Occupational Therapy Board of Australia | AHPRA

Application for limited registration in the public interest

Profession: **Occupational therapy**

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

This form is for appropriately qualified overseas-trained occupational therapists who do not qualify for general registration and who wish to apply for limited registration in the public interest. Applicants must have an offer of employment from a host employer who can satisfy the Occupational Therapy Board (the Board) that the appointment is made in the public interest.

Applicants should also note that where registration is granted under this category of registration, it will only be granted for a specific purpose and for a limited time.

This application comprises:

- **Part A:** to be completed by the applicant
- **Part B:** to be completed by the employer
- **Part C:** to be completed by the applicant's nominated supervisor
- **Part D:** to be completed by the applicant.

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

PART A – To be completed by the applicant

SECTION A: Personal details

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

1. What is your name and date of birth?

Title* MR ☐ MRS ☐ MISS ☐ MS ☐ DR ☐ OTHER SPECIFY

Family name*

First given name*

Middle name(s)*

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

Date of birth DD / MM / YYYY

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 are your birth and personal details?

Country of birth

City/Suburb/Town of birth

State/Territory of birth (if within Australia)

VIC ☐ NSW ☐ QLD ☐ SA ☐ WA ☐ NT ☐ TAS ☐ ACT ☐

Sex*

MALE ☐ FEMALE ☐ INTERSEX / INDETERMINATE ☐

Languages spoken fluently other than English (optional)*

SECTION B: 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**.

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.

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

If you are applying for registration from outside of Australia and are unable to provide evidence from each category, you will be required to meet the minimum identity requirements. Refer to **www.ahpra.gov.au/identity** for further information.

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

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

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

Your certified copy **must** include:

- a certified copy of the identity information page (the photo page), and
- an official English translation of your passport (if your passport is in a language other than English). Please refer to *Translating documents* at **www.ahpra.gov.au/translate** for further information.

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

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

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

- At least **one** document must be in the applicant's current name.
- Your category B document **must** have a recent photo.
- All documents **must** be officially translated into English. Please refer to *Translating documents* at **www.ahpra.gov.au/translate** for further information.
- If using your passport, a certified copy of the identity information page (the photo page) **must** be provided.
- All documents **must** be true certified copies of the original. See *Certifying documents* in the *Information and definitions* section of this form for more information.

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

Documents	Category used: A	B	C	Documents	Category used: A	B	C
Australian birth or adoption certificate	☐	NA	☐	Australian financial institution account	NA	NA	☐
Australian visa (Foreign passport must be selected as evidence for Category B)	☐	NA	☐	Australian Medicare card	NA	NA	☐
				Australian PAYG payment summary	NA	NA	☐
ImmiCard	☐	NA	☐	Australian motor vehicle registration	NA	NA	☐
Australian citizenship certificate	☐	NA	☐	Australian Taxation Assessment Notice	NA	NA	☐
Australian passport	☐	☐	☐	Australian insurance policy	NA	NA	☐
Australian motor vehicle licence	NA	☐	☐	Australian pension/healthcare card	NA	NA	☐
Foreign passport	NA	☐	☐	**Category D documents**			
Australian Working with Children/ Vulnerable People Card	NA	☐	☐	A document from Category D is only required if your Category B or C document does not provide evidence of your residential address.			
Australian firearms or shooter's licence	NA	☐	☐				
Australian student ID card	NA	☐	☐	I have used a Category B or C document that has my current residential address			☐
Intl. or foreign motor vehicle licence	NA	☐	☐				
Australian proof of age card	NA	☐	☐	Australian rate notice			☐
Australian government benefits	NA	NA	☐	Current Australian lease or tenancy agreement			☐
Australian academic transcript	NA	NA	☐	Australian utility account			☐
Australian registration certificate	NA	NA	☐	Australian electoral enrolment card			☐

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

SECTION C: 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. Will the address of your principal place of practice be 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 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.

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 D: Qualification for the profession

In accordance with section 68 of the National Law, to be eligible for limited registration in the public interest you must be able to demonstrate to the Board that you qualify to practise occupational therapy under limited registration in the health profession.

To qualify, you must be able to provide evidence that you have completed a qualification that is relevant to, and suitable for, supervised practice in occupational therapy.

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

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

Most recent qualification

Title of qualification

Name of institution (University/College)

Country

Start date M M / Y Y Y Y

Completion date M M / Y Y Y Y

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

Additional qualification

Title of qualification

Name of institution (University/College)

Country

Start date M M / Y Y Y Y

Completion date M M / Y Y Y Y

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

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

SECTION E: Registration history

10. Do you have current registration or have you previously held registration as a health practitioner in any state, territory or under the National Regulation and Accreditation Scheme (the National Scheme) or other country within the past five years?

For a list of the professions regulated under the National scheme, please refer to **www.ahpra.gov.au.**

If you have been registered outside of Australia, the Board requires a Certificate of Registration Status or Certificate of Good Standing 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.

YES ☐ NO ☐

Where you hold current or previous registration within or outside of Australia, you **must** arrange for original Certificates of Registration Status or Certificates of Good Standing to be forwarded directly from the registration authority to your AHPRA state office. Refer to **page 17** of this form for your AHPRA state office address.

Most recent registration

State/Territory/Country

Profession

Period of registration D D / M M / Y Y Y Y to D D / M M / Y Y Y Y

Additional registration

State/Territory/Country

Profession

Period of registration D D / M M / Y Y Y Y to D D / M M / Y Y Y Y

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

SECTION F: Suitability statements

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.occupationaltherapyboard.gov.au/registration-standards** for further information.

11. 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.

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

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**.

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.***

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.

13. 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?

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**.

NO ☐ ***Go to the next question***

YES ☐ ***You are required to obtain an international criminal history check from an approved vendor for each country and provide details below***

Country	Check reference number

You **must** attach a separate sheet if the list of overseas countries and corresponding check reference number does not fit in the space provided.

You **must** attach the international criminal history check (ICHC) reference page provided by the approved vendor.

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.

Combined secondary and tertiary education pathway
You have undertaken and satisfactorily completed:

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

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

Primary language pathway
With overseas qualification in a non-recognised country
English is your primary language and you have undertaken and satisfactorily completed:

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

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

14. 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**

Combined secondary and tertiary education pathway ☐ ▶ ***Provide details of secondary and tertiary education in the table below, then go to question 18***

Extended education pathway ☐ ▶ ***Provide details of secondary, vocational and tertiary education in the table below, then go to question 18***

Primary language pathway ☐ ▶ This is a declaration that English is your primary language
Provide details of primary, secondary and tertiary education in the table below, then go to question 18

English language test pathway ☐ ▶ ***Go to question 15***

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

Timeframe	Level of education	Program name *If applicable*	Education institution *Specify name and address*	Recognised country *If applicable*	Study status
Study commenced: M M Y Y Y Y Study completed: M M Y Y Y Y	☐ Primary ☐ Secondary ☐ Vocational ☐ Tertiary			☐ Australia ☐ Canada ☐ New Zealand ☐ Republic of Ireland ☐ South Africa ☐ United Kingdom ☐ United States	☐ Full time ☐ Part time
Study commenced: M M Y Y Y Y Study completed: M M Y Y Y Y	☐ Primary ☐ Secondary ☐ Vocational ☐ Tertiary			☐ Australia ☐ Canada ☐ New Zealand ☐ Republic of Ireland ☐ South Africa ☐ United Kingdom ☐ United States	☐ Full time ☐ Part time
Study commenced: M M Y Y Y Y Study completed: M M Y Y Y Y	☐ Primary ☐ Secondary ☐ Vocational ☐ Tertiary			☐ Australia ☐ Canada ☐ New Zealand ☐ Republic of Ireland ☐ South Africa ☐ United Kingdom ☐ United States	☐ Full time ☐ Part time

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.

15. 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 Board's *English language skills registration standard*.

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

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

Sitting one D D / M M / Y Y Y Y Sitting two D D / M M / Y Y Y Y

16. 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: A

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

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

☐ **Occupational English Test (OET)**

Candidate number – sitting one: - -

Candidate number – sitting two (if applicable): - -

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

☐ **Pearson Test of English Academic (PTE Academic)**

Registration ID – sitting one:

Registration ID – sitting two (if applicable):

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

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

Registration number – sitting one:

Registration number – sitting two (if applicable):

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

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

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

YES ☐ NO ☐

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

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

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

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

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

18. Have you read the Board's *Professional indemnity insurance arrangements registration standard*?

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

YES ☐ NO ☐

You **must** read the Board's registration standard prior to answering the next question.

19. Do you commit to only practice the profession if you have appropriate professional indemnity insurance in place?

YES ☐ NO ☐

20. Have you graduated from a course relevant to the profession more than five years ago?

YES ☐ ***Go to the next question*** NO ☐ ***Go to question 22***

21. Have you practised at least six months full-time equivalent in the past five years?

YES ☐ NO ☐

You **must** attach to your application the *Recency of practice – supplementary information* form from *Recency of practice – clarification and template* available online at **www.occupationaltherapyboard.gov.au/Codes-Guidelines/Fact-Sheets**

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

22. 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.

23. 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.

24. 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.

25. 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.

26. 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.

27. 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.

SECTION G: Details of the public interest requirement

Your supervised practice program can only commence once this application has been approved by the Board.

28. What are the details of the position for which public interest registration is being sought?

Title of the position

You **must** attach a position description including:

- key selection criteria addressing clinical responsibilities
- qualifications and experience required
- details of any clinical practice undertaken, and
- details of the organisation that will auspice any demonstration or workshop.

29. When will your registration period begin?

☐ The date of the Board's approval

☐ The date indicated below, being a date subsequent to the Board's determination

Commencement date

DD / MM / YYYY

30. How many days do you require the limited registration?

Days

SPECIFY

31. Why is it in the public interest to grant this registration?

You **must** attach a detailed statement and/or other documentation confirming why it is in the public interest to grant this limited registration.

You must submit a *Supervision agreement* form completed by you and your supervisor. This form is available online at **www.occupationaltherapyboard.gov.au/codes-guidelines**

You must also submit a *Supervised practice plan* for approval by the Board. This plan must be submitted no longer than **two weeks** after commencing practice.

PART B – To be completed by the employer, host employer, sponsor employer

SECTION H: Sponsor/employer details

32. What are the details of the employer contact?

Provide contact details below

Name of sponsor organisation

MR ☐ MRS ☐ MISS ☐ MS ☐ DR ☐ OTHER SPECIFY

Family (legal) name of sponsor contact

First given name

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

City/Suburb/Town

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

Postcode/ZIP

Country

Business phone

Mobile

Email

SECTION I: List of sites

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

Provide the name and address of each site for which limited registration is required to undertake clinical practice.

Site 1

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

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

Suburb/City/Town

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

Postcode

Site 2

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

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

Suburb/City/Town

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

Postcode

Site 3

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

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

Suburb/City/Town

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

Postcode

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

SECTION J: Sponsor/employer's declaration

I declare that the information provided in this part is true and correct.
I confirm that the applicant named below has been formally offered the position as described in this application.

Name of applicant

Name of sponsor/employer

Date

D D / M M / Y Y Y Y

Signature of sponsor/employer

SIGN HERE

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

SECTION K: Nominated supervisor details

Applicants granted limited registration in the public interest must practice only under supervision.

Eligibility criteria for nominated supervisors

A nominated supervisor must hold general registration and have practised (usually) for at least two years prior to the commencement of the period of supervised practice covered by this application. Supervisors should not themselves be subject to supervisory arrangements or be subject to conditions or undertakings that would impact their ability to effectively supervise. The Board's supervision guidelines are available online at **www.occupationaltherapyboard.gov.au/codes-guidelines**

34. What are the supervisor's details?

It is important that you refer to *Curriculum vitae* in the *Information and definitions* section of this form for **mandatory requirements** of the CV. Your curriculum vitae will further inform the Board in relation to your recency of practice and registration history.

Provide supervisor details below

MR ☐ MRS ☐ MISS ☐ MS ☐ DR ☐ OTHER SPECIFY

Family (legal) name of supervisor

First given name

Registration number OCC

Position

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

City/Suburb/Town

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

Postcode

Business phone

Mobile

Email

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

35. On the proposed date of commencement of supervised practice detailed on this application, will you hold registration as health practitioner and have practised for at least two years?

The supervisors registration must not be subject to supervisory arrangements or conditions/undertakings that would impact their ability to effectively supervise.

YES ☐

Provide the year of your initial registration below

YYYY

NO ☐

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

In conjunction with the applicant you must complete a *Supervision agreement* form. This form is available online at **www.occupationaltherapyboard.gov.au/codes-guidelines**

In conjunction with the applicant you must also complete a *Supervised practice plan* for approval by the Board. The applicant must submit this plan no longer than **two weeks** after commencing practice.

SECTION L: Nominated supervisor's undertaking and declaration

Undertaking

I undertake to be the applicant's principal supervisor and to provide a level of supervision as described in the Board's supervision guidelines and as otherwise determined from time to time by the Board.

I further undertake to:

- ensure that the applicant is practising safely and is not placing the public at risk
- 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
- inform the Board if I am no longer able to undertake the role of the applicant's supervisor, and
- assess, monitor and report to the Board about the performance of the practitioner undertaking the supervision.

Declaration

I declare that the:

- information provided in this document (including supervision and training details) is true and correct.
- occupational therapist (applicant) named below will be supervised at all times while undertaking trainee practice in occupational therapy in accordance with the Board's guidelines on supervision.

Name of applicant

Name of supervisor

Date

D D / M M / Y Y Y Y

Signature of supervisor

SIGN HERE

PART D – To be completed by the applicant

SECTION M: 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.

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

If I provide the Board details of an English language test I have completed, I authorise the Board 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 Board 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 Board 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 Board, 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 Board 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 Board registration standards, codes and guidelines.

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 Board to refuse registration.

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

Signature of applicant

SIGN HERE

Name of applicant

Date

D D / M M / Y Y Y Y

SECTION N: Payment

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

Your required payment is detailed below:

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

Application fee:		Registration fee:		Amount payable:
$110	+	$ INSERT FEE	=	$ INSERT FEE

Applicants **must** pay 100% of the stated fees at the time of submitting the application.

Pro-rata registration fees

Number of months you will be registered	1	2	3	4	5	6	7	8	9	10	11	12
Registration fee	$9	$18	$28	$37	$46	$55	$64	$73	$83	$92	$101	**$110**

Registration period
Limited registrants may only apply to renew their registration up to three times.

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

36. 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 name, and
- your registration number (if applicable).

Credit/Debit card payment slip – please fill out

Amount payable
$

Visa or MasterCard number

Expiry date
MM / YY

Name on card

Cardholder's signature
SIGN HERE

SECTION O: Checklist

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

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

Additional documentation		Attached
Question 1	Evidence of a change of name	☐
Question 3	A certified copy of a foreign passport	☐
Question 4	Certified copies of all documents that provide sufficient evidence of your identity	☐
Question 9	Certified copies of **all** of your relevant qualifications	☐
Question 9	A separate sheet with additional qualifications	☐
Question 10	Certificate of Registration Status or Certificate of Good Standing has been requested from relevant authority	☐
Question 10	A separate sheet with additional registration history details	☐
Question 11	A signed and dated written statement with details of your criminal history in Australia and an explanation of the circumstances	☐
Question 12	A separate sheet of additional overseas countries with criminal history and corresponding ICHC reference number	☐
Question 12	A signed and dated written statement with details of your criminal history outside Australia and explanation of the circumstances	☐
Questions 12 & 13	ICHC reference page provided by the approved vendor	☐
Question 13	A separate sheet of additional overseas countries lived in and corresponding ICHC reference number	☐
Question 14	A separate sheet with any additional qualification details	☐
Question 14	Transcript(s)/letter(s) from education provider confirming that your course was taught and assessed solely in English	☐
Question 16	Copy of your English language test results	☐
Question 17	Certified copy of your English language test results	☐
Question 17	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	☐
Question 21	A completed *Recency of practice – supplementary information* form	☐
Question 22	A separate sheet with your impairment details	☐
Question 23	A separate sheet with your current suspension or cancellation details	☐
Question 24	A separate sheet with your previous cancellation, refusal or suspension details	☐
Question 25	A separate sheet with your previous conditions, undertakings or limitations details	☐
Question 26	A separate sheet with your disqualifications details	☐
Question 27	A separate sheet with your conduct, performance or health proceedings	☐
Question 28	A position description	☐
Question 31	A detailed statement and/or other documentation confirming why it is in the public interest to grant this limited registration	☐
Section G	A supervision agreement form and supervised practice plan form	☐
Question 33	A separate sheet of the names and addresses of additional sites	☐
Question 34	Your nominated supervisor's curriculum vitae	☐
Question 35	A separate sheet with reasons for why this criteria should not be applied	☐
Payment		
	Application fee	☐
	Registration fee	☐
	If paying by cheque/money order/bank draft, please ensure your name and registration number are written on the back	☐

Please post this form with payment and required attachments to:

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

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

Sydney NSW 2001	Canberra ACT 2601	Melbourne VIC 3001	Brisbane QLD 4001
Adelaide SA 5001	Perth WA 6001	Hobart TAS 7001	Darwin NT 0801

Information and definitions

CERTIFYING DOCUMENTS

DO NOT send original documents unless specified.
Copies of documents provided in support of an application, or other purpose required by the National Law, must be certified as true copies of the original documents. Each and every certified document **must**:

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

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

CHANGE OF NAME

You must provide evidence of a change of name if you have ever been formally known by another name(s) or 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 full registration standard online at **www.occupationaltherapyboard.gov.au/registration-standards**

CURRICULUM VITAE

Your curriculum vitae must:

- outline your personal information
- 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 (no faxes or scanned copies will be accepted).

It must also contain all the elements defined in AHPRA's standard format for curriculum vitae which can be found at **www.ahpra.gov.au/cv**

ENGLISH LANGUAGE SKILLS

To be eligible for registration you **must** be able to provide evidence of English language skills that meet the Board's *English language skills registration standard*.

For further information, view the full registration standard online at **www.occupationaltherapyboard.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 such impairments at the time of renewal, including details of the impairment and how it is managed.

PRACTICE

Practice means any role, whether remunerated or not, in which you use your skills and knowledge as a health practitioner in your profession. Practice is not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct non-clinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles and any other roles that impact on safe, effective delivery of services in the profession.

PROFESSIONAL INDEMNITY INSURANCE (PII)

When practising, you must have in place PII arrangements that meet the requirements of the Board's registration standard. You must ensure that your arrangements: meet the minimum level of cover commensurate with your scope of practice; where necessary give due consideration to additional cover; and are appropriate to the level of risk associated with your scope of practice. Applicants unable to meet this requirement are ineligible for registration.

For further information, view the Board's full registration standard at **www.occupationaltherapyboard.gov.au/registration-standards**

RECENCY OF PRACTICE

The Board requires you to maintain your competence to practise. If you have not practised for at least six months full-time equivalent (720 hours) within the five years immediately prior to applying for registration, you are required to demonstrate your competence in order to maintain or renew your registration as an occupational therapist.

To demonstrate their competence, applicants must complete:

- the *Recency of practice – supplementary information* form from *Recency of practice – clarification and template* available online at **www.occupationaltherapyboard.gov.au/Codes-Guidelines/Fact-Sheets**, and
- a minimum of 30 hours of CPD in the 12 months prior to applying for registration.

Applicants may also be required to undertake a period of supervised practice of not less than three months full-time equivalent, and a supervisor assessment against the Australian Minimum Competency Standards For New Graduate Occupational Therapists, in accordance with the Board's supervision guidelines.

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

or the codes and guidelines at **www.occupationaltherapyboard.gov.au/codes-guidelines**