



Application for non-practising registration

Profession: Nursing and Midwifery

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

This form is to be used for nurses and midwives who elect to cease all practice activities. For a definition of practice, see the *Information and definitions* section of this form. You can apply for non-practising registration as a nurse or midwife using this form, if you

- previously held general registration, or
- held registration as a nurse or midwife under a corresponding prior Act that was equivalent to general registration in the health profession under the National Law.

If you do not fall into either of these categories, you are not eligible for non-practising registration as a nurse or midwife with the Nursing and Midwifery Board of Australia (NMBA). If you currently hold general registration, please go to www.ahpra.gov.au/login to apply for non-practising registration using your online account. Additional registration types can be found on the Board's website www.nursingmidwiferyboard.gov.au

It is important that you refer to the NMBA's registration standards, codes and guidelines when completing this form. These documents can be found at www.nursingmidwiferyboard.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: **X**
- **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 non-practising registration as?

Mark all options applicable to your application



Enrolled nurse



Registered nurse



Midwife

SECTION B: Personal details



The information items in this application marked * will appear on the public register of practitioners. For more information, see *Information on the public register* in the *Information and definitions* section of this form.

2. What is your name?

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

Family name*

First given name*

Middle name(s)*

Previous names known by (e.g. maiden 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.



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 fluently other than English (optional)*

SECTION C: Contact information



Once registered, you can change your contact information at any time.

Please go to www.ahpra.gov.au/login to change your contact details using your online account

4. 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

5. What is your residential address?



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)



8. What is your health practitioner registration history?



If you have been registered outside of Australia, the NMBA 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.

Most recent registration

State/Territory/Country

Profession

Period of registration

 / / to / /

Additional registration

State/Territory/Country

Profession

Period of registration

 / / to / /


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



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



SECTION E: 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.

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

YES ☒

NO ☐ [Go to the next question](#)



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.

Attachment required below – then go to Section F: Suitability statements



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.

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



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



SECTION F: Suitability statements

i 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.

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 (ICHHC) from an approved vendor, who will provide a check reference number and ICHHC 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 (ICHHC) 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 (ICHHC) from an approved vendor, who will provide a check reference number and ICHHC 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 (ICHHC) reference page provided by the approved vendor.

14. 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.



15. 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.

16. 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.

17. 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.

18. 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: Obligations and consent



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 or 4 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.

Notice of certain events

1. 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

2. 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

3. 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.

The registered health practitioner must not, without reasonable excuse, fail to comply with the notice.

Consent to nationally coordinated criminal history check

I authorise Ahpra and the NMBA to carry out a nationally coordinated criminal history check for the purpose of assessing this application.

I acknowledge 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 Ahpra and the NMBA,
- my personal information will be extracted from this form and provided to the Australian Criminal Intelligence Commission (ACIC) and Australian police agencies

for the purpose of conducting a nationally coordinated criminal history check, including all names under which I am or have been known

- my personal information may be used by police for general law enforcement purposes, including those purposes set out in the *Australian Crime Commission Act 2002* (Cth),
- my identity information provided with this application will be enrolled with Ahpra to allow for any subsequent criminal history checks during my period of registration
- if and when this application for registration is granted, Ahpra may check my criminal history at any time during my period of registration as required by the NMBA for the purpose of assessing my suitability to hold health practitioner registration; or in response to a Notice of Certain Events; or an application for Removal of Reprimand from the National Register,
- I may dispute the result of the nationally coordinated criminal history check by contacting Ahpra in the first instance.

Consent

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, and
- (if relevant) any registration currently held by me that is not compatible with the registration type I am applying for, to be surrendered when the registration type I am applying for is granted.

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.
- notices required under the National Law and other correspondence relating to my application and registration (if granted) will be sent electronically to me via my nominated email address, and
- Ahpra uses overseas cloud service providers to hold, process and maintain personal information where this is reasonably necessary to enable Ahpra to perform its functions under the National Law. These providers include Salesforce, whose operations are located in Japan and the United States of America.

I undertake to comply with 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 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
- I am the person named in this application and in the documents provided, and
- if I am granted non-practising registration I will not practise as a nurse or midwife.

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

Signature of applicant



SIGN HERE

Name of applicant

Date

DD / MM / YYYY



SECTION H: Registration period

Registration period

The annual registration period for the nursing and midwifery profession 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**.

19. If this application is approved, when would you like your non-practising registration to begin?

☐ On the date of the NMBA's approval

☒ On the below date, or the date of the NMBA's approval, whichever is the later



Non-practising registration expires at the end of the registration period.

Commencement date

DD / MM / YYYY

SECTION I: Payment

Your required payment is detailed below

Application fee:

\$37

+

Registration fee:

\$37

=

Amount payable:

\$74

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



Refund rules

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

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

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 J: Checklist

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

<i>Additional documentation</i>		Attached
Question 2	Evidence of a change of name	<input type="checkbox"/>
Question 8	Certificate of Registration Status or Certificate of Good Standing has been requested from all relevant authorities	<input type="checkbox"/>
Question 8	A separate sheet with additional registration history details	<input type="checkbox"/>
Question 9	A certified copy of a foreign passport	<input type="checkbox"/>
Question 10	Certified copies of all documents that provide sufficient evidence of your identity	<input type="checkbox"/>
Question 11	A signed and dated written statement with details of any change to your criminal history in Australia and an explanation of the circumstances	<input type="checkbox"/>
Question 12	A separate sheet of additional overseas countries with criminal history and corresponding ICHC reference number	<input type="checkbox"/>
Question 12	A signed and dated written statement with details of your criminal history in each of the countries listed and an explanation of the circumstances	<input type="checkbox"/>
Questions 12 & 13	ICHC reference page provided by the approved vendor	<input type="checkbox"/>
Question 13	A separate sheet of additional overseas countries lived in and corresponding ICHC reference number	<input type="checkbox"/>
Question 14	A separate sheet with your suspension or cancellation details	<input type="checkbox"/>
Question 15	A separate sheet with your cancellation, refusal or suspension details	<input type="checkbox"/>
Question 16	A separate sheet with your conditions, undertakings or limitation details	<input type="checkbox"/>
Question 17	A separate sheet with details of your disqualifications	<input type="checkbox"/>
Question 18	A separate sheet with details of your conduct, performance or health proceedings	<input type="checkbox"/>
<i>Payment</i>		
	Application fee	<input type="checkbox"/>
	Registration fee	<input type="checkbox"/>

Please submit this form with payment and required attachments to:



The fastest way to submit this form and any supporting documents is online at www.ahpra.gov.au/registration/online-upload. If you wish to submit via post, 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

Adelaide SA 5001
Hobart TAS 7001

Brisbane QLD 4001
Melbourne VIC 3001

Canberra ACT 2601
Perth WA 6001

Darwin NT 0801
Sydney NSW 2001



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 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.

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 since you last registered with the NMBA 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.

But if you have not given us certified proof of identity documents since October 2019, you will need to do this first. Any documents containing a photograph must be annotated with the statement '*I certify that this is a true copy of the original and the photograph is a true likeness of the person presenting the document as sighted by me.*'

You may be required to obtain international criminal history reports.

For more information, view the registration standard online at

www.nursingmidwiferyboard.gov.au/Registration-Standards

and the requirements for supplying proof of identity and certified documents at www.ahpra.gov.au/Registration/Registration-Process/Proof-of-Identity and www.ahpra.gov.au/Registration/Registration-Process/Certifying-Documents

INFORMATION ON THE PUBLIC REGISTER

Information in this form marked with an asterix (*) indicates the information that will be displayed on the online public register of practitioners.

If you believe that publishing information about you on the public register would pose a serious risk to your health or safety as a practitioner, please complete an *Application to exclude information from the public register – AEPR-00* available at www.nursingmidwiferyboard.gov.au/Registration-and-Endorsement/Forms

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.