



Request for change in circumstances

For occupational therapists with limited registration


Profession: Occupational therapy

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

This form is for occupational therapists who have limited registration, postgraduate training or supervised practice and who wish to seek a variation in the circumstances of their registration.

Practitioners can apply to the Occupational Therapy Board of Australia (the Board) about a variation if there is a minor change to their circumstances. If the Board considers that the variation is significant, the practitioner will need to submit a new application. Additional information is available on the Board's website www.occupationaltherapyboard.gov.au

It is important that you refer to the Board's registration standards when completing the form. Registration standards, codes and guidelines can be found at www.occupationaltherapyboard.gov.au

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






Privacy and confidentiality

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

By signing this form, you confirm that you have read the collection statement. Ahpra's privacy policy explains how you may access and seek correction of your personal information held by Ahpra and the Board, how to complain to


Ahpra about a breach of your privacy and how your complaint will be dealt with. This policy can be accessed at www.ahpra.gov.au/privacy.

Symbols in this form

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

Completing this form

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

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

SECTION A: Personal details

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

1. What is your name and birth details?

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 / /

Country 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.



2. What is your registration number?

Registration number*

0 C C

3. 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)

Three empty text boxes for site/building and/or position/department details.

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

Three empty text boxes for address details.

City/Suburb/Town*

One empty text box for city/suburb/town details.

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

One empty text box for state or territory details.

Postcode/ZIP*

One empty text box for postcode/zip details.

Country (if other than Australia)

One empty text box for country details.

SECTION B: Change in location of practice

4. Does your change of circumstances involve a change in location of practice?

YES [X]

Go to the next question

NO [X]

Go to Section C: Change in supervisor

5. Does the change involve the practice of occupational therapy in additional sites to those previously approved by the Board?

YES [X]

NO [X]

Provide the names and address of all additional sites

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

Three empty text boxes for site/building and/or position/department details.

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

Three empty text boxes for address details.

City/Suburb/Town*

One empty text box for city/suburb/town details.

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

One empty text box for state/territory details.

Postcode*

One empty text box for postcode details.

Business phone

Three empty text boxes for business phone details.

Email

One empty text box for email details.



Attach a separate sheet if the additional site details do not fit in the space provided.



6. Does the change involve removal of sites of practice approved by the Board?

YES

NO

Provide the names and address of all sites that will no longer be relevant to your registration

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*

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*

 Attach a separate sheet if the additional site details do not fit in the space provided.

SECTION C: Change in supervisor

7. Does your change of circumstances involve a change in supervisor?

YES *Go to the next question*

NO *Go to Section D: Minor changes to the role*





8. What are the details of the updated supervision structure?



Nominated supervisors must demonstrate compliance with the Supervised Practice Framework available at www.occupationaltherapyboard.gov.au.

Name of primary supervisor

Registration number* **Position**

Email

Contact phone number

Work address

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*

Name of alternate supervisor (if applicable)

Registration number* **Position**

Email

Contact phone number

Work address

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*



SECTION D: Minor changes to the role

 If the change in role is significant, involves a change in sponsor organisation, field of practice, original training plan, or if the Board considers that variation as being otherwise significant, you will be required to complete a new application for limited registration. For further information, see the Board's registration standards at www.occupationaltherapyboard.gov.au/registration-standards

9. Does your change of circumstances involve minor changes to the role?

YES

[Go to the next question](#)

NO

[Go to Section E: Declaration](#)

10. What is the nature of the role change?

Nature of the change in role (e.g. change in position title, responsibilities, departmental structure)



Attach a separate sheet if the nature of the change details do not fit in the space provided.

11. What are the reasons for the change in role?

Reason for the change in role (e.g. organisation restructure, recognition of capabilities)



Attach a separate sheet if the reasons for the change in the role do not fit in the space provided.

SECTION E: Declaration

Primary supervisor's undertaking – *To be completed and signed by the primary supervisor*

I undertake to be the applicant's primary supervisor and to provide a level of supervision as stated in the Supervised Practice Framework and as otherwise determined from time to time by the Board.

I further undertake to:

- ensure that the applicant is practising safely and is not placing the public at risk,
- observe the applicant work, conduct case reviews, periodically conduct performance reviews and identify and address any problems,
- notify the Board immediately if I have concerns about the applicant's clinical performance, health or failure to comply with conditions or undertakings,
- ensure that the applicant practises in accordance with work arrangements approved by the Board,
- obtain approval of the Board for any proposed changes to work arrangements before they are implemented,
- inform the Board if I am no longer able to undertake the role of the applicant's supervisor, and
- provide work performance reports to the Board in a form approved by the Board at subsequent intervals as determined by the Board.

Name of primary supervisor

Date

 / /

Signature of primary supervisor



SIGN HERE

Sponsor employer's declaration – *To be completed and signed by the sponsor employer*

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

I confirm that the applicant relevant to this application has been made aware, and approves of, the requested change in the circumstances of their registration.

Name of sponsor employer

Date

 / /

Signature of sponsor employer



SIGN HERE


**Applicant's declaration – To be completed and signed by the applicant**

I confirm that I have read the privacy and confidentiality statement for this form.

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

I confirm that I am aware and approve of the requested change related to my registration.

I am aware that personal information I provide may be given to a third party for regulatory purposes, consistent with the National Law.

Name of applicant <input type="text"/> Date <input type="text"/> / <input type="text"/> / <input type="text"/>	Signature of applicant 
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SECTION F: Checklist

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

<i>Additional documentation</i>		Attached
Question 1	Evidence of a change of name	<input type="checkbox"/>
Question 5	A separate sheet with additional site details	<input type="checkbox"/>
Question 6	A separate sheet with additional site details	<input type="checkbox"/>
Question 10	A separate sheet with additional details of the nature of the change in role	<input type="checkbox"/>
Question 11	A separate sheet with additional reasons for the change in the role	<input type="checkbox"/>

Information and definitions**CERTIFYING DOCUMENTS**

DO NOT send original documents unless specified.

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

- be in English. If original documents are not in English, you must provide a certified copy of the original document and translation in accordance with Ahpra guidelines, which are available at www.ahpra.gov.au/registration/registration-process
- be initialled on every page by the authorised officer. For a list of people authorised to certify documents, visit www.ahpra.gov.au/certify
- be annotated on the last page as appropriate e.g. 'I have sighted the original document and certify this to be a true copy of the original' and signed by the authorised officer, and
- list the name, date of certification, and contact phone number, and position number (if relevant) and have the stamp or seal of the authorised officer (if relevant) applied.

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

CHANGE OF NAME

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

Please post this form with 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