



## Application for review of conditions or undertakings by an enrolled nurse, registered nurse, midwife or student of nursing and midwifery

### Profession: Nursing and Midwifery

Part 7 Division 11 Subdivision 2 of the Health Practitioner Regulation National Law (the National Law)

This form is to be used by registrants or students applying for a review of conditions or undertakings that apply to their registration. Under section 125(1) of the National Law, a registered health practitioner or student may apply to the Nursing and Midwifery Board of Australia (NMBA):

- to change or remove a condition imposed on the practitioner's registration or endorsement, or
- to change or revoke an undertaking given by the practitioner or student.

An application cannot be made during a review period applying to the condition or undertaking, unless the practitioner reasonably believes that there has been a material change in the practitioner's circumstances (section 125(2)(a)).

Conditions or undertakings relating to health, conduct or performance that were imposed by a council or tribunal in New South Wales (NSW) cannot be reviewed by the NMBA and any request for review must be directed to the NSW council or tribunal.

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

### Completing this form

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



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

## SECTION A: Application inclusions

### 1. What are you applying for?

#### Mark all applicable options

- Change a condition     Remove a condition     Change an undertaking     Revoke an undertaking

## SECTION B: Personal details



**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.

### 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 details?**

**Date of birth**  
  /   /

**Country of birth**

**4. What type of registration do you currently hold?**

**Mark all applicable options**

|                                           |                                                          |
|-------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Enrolled nurse   | <input type="checkbox"/> Student of nursing or midwifery |
| <input type="checkbox"/> Registered nurse | <input type="checkbox"/> Non-practising registrant       |
| <input type="checkbox"/> Midwife          |                                                          |

**5. What is your registration number?**

**Registration number\***

**SECTION C: Contact information**

**6. 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**

**7. What is your mailing address?**

 Your mailing address is used for postal correspondence. If your home address or principal place of practice details have changed, please complete the form *CHDT-00 – Request for change of address details on the register*.

Principal place of practice for a registered health practitioner is:

- the address at which you predominantly practise the profession, or
- your principal place of residence, if you are not practising the profession or are not practising the profession predominantly at one address.

**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: Current condition(s) or undertaking(s) on registration

 You cannot apply for review during a review period unless you reasonably believe that there has been a material change in your circumstances. For more information, see *Review period* in the *Information and definitions* section of this form.

**8. Are the current conditions and/or undertakings that you are requesting to be reviewed imposed in NSW?**

YES


NO

 The NMBA cannot review conditions or undertakings relating to health, conduct or performance that were imposed by a council or tribunal in NSW. Any request for review must be directed to the:

- Health Professional Council Authority at [www.hpca.nsw.gov.au](http://www.hpca.nsw.gov.au), or
- NSW Civil and Administrative Tribunal at [www.ncat.nsw.gov.au](http://www.ncat.nsw.gov.au)


**9. What are the current conditions and/or undertakings related to your registration that you are requesting be reviewed?**

**Outline relevant conditions and/or undertakings**

 You **must** attach a separate sheet if your relevant conditions and/or undertakings do not fit in the space provided.

**10. What are the current conditions and/or undertakings related to your endorsement that you are requesting be reviewed?**

**Outline relevant conditions and/or undertakings**

 You **must** attach a separate sheet if your relevant conditions and/or undertakings do not fit in the space provided.

**11. When were these conditions imposed and/or undertakings agreed to?**

Date imposed/agreed to

/  /

**12. When is the review date for these conditions and/or undertakings?**


Review date


/  /

## SECTION E: Reasons for review of conditions and/or undertaking

**13. Why should these condition(s) and/or undertaking(s) be reviewed?**

**Reasons for review**

 You **must** attach to this application a certified copy of the evidence that you nominate to support the review of the conditions and/or undertakings.

 You **must** attach a separate sheet if your reasons do not fit in the space provided.



## SECTION F: 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 to assist you in completing this form, 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 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.

I acknowledge that:

- the NMBA may validate documents provided in support of this application as evidence of my identity
- 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, and
- I am the person named in this application and in the documents provided.

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

 /  /



## SECTION G: Checklist

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

| <i>Additional documentation</i> |                                                                                                            | Attached                 |
|---------------------------------|------------------------------------------------------------------------------------------------------------|--------------------------|
| <b>Question 2</b>               | Evidence of a change of name                                                                               | <input type="checkbox"/> |
| <b>Question 9</b>               | A separate sheet with the relevant conditions and/or undertakings related to your registration             | <input type="checkbox"/> |
| <b>Question 10</b>              | A separate sheet with the relevant conditions and/or undertakings related to your endorsement              | <input type="checkbox"/> |
| <b>Question 13</b>              | Certified copies of evidence that you nominate to support the review of the conditions and/or undertakings | <input type="checkbox"/> |
| <b>Question 13</b>              | A separate sheet with your reasons for review                                                              | <input type="checkbox"/> |

## Information and definitions

### CERTIFYING DOCUMENTS

**DO NOT send original documents unless specified.**

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

- be in English. If original documents are not in English, you must provide a certified copy of the original document and translation in accordance with AHPRA guidelines, which are available at [www.ahpra.gov.au/registration/registration-process](http://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](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.

### 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)

### REVIEW PERIOD

When imposing conditions on a practitioner's or student's registration, the NMBA must decide on a review period for the conditions. The NMBA may also determine a review period when it accepts an undertaking from a practitioner or student.

The review period establishes a time during which:

- the practitioner or student cannot apply to have their conditions changed or removed, or an undertaking changed or revoked, unless they reasonably believe there has been a material change in their circumstances, and
- the NMBA cannot change or remove a condition, or revoke an undertaking, in place on a practitioner or student unless it reasonably believes there has been a material change in the person's circumstances.

Please post this form with required attachments to:

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

You may contact AHPRA on  
 1300 419 495 or you can lodge an enquiry  
 at [www.ahpra.gov.au](http://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    |