



Application for general registration For internationally qualified nurses and midwives Profession: Nursing and Midwifery

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

This form is for internationally qualified nurses and midwives applying for general registration as an enrolled nurse, registered nurse or midwife in Australia. Applicants are directed to the Nursing and Midwifery Board of Australia's (NMBA) website for the criteria to be satisfied for registration by an applicant from overseas www.nursingmidwiferyboard.gov.au/Registration-and-Endorsement/International

You **must** complete this application yourself. It may not be completed by someone else on your behalf.

It is important that you refer to the NMBA's registration standards, codes and guidelines before completing this application. These documents can be found at www.nursingmidwiferyboard.gov.au

 If you are applying for registration following the successful completion of an NMBA-approved bridging program you must use the form AGBP-40, which can be found at www.nursingmidwiferyboard.gov.au/Registration-and-Endorsement/Forms

 If you have the legal authority to practice as a nurse or midwife in New Zealand, you are subject to certain entitlements under the *Trans-Tasman Mutual Recognition Act 1997* (Cth) and should apply for registration using form ATRM-40, which can be found at www.nursingmidwiferyboard.gov.au/Registration-and-Endorsement/Forms

 **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.

SECTION A: Application criteria

1. What are you applying for general registration as?

Mark all options applicable to your application

- Enrolled nurse Registered nurse Midwife

SECTION B: Personal details

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

2. What is your name?

 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 NMBA.

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

Title* MR MRS MISS MS DR OTHER

Family name*

First given name*

Middle name(s)*

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



3. What are your birth and personal details?

Date of birth / /

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 other than English (optional)*

SECTION C: Proof of identity



You must provide proof of your identity with this application

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

- You **must** provide evidence from category A, B, and C.
- You **must** only use each document once.
- If your evidence from category C or B does not include your residential address, you **must** also provide evidence from category D.

Please indicate on the chart below which piece of evidence you are submitting for each category and attach the certified documents to your application.

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



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

- At least **one** document **must** be in your current name.
- Your category B document **must** have a recent photo.
- All documents **must** be officially translated into English. For documents translated in Australia, the translator **must** be accredited by NAATI – see www.naati.com.au For documents translated overseas, see www.fit-ift.org for a list of authorities who provide certified translations. Please refer to *Translating documents* at www.ahpra.gov.au/translate for further information.
- Australian birth certificate extracts are **not** accepted.
- If using your passport, a certified copy of the identity information page (the photo page) **must** be provided.
- All documents **must** be true certified copies of the original. See *Certifying documents* in the *Information and definitions* section of this form for more information, including specific information for applicants outside of Australia.

Choose proof of identity documents to submit: (A document may only be used once for any category)

Documents	Category used:			Documents	Category used:		
	A	B	C		A	B	C
Australian passport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medicare card	NA	NA	<input type="checkbox"/>
Overseas passport with current Aust. visa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PAYG payment summary	NA	NA	<input type="checkbox"/>
Australian birth certificate	<input type="checkbox"/>	NA	<input type="checkbox"/>	Motor vehicle registration	NA	NA	<input type="checkbox"/>
Current Australian visa	<input type="checkbox"/>	NA	<input type="checkbox"/>	Financial institution statement	NA	NA	<input type="checkbox"/>
Australian Armed Services papers	<input type="checkbox"/>	NA	<input type="checkbox"/>	Taxation assessment notice	NA	NA	<input type="checkbox"/>
Travel documents with Aust. visa	<input type="checkbox"/>	NA	<input type="checkbox"/>	Health insurance card	NA	NA	<input type="checkbox"/>
Australian citizenship certificate	<input type="checkbox"/>	NA	<input type="checkbox"/>	Pension card	NA	NA	<input type="checkbox"/>
Australian driver licence	NA	<input type="checkbox"/>	<input type="checkbox"/>	Category D documents			
Working with children check card	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.			
Firearm or shooters licence	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"/>			
Student ID card	NA	<input type="checkbox"/>	<input type="checkbox"/>	Mortgage papers			<input type="checkbox"/>
International driver licence	NA	<input type="checkbox"/>	<input type="checkbox"/>	Rate notices			<input type="checkbox"/>
Proof of age card	NA	<input type="checkbox"/>	<input type="checkbox"/>	Lease or tenancy agreement			<input type="checkbox"/>
Change of name certificate	NA	NA	<input type="checkbox"/>	Utility account			<input type="checkbox"/>
Australian marriage certificate	NA	NA	<input type="checkbox"/>	Electoral enrolment card			<input type="checkbox"/>
Australian divorce papers	NA	NA	<input type="checkbox"/>				
Board registration certificate	NA	NA	<input type="checkbox"/>				
Bank acct. details – credit or ATM card	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.

5. 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

6. 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)

7. Is the address of your principal place of practice the same as your residential address?

YES

NO *Provide your Australian principal place of practice below*



Principal place of practice for a registered health practitioner is:

- the address at which you 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.

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***



8. What is your mailing address?

Your mailing address is used for postal correspondence.

- My residential address
- My principal place of practice
- Other (*Provide your mailing address below*)

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

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

City/Suburb/Town

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

_____ _____

Country (if other than Australia)

SECTION E: Qualification for the profession(s)

In accordance with section 52 of the National Law, to be eligible for general registration you must be qualified for general registration in the health profession. Section 53 of the National Law states that to be qualified you must hold either:

- (a) an approved qualification for the health profession,
- (b) a qualification that the NMBA considers to be substantially equivalent, or based on similar competencies to an approved qualification,
- (c) a qualification, not referred to in (a) or (b), relevant to the health profession and have successfully completed an examination or other assessment required by the NMBA for the purpose of general registration in the health profession, or
- (d) a qualification, not referred to in (a) or (b), that under the National Law, or a corresponding prior Act, qualified you for general registration in the health profession and you were previously registered on the basis of holding that qualification.

The NMBA's website contains information on approved qualifications accepted under point (a). More information is available at www.nursingmidwiferyboard.gov.au/Accreditation/Approved-Programs-of-Study

If you are applying for registration **as a nurse and midwife** you are required to provide documentation for both professions.

You must provide evidence that satisfies the NMBA's criteria for internationally qualified nurses and midwives. Information about these criteria is found at www.nursingmidwiferyboard.gov.au/Registration-and-Endorsement/International

9. Have you recently completed an NMBA-approved bridging program and are applying for registration based on your successful completion of this course?

- YES NO

You are not eligible to use this application form. To apply for general registration as an internationally qualified nurse or midwife, please complete application form AGBP-40, available at www.nursingmidwiferyboard.gov.au



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

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

Most recent qualification and examination/assessments

Title of qualification

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

Campus (name of campus/location of campus)

Country

Start date Completion date Profession applicable to
 / / Nursing Midwifery

 You **must** attach a certified copy of **all** your academic qualifications and examinations/assessments mentioned in this form. Following assessment of your application, you may be requested to provide further information.

Additional qualification and examination/assessments

Title of qualification

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

Campus (name of campus/location of campus)

Country

Start date Completion date Profession applicable to
 / / Nursing Midwifery

 You **must** attach a certified copy of **all** your academic qualifications and examinations/assessments mentioned in this form. Following assessment of your application, you may be requested to provide further information.

 Attach a separate sheet if all your qualifications do not fit in the space provided.



SECTION F: Registration history

11. Have you previously held registration as a nurse and/or midwife in Australia?

YES

NO



You are not eligible to use this application form. To apply for general registration, please complete application form AGEN-40, available at www.nursingmidwiferyboard.gov.au

12. What is your health practitioner registration history?



If you have been registered outside of Australia, the NMBA requires a Certificate of Good Standing or Certificate of Registration Status from **every** jurisdiction outside of Australia in which you are currently, or have previously been, registered as a health practitioner **during the past five years**.

Certificates **must** be dated within three months of your application being received by AHPRA.

Most recent registration

State/Territory/Country/International province

Period of registration

 / / to / /


If you have been registered outside of Australia, you **must** arrange for original Certificates of Good Standing or Certificates of Registration Status to be forwarded directly from the registration authority to your AHPRA state or territory office. Refer to www.ahpra.gov.au/About-AHPRA/Contact-Us for your AHPRA state or territory office address.

Additional registration

State/Territory/Country/International province

Period of registration

 / / to / /


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

SECTION G: Work history

13. What is your full practice history?



It is important that you refer to *Curriculum vitae* in the *Information and definitions* section of this form for **mandatory requirements** of the CV. Your curriculum vitae will further inform the NMBA in relation to your recency of practice and registration history. For more information on your Statement of Service, see *Statement of Service* in the *Information and definitions* section



You **must** attach to your application:

- a Statement of Service from all of your employers from the past five years, and
- a **signed and dated** curriculum vitae that describes your full practice history and any training undertaken.



SECTION H: Suitability statements

 Information required by the NMBA 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 NMBA 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 NMBA's registration standards. Refer to www.nursingmidwiferyboard.gov.au/Registration-Standards for further information.

14. 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.

15. 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.

16. 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**

 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.



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

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.

Primary language pathway

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

- at least six years of primary and secondary education taught and assessed solely in English, including at least two years between 7 and 12, **and**
- your qualification which you are relying on to support your eligibility for registration under the National Law was taught and assessed solely in English in a recognised country.

Extended education pathway

Registered nurses and midwives

You have undertaken and satisfactorily completed five years (full-time equivalent) of education taught and assessed in English, in any of the recognised countries.

The five years must include evidence of a minimum of two years full-time equivalent study towards your tertiary qualification which you are relying on to support your eligibility for registration under the National Law.

Extended education pathway

Enrolled nurses

You have undertaken and satisfactorily completed five years (full-time equivalent) of education taught and assessed in English, in any of the recognised countries.

The five years must include evidence of a minimum of one year full-time equivalent study towards your vocational qualification which you are relying on to support your eligibility for registration under the National Law.

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 NMBA's *English language skills registration standard*.

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

AHPRA may verify the information you provide below.

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

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

- Primary language pathway This is a declaration that English is your primary language **Provide details of primary, secondary, vocational and/or tertiary education in the table below, then go to question 21**
- Extended education pathway (registered nurse and/or midwife) **Provide details of secondary, vocational and/or tertiary education (including two years in a pre-registration tertiary program) in the table below, then go to question 21**
- Extended education pathway (enrolled nurse) **Provide details of secondary, vocational and/or tertiary education (including one year in a pre-registration vocational program) in the table below, then go to question 21**
- English language test pathway **Go to question 18**



If you meet the English language test pathway, you do not need to complete the table below. **Please proceed to question 18.**

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 checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> Secondary			<input checked="" type="checkbox"/> Australia <input checked="" type="checkbox"/> New Zealand <input checked="" type="checkbox"/> South Africa <input checked="" type="checkbox"/> United States <input checked="" type="checkbox"/> Canada <input checked="" type="checkbox"/> Republic of Ireland <input checked="" type="checkbox"/> United Kingdom	<input checked="" type="checkbox"/> Full time <input checked="" type="checkbox"/> Part time
Study completed: MM/YYYYY	<input checked="" type="checkbox"/> Vocational <input checked="" type="checkbox"/> Tertiary				
Study commenced: MM/YYYYY	<input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> Secondary			<input checked="" type="checkbox"/> Australia <input checked="" type="checkbox"/> New Zealand <input checked="" type="checkbox"/> South Africa <input checked="" type="checkbox"/> United States <input checked="" type="checkbox"/> Canada <input checked="" type="checkbox"/> Republic of Ireland <input checked="" type="checkbox"/> United Kingdom	<input checked="" type="checkbox"/> Full time <input checked="" type="checkbox"/> Part time
Study completed: MM/YYYYY	<input checked="" type="checkbox"/> Vocational <input checked="" type="checkbox"/> Tertiary				
Study commenced: MM/YYYYY	<input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> Secondary			<input checked="" type="checkbox"/> Australia <input checked="" type="checkbox"/> New Zealand <input checked="" type="checkbox"/> South Africa <input checked="" type="checkbox"/> United States <input checked="" type="checkbox"/> Canada <input checked="" type="checkbox"/> Republic of Ireland <input checked="" type="checkbox"/> United Kingdom	<input checked="" type="checkbox"/> Full time <input checked="" type="checkbox"/> Part time
Study completed: MM/YYYYY	<input checked="" type="checkbox"/> Vocational <input checked="" 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.



If you have demonstrated English language competency via the primary language pathway or extended education pathway, you are not required to complete questions 18–20. **Please proceed to question 21.**

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

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 NMBA'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 / / Sitting two / /

19. 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 NMBA 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 NMBA requires the OET with a minimum score of B 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 NMBA 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 NMBA 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.

20. 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 an NMBA-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.

21. Do you commit to having appropriate professional indemnity insurance (PII) 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 You must not practise the profession unless you are covered by appropriate PII arrangements in accordance with the requirements of the NMBA.



22. Did you graduate more than two years ago?



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

YES **Go to the next question** NO **Go to question 24**

23. Which of the following have you completed?



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

Choose appropriate option

- Practised the profession while registered in the past five years for a period equivalent to a minimum of 450 hours full-time
- Successfully completed a program of study approved by the NMBA
- Successfully completed a period of supervised practice approved by the NMBA
- None of the above

24. Do you have an impairment that detrimentally affects, or is likely to detrimentally affect, your capacity to practise nursing and/or midwifery?



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.

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 hold, or have you previously held, registration in the profession overseas?

YES NO

28. 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.

29. 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.

30. 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.



SECTION I: Third party authorisation



If you wish to authorise a third party to act on your behalf please complete form *Authorisation form for third party to act on behalf of international applicant – AGAF-40*. This can be found at www.nursingmidwiferyboard.gov.au/Registration-and-Endorsement/Forms

Please note that authorisation for a third party to act on your behalf only remains valid until a decision is made on your application for registration. Under the *Privacy Act 1988* (Cth), AHPRA is generally not permitted to disclose personal information about an applicant to a third party.

SECTION J: Consent and obligations



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.

Consent

If I provide the NMBA details of an English language test I have completed, I authorise the NMBA to use the information I provide to verify those results with the test provider. I understand the test provider may be overseas.

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

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

I understand that:

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

I acknowledge that:

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

I undertake to comply with all relevant legislation and NMBA 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.

I confirm that I have:

- met the English language skills pathway requirements indicated on this form, and
- read the privacy and confidentiality statement for this form.

I declare that:

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

I make this declaration in the knowledge that a false statement is grounds for the NMBA to refuse registration.

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.

Signature of applicant



SIGN HERE

Name of applicant

Date

DD / MM / YYYY

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.



SECTION K: Payment



You are required to pay an application fee, an overseas assessment fee and a registration fee.

Your required payment is detailed below:

Application fee:	\$150	+	Overseas assessment fee:	\$220	+	Registration fee:	\$150	=	Amount payable:	\$520
									Applicants must pay 100% of the stated fees at the time of submitting the application.	



Registration period

The annual registration period for the nursing and midwifery professions is from **1 June to 31 May**.
If your application is made between **1 April and 31 May this year**, you will be registered until 31 May **next year**.

Refund rules

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

31. How are you paying your fees?



Payment by cheque, money order or bank draft must be in Australian currency, drawn on an Australian bank.
A receipt will be provided.

Mark one box below only



Visa or MasterCard
Complete credit/debit card payment slip below



Cash/EFTPOS
(only available if paying in person)



Cheque/Money order/Bank draft



You **must** attach cheque or money order **payable to the Australian Health Practitioner Regulation Agency**.



- On the back of the cheque, money order or bank draft, you **must** write:
- your full name
 - your date of birth, and
 - your AHPRA registration number (if you have one).

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 L: Checklist

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

<i>Additional documentation</i>		Attached/ Arranged
Question 2	Evidence of a change of name	<input type="checkbox"/>
Question 4	Certified copies of all documents that provide sufficient evidence of your identity	<input type="checkbox"/>
Question 10	Certified copies of all of your academic qualifications and examinations/assessments mentioned within this form	<input type="checkbox"/>
Question 10	A separate sheet with additional qualification details	<input type="checkbox"/>
Question 12	Certificate of Registration Status or Certificate of Good Standing has been requested from relevant authority	<input type="checkbox"/>
Question 12	A separate sheet with additional registration history	<input type="checkbox"/>
Question 13	A Statement of Service from your employer(s) covering the past five years	<input type="checkbox"/>
Question 14	A signed and dated curriculum vitae that describes your full practice history and any training undertaken	<input type="checkbox"/>
Question 14	A signed and dated written statement with details of your criminal history in Australia and an explanation of the circumstances	<input type="checkbox"/>
Question 15	A separate sheet of additional overseas countries with criminal history and corresponding ICHC reference number	<input type="checkbox"/>
Question 15	A signed and dated written statement with details of your criminal history outside Australia and explanation of the circumstances	<input type="checkbox"/>
Questions 15 & 16	ICHC reference page provided by the approved vendor	<input type="checkbox"/>
Question 16	A separate sheet of additional overseas countries lived in and corresponding ICHC reference number	<input type="checkbox"/>
Question 17	A separate sheet with any additional qualification details	<input type="checkbox"/>
Question 17	Transcript(s)/letter(s) from education provider confirming that your course was taught and assessed solely in English Not required if you have demonstrated English language competency via the English language test pathway	<input type="checkbox"/>
Question 19	Copy of your English language test results Not required if you have demonstrated English language competency via the primary language or extended education pathways	<input type="checkbox"/>
Question 20	Certified copy of your English language test results Not required if you have demonstrated English language competency via the primary language or extended education pathways	<input type="checkbox"/>
Question 20	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 Not required if you have demonstrated English language competency via the primary language or extended education pathways	<input type="checkbox"/>
Question 24	A separate sheet with your impairment details	<input type="checkbox"/>
Question 25	A separate sheet with your disqualification details	<input type="checkbox"/>
Question 26	A separate sheet with details of your conduct, performance or health proceedings in Australia or overseas	<input type="checkbox"/>
Question 28	A separate sheet with your current suspension or cancellation details	<input type="checkbox"/>
Question 29	A separate sheet with your previous cancellation, refusal or suspension details	<input type="checkbox"/>
Question 30	A separate sheet with your previous conditions, undertakings or limitation details	<input type="checkbox"/>
Payment		
	Application fee	<input type="checkbox"/>
	Overseas assessment fee	<input type="checkbox"/>
	Registration fee	<input type="checkbox"/>
	If paying by cheque/money order/bank draft, your name, date of birth and registration number are written on the back	<input type="checkbox"/>

Please post this form with payment and required attachments to:

AHPRA
GPO Box 9958
IN YOUR CAPITAL CITY (*refer below*)

You may contact AHPRA on
 1300 419 495 or you can lodge an enquiry
 at www.ahpra.gov.au

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.

Outside Australia, the following people are authorised to certify documents:

- Justice of the Peace
- Notary public
- Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the Consular Fees Act 1955), and
- Employee of the Commonwealth or the Australian Trade Commission who works outside Australia.

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 if any of the documentation that you are providing in support of your application is in another name(s).

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

- Standard Marriage Certificate (ceremonial certificates will not be accepted)
- Deed Poll
- Change of Name Certificate

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

CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

You are required to participate in a minimum of 20 hours of CPD annually, per profession, relevant to your context of practice. Additional requirements apply if you have an endorsement for scheduled medicines or as a nurse practitioner. You must keep evidence of your participation.

For more information, view the registration standard online at www.nursingmidwiferyboard.gov.au/Registration-Standards and the guidelines at www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines

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 NMBA 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 full registration standard online at www.nursingmidwiferyboard.gov.au/Registration-Standards

CURRICULUM VITAE

Your curriculum vitae **must**:

- detail any gaps in your practice history of more than three months from the date you obtained your qualification
- be in chronological order
- be signed and dated with a statement 'This curriculum vitae is true and correct as at (insert date)', and
- be the original signed curriculum vitae.

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 that meets the NMBA's *English language skills registration standard*, which can be found at www.nursingmidwiferyboard.gov.au/Registration-Standards

FULL-TIME EQUIVALENT

Full-time equivalent represents average hours over a specific period which is equal to that of a full-time employee or student and is defined as 37.5 hours per week.

IMPAIRMENT

Impairment means a physical or mental impairment, disability, condition, or disorder (including substance abuse or dependence) that **detrimentially affects or is likely to detrimentially affect your capacity to practise the profession**. The National Law requires you to declare any such impairments at the time of initial registration and 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 the safe and effective delivery of services in the profession and/or use of their professional skills.

PROFESSIONAL INDEMNITY INSURANCE (PII)

You must not practise the profession unless you are covered by appropriate PII arrangements in accordance with the requirements of the NMBA. You may be covered by your own private cover, your Australian employer's cover or another third party such as insurance gained through membership of a professional or industrial organisation. You are accountable for ensuring that you have PII cover in place and for understanding the nature of that cover.

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

REGENCY OF PRACTICE

Recency of practice means that a health practitioner has maintained an adequate connection with, and recent practice in the profession since qualifying for, or obtaining registration. The NMBA's recency of practice requirements also apply to an endorsement for scheduled medicines or as a nurse practitioner.

If you are unable to meet the recency of practice requirements the NMBA requires you to submit evidence to support your re-entry to practice. Re-entry to practice may require you to complete specific education and/or supervised practice.

For more information, view the registration standard online at www.nursingmidwiferyboard.gov.au/Registration-Standards and the re-entry to practice policy at www.nursingmidwiferyboard.gov.au/Registration-and-Endorsement/reentry-to-practice

STATEMENT OF SERVICE

The Statement of Service is required to:

- be on the employer's letterhead
- provide dates of employment
- describe the role in which you were employed, and whether it was full-time/part-time hours, and
- be signed by a manager (e.g. director of nursing, unit manager or HR manager).