Application for non-practising registration

Profession: Nursing and Midwifery

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 if:

- you hold or have 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). Additional registration types can be found on the NMBA'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.

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

2. What is your name?

   Title*  MR  MRS  MISS  MS  DR  OTHER  SPECIFY
   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.

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.
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**

The information items in this section 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.

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.

4. What are your contact details?

- 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)
6. What is your mailing address?  
   Your mailing address is used for postal correspondence.
   - [ ] My residential address
   - [ ] 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
   
   Country (if other than Australia)

SECTION D: Registration history

7. Do you currently hold registration as an enrolled nurse, registered nurse or midwife with the NMBA?
   - [ ] YES Go to the next question
   - [ ] NO Go to question 9

8. What is your registration number?
   - Registration number*

9. 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
   
   Additional registration
   - State/Territory/Country
   - Profession
   - Period of registration

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.

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

YES ☐ NO ☐ Go to the next question

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.

11. 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.
• 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)

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

You must attach a certified copy of all proof of identity documents that you have indicated above.
SECTION F: Suitability statements

Information required by the NMBA to assess your suitability for registration is detailed in the following questions. It is recommended that you provide as much information as possible to enable the NMBA to reach a timely and informed decision.

Please note that registration is dependent on suitability as defined in the National Law, and the requirements set out in the NMBA’s registration standards. Refer to www.nursingmidwiferyboard.gov.au/Registration-Standards for further information.

12. Do you currently hold registration with the Nursing and Midwifery Board of Australia?

YES I am currently registered as a nurse applying for non-practising registration as a nurse

YES I am currently registered as a midwife applying for non-practising registration as a midwife

YES I am currently registered as a nurse applying for non-practising registration as a midwife (or vice versa)

NO

Go to question 15

13. Since your last declaration to AHPRA, has there been any change to your criminal history in Australia that you have not declared to AHPRA?

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

You must attach a signed and dated written statement with details of any change to your criminal history in Australia and an explanation of the circumstances.

NO

Go to question 15

14. Since your last declaration to AHPRA, has there been any change to your criminal history in one or more countries other than Australia that you have not declared to AHPRA?

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.

If you answer Yes to this question, 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 the change in your criminal history in a signed and dated written statement.

Provide details below, then go to question 18

<table>
<thead>
<tr>
<th>Country</th>
<th>Check reference number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 any change to your criminal history in each of the countries listed and an explanation of the circumstances.

15. 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

You must attach a signed and dated written statement with details of your criminal history in Australia and an explanation of the circumstances.

NO
16. Do you have any criminal history in one or more countries other than Australia?

NO  ➡️ Go to the next question

YES  你必须回答是，你必须完成以下步骤：

- 你必须从经过认证的机构获得所有国家的国际犯罪历史检查（ICHC），并提供检查的参考号。
- 你必须附上国际犯罪历史检查（ICHC）参考页面。
- 你必须附上一份由指定人员签署的书面声明，说明你犯罪历史的细节。

<table>
<thead>
<tr>
<th>Country</th>
<th>Check reference number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

你必须附上一份声明，说明在每个列出的国家的犯罪历史和相关的解释。

17. Are there any countries other than Australia in which you have lived, or been primarily based, for six consecutive months or longer, when aged 18 years or more?

NO  ➡️ Go to the next question

YES  你必须从经过认证的机构获得所有国家的国际犯罪历史检查（ICHC），并提供检查的参考号。

<table>
<thead>
<tr>
<th>Country</th>
<th>Check reference number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

你必须附上国际犯罪历史检查（ICHC）参考页面。

18. Is your registration in any profession currently suspended or cancelled in Australia (under the National Law or a corresponding prior Act) or overseas?

YES  你必须附上这份申请的任何注册暂停或取消的细节。

19. Have you previously had your registration cancelled, refused or suspended in Australia (under the National Law or a corresponding prior Act) or overseas?

YES  你必须附上这份申请的任何取消、拒绝或暂停的详情。

20. 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  你必须附上这份申请的任何条件、承诺或限制的详情。
21. 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?

| YES | NO |

You must attach to this application details of any disqualifications.

22. 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 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 a corresponding prior Act because of the practitioner’s conduct, performance or health proceedings.

   Relevant event means—
   a) a change in the practitioner’s principal place of practice; or
   b) a change in the practitioner’s principal place of practice; or
   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; or
   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.

4. 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.

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; or
   b) a change in the address provided by the registered health practitioner as the address the Board should use in corresponding with the practitioner; or
   c) a change in the practitioner’s name.

Effective from: 19 September 2019
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.

23. 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

Commencement date
DD / MM / YYYY

24. Are you currently a registered nurse or midwife with the Nursing and Midwifery Board of Australia?

   YES □ I currently hold general registration

   When are you applying for this application?
   □ Between 1 April to 31 May
     You are required to pay a registration fee only – Go to Section I: Payment
   □ Between 1 June and 31 March
     You are not required to pay any fees with this application – Go to Section J: Checklist
     Please note, where you have not paid a registration fee for the current registration period you will be required to pay the registration fee.

   YES □ I currently hold non-practising registration
     You are required to pay an application fee only – Go to Section I: Payment

   NO □ I am not currently registered with the NMBA
     You are required to pay both an application and registration fee – Go to Section I: Payment
SECTION I: Payment

Your required payment is detailed below:

Use the table below to select your application fee and registration fee.

<table>
<thead>
<tr>
<th>Application fee:</th>
<th>Registration fee:</th>
<th>Amount payable:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ INSERT FEE</td>
<td>$ INSERT FEE</td>
<td>$ INSERT FEE</td>
</tr>
</tbody>
</table>

Application fee: $35
Registration fee: $35

Apply and 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.

25. 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
- Cheque/Money order/Bank draft
- Cash/EFTPOS (only available if paying in person)

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

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

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

Credit/Debit card payment slip – please fill out

Amount payable

$ INSERT FEE

Visa or MasterCard number

Expiration date

Name on card

Cardholder’s signature

SIGN HERE
### SECTION J: Checklist

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

<table>
<thead>
<tr>
<th>Additional documentation</th>
<th>Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>Question 2</td>
<td>Evidence of a change of name</td>
</tr>
<tr>
<td>Question 9</td>
<td>Certificate of Registration Status or Certificate of Good Standing has been requested from all relevant authorities</td>
</tr>
<tr>
<td>Question 9</td>
<td>A separate sheet with additional registration history details</td>
</tr>
<tr>
<td>Question 10</td>
<td>A certified copy of a foreign passport</td>
</tr>
<tr>
<td>Question 11</td>
<td>Certified copies of all documents that provide sufficient evidence of your identity</td>
</tr>
<tr>
<td>Questions 13 &amp; 15</td>
<td>A signed and dated written statement with details of any change to your criminal history in Australia and an explanation of the circumstances</td>
</tr>
<tr>
<td>Questions 14 &amp; 16</td>
<td>A signed and dated written statement with details of your criminal history in each of the countries listed and an explanation of the circumstances</td>
</tr>
<tr>
<td>Questions 14 &amp; 16</td>
<td>ICHC reference page provided by the approved vendor</td>
</tr>
<tr>
<td>Question 17</td>
<td>A separate sheet of additional overseas countries lived in and corresponding ICHC reference number</td>
</tr>
<tr>
<td>Question 18</td>
<td>A separate sheet with your suspension or cancellation details</td>
</tr>
<tr>
<td>Question 19</td>
<td>A separate sheet with your cancellation, refusal or suspension details</td>
</tr>
<tr>
<td>Question 20</td>
<td>A separate sheet with your conditions, undertakings or limitation details</td>
</tr>
<tr>
<td>Question 21</td>
<td>A separate sheet with details of your disqualifications</td>
</tr>
<tr>
<td>Question 22</td>
<td>A separate sheet with details of your conduct, performance or health proceedings</td>
</tr>
</tbody>
</table>

#### Payment

- Application fee
- Registration fee
- If paying by cheque/money order/bank draft, your full name, date of birth and registration number (if you have one) are written on the back

### 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/certify](http://www.ahpra.gov.au/certify)
- be initialled on every page by the authorised officer. For a list of people authorised to certify documents, visit [www.ahpra.gov.au/certify](http://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](http://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 as detailed above, irrespective of the time that has lapsed since the charge was laid or the finding of guilt was made.

The NMBA will decide whether a health practitioner’s criminal history is relevant to the practice of the profession. You are not required to obtain or provide your Australian criminal history report, AHPRA will obtain this check on your behalf. You may be required to obtain international criminal history reports.

For more information, view the full registration standard online at [www.nursingmidwiferyboard.gov.au/Registration-Standards](http://www.nursingmidwiferyboard.gov.au/Registration-Standards)

### INFORMATION ON THE PUBLIC REGISTER

Information in this form marked with an asterisk (*) 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](http://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.