



Education: Re-entry to practice for nurses and midwives

Completing this form

- Print clearly in **BLOCK LETTERS**
- Place X in **all** applicable boxes:
- If available on your computer or device, you may be able to complete and sign this form electronically. Otherwise, print, complete, sign and return a scan or clear photo of the form.

Collection of personal information and health information

We are committed to protecting your personal information. The ways in which we may collect use and disclose your information are set out in our [Privacy policy](#).

Further information regarding [Ahpra's privacy, Freedom of information and information publication scheme](#) is available on Ahpra's website.

Practitioner details

Practitioner legal name (first and last)

Compliance or registration number

Practitioner's acknowledgement

By checking the following boxes and signing this form, I acknowledge and confirm:

- I have read and understood the definition of 'practice' as it relates to the conditions on my registration.
- I am aware that I may only practise to undertake the clinical training required for the approved re-entry to practice program.
- I understand and agree that Ahpra may use, collect and disclose my information in accordance with the [Privacy Policy](#).

Date

 / /

Signature

When completed, return this form to compliance@ahpra.gov.au

You may contact Ahpra on 1300 419 495