*)

i Your mailing address is used for postal correspondence.

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

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

City/Suburb/Town/Community

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

_____ _____

Country (if other than Australia)

SECTION E: Qualification for the profession

i To be eligible for registration you are required to have completed the Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice Cert IV ATSIPHCP.

Refer to www.atsihealthpracticeboard.gov.au/accreditation for a list of Board-approved programs of study. For further information, view the full *Approved programs of study* at [www.ahpra.gov.au/education/approved-programs-of-study.aspx?ref=aboriginal and torres strait islander health practitioner](http://www.ahpra.gov.au/education/approved-programs-of-study.aspx?ref=aboriginal%20and%20torres%20strait%20islander%20health%20practitioner)

14. What are the details of your qualifications and examinations/assessments?

i As a student completing studies at an Australian university you may not yet have your qualification conferred, and are therefore unable and not required to provide a copy of your degree with your application. Your application will be processed when the Board receives advice direct from the relevant university that you have met the requirements of the course and are entitled to the qualification.

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

Primary qualification and examinations/assessments

Title of qualification

Name of institution (University/College/Examining body/TAFE/RTO)

Campus

Country

Start date Completion date Length of program

MM / YYYY MM / YYYY _____

If you have received your academic qualification you **must** attach a certified copy.



SECTION F: 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.atsihealthpracticeboard.gov.au/registration-standards for further information.

15. 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.

16. 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.

i 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.

17. 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

i 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.

18. Will you have appropriate professional indemnity insurance arrangements in place while you are practising?



The Board requires all applicants 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



19. Are you accepted as an Aboriginal and/or Torres Strait Islander person in the community which you live or lived?

i Pursuant to section 80 of the National Law, the Board may seek further evidence of a registrant's claim to be an Aboriginal and/or Torres Strait Islander person.

YES



You **must** provide evidence that you:

- are an Aboriginal and/or Torres Strait Islander person
- identify as an Aboriginal and/or Torres Strait Islander person, and
- are accepted as an Aboriginal and/or Torres Strait Islander person in the community which you live or have lived.

Evidence may include, but is not limited to, a letter to the satisfaction of the Board, stating that a person is an Aboriginal or Torres Strait Islander or both and is accepted by a recognised Aboriginal and/or Torres Strait Islander organisation. The letter must carry the organisation's letterhead, hold the organisation's official seal, if available, and be dated and signed by a person authorised by the organisation.

NO



You **must** be accepted as an Aboriginal and/or Torres Strait Islander person in the community which you live or have lived to be eligible for registration.

20. Are you, and do you identify as, an Aboriginal and/or Torres Strait Islander person?



For more information, see the Board's *Aboriginal and/or Torres Strait Islander registration standard* online at www.atsihealthpracticeboard.gov.au/registration-standards

YES

NO



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

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.





SECTION G: 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



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

SECTION H: Agent to act on behalf of applicant

22. Do you wish to appoint an agent to communicate/act on your behalf in relation to this application?

- YES Complete Applicant authorisation and arrange for agent to complete Agent authorisation
- NO Go to Section I: Payment

Applicant authorisation

I authorise my agent to (mark one or more as required):

- communicate with the Board on my behalf regarding the processing and progress of my application. (The agent and the Board may communicate by telephone, fax, written correspondence)
- undertake any other action reasonably necessary for the processing of my application on my behalf (except signing and lodging applications forms, which must be completed by the applicant)
- receive all formal correspondence from the Board in relation to this application.

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

AGENT TO COMPLETE: I consent to act as Agent of the registrant named below.

Full name of agent

Full name of applicant

Agent contact details

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

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

City/Suburb/Town

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

Postcode/ZIP

Country

Business hours (phone)

Mobile

Email

Date <input type="text" value="DD"/> / <input type="text" value="MM"/> / <input type="text" value="YYYY"/>	Signature of agent <div style="border: 1px solid black; padding: 5px; text-align: center;"> SIGN HERE </div>
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! PART C – To be completed by the applicant

SECTION I: Payment

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

Application fee:		Registration fee:		Amount payable:
\$94	+	\$154	=	\$248
				Applicants must pay 100% of the stated fees at the time of submitting the application.

i Registration period
 The annual registration period for the Aboriginal and Torres Strait Islander Health Practice profession is from 1 December to 30 November. If your application is made between 1 October and 30 November this year, you will be registered until 30 November next year.

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

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

Credit/Debit card payment slip – please fill out

Amount payable \$ <input type="text"/>	Name on card <input type="text"/>
Visa or Mastercard number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Cardholder's signature <input type="text"/>
Expiry date MM / YY <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	



SECTION J: Checklist



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

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

<i>Additional documentation</i>		Attached
Question 5	Evidence of a change of name (if required)	<input type="checkbox"/>
Question 7	Certified copies of all documents that provide sufficient evidence of your identity	<input type="checkbox"/>
Question 9	Certified copies of all documents that provide sufficient evidence of your identity	<input type="checkbox"/>
Question 14	Certified copies of your relevant qualifications (if applicable)	<input type="checkbox"/>
Question 15	A signed and dated written statement with details of your criminal history in Australia and an explanation of the circumstances	<input type="checkbox"/>
Question 16	A separate sheet of additional overseas countries with criminal history and corresponding ICHC reference number	<input type="checkbox"/>
Question 17	A signed and dated written statement with details of your criminal history outside Australia and explanation of the circumstances	<input type="checkbox"/>
Questions 17 & 18	ICHC reference page provided by the approved vendor	<input type="checkbox"/>
Question 17	A separate sheet of additional overseas countries lived in and corresponding ICHC reference number	<input type="checkbox"/>
Question 19	Evidence that you are, identify and are accepted as an Aboriginal or Torres Strait Islander person	<input type="checkbox"/>
Question 21	A separate sheet with your impairment details	<input type="checkbox"/>
<i>Payment</i>		
	Application fee	<input type="checkbox"/>
	Registration fee	<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.
You may contact Ahpra on 1300 419 495



Information and definitions

CERTIFYING DOCUMENTS

DO NOT send original documents.

Copies of documents provided in support of an application, or other purpose required by the National Law, must be certified as true copies of the original documents. Each and every certified document **must**:

- be in English. If original documents are not in English, you must provide a certified copy of the original document and translation in accordance with Ahpra guidelines, which are available at www.ahpra.gov.au/registration/registration-process
- be initialled on every page by the authorised officer. For a list of people authorised to certify documents, visit www.ahpra.gov.au/certify.aspx
- be annotated on the last page as appropriate e.g. 'I have sighted the original document and certify this to be a true copy of the original' and signed by the authorised officer,
- for documents containing a photograph, the following certification statement must be included by the authorised officer, 'I certify that this is a true copy of the original and the photograph is a true likeness of the person presenting the document as sighted by me', along with their signature, 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 via the Online Upload Service at www.ahpra.gov.au/registration/online-upload. Photocopies of previously certified documents will not be accepted. For more information, Ahpra's guidelines for certifying documents can be found online at www.ahpra.gov.au/certify.aspx

CHANGE OF NAME

You must provide evidence of a change of name if you have ever been formally known by another name(s) or if any of the documentation you are providing in support of your application is in another name(s).

Evidence must be a certified copy of one of the following documents:

- Standard marriage certificate
- Deed poll
- Change of name certificate

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

CRIMINAL HISTORY

Criminal history includes the following, whether in Australia or overseas, at any time:

- every conviction of a person for an offence
- every plea of guilty or finding of guilt by a court of the person for an offence, whether or not a conviction is recorded for the offence, and
- every charge made against the person for an offence.

Under the National Law, spent convictions legislation does not apply to criminal history disclosure requirements. Therefore, you must disclose your complete criminal history as detailed above, irrespective of the time that has lapsed since the charge was laid or the finding of guilt was made. The Board will decide whether a health practitioner's criminal history is relevant to the practice of the profession.

You are not required to obtain or provide your Australian criminal history report, Ahpra will obtain this check on your behalf. You may be required to obtain international criminal history reports.

For more information, view the registration standard online at www.atsihealthpracticeboard.gov.au/Registration-Standards

ENGLISH LANGUAGE SKILLS

To be eligible for registration you **must** be able to demonstrate that you have an adequate command of the English language. English language proficiency can be demonstrated through the completion of the Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice or a qualification considered by the Board to be equivalent.

For more information, view the full registration standard online at www.atsihealthpracticeboard.gov.au/registration-standards

IMPAIRMENT

Impairment means a physical or mental impairment, disability, condition, or disorder (including substance abuse or dependence) that **detrimentally affects or is likely to detrimentally affect your capacity to practise the profession**. The National Law requires you to declare any impairments at the time of application. If you have an impairment, you will need to provide details of the impairment and how it is managed.

PRACTICE

Practice means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a practitioner in their regulated health 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 patients or clients, working in management, administration, education, research, advisory, regulatory or policy development roles and any other roles that impact on safe, effective delivery of health services in the health profession.

PROFESSIONAL INDEMNITY INSURANCE (PII)

You must have PII, or some alternative form of indemnity cover that complies with the Board's registration standard, for all aspects of your practice, in all locations in Australia. Initial registration and annual renewal of registration requires a declaration that you will be covered for all aspects of practice for the whole period of the registration. You may be covered by your Australian employer's PII—you will need to confirm this with your employer.

For more information, view the full registration standard online at www.atsihealthpracticeboard.gov.au/registration-standards