



## Request for change in circumstances

Type: **For nurses and midwives undertaking supervision for re-entry to practice**


Profession: **Nursing and Midwifery**

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

This form is for nurses and midwives who are undertaking supervised practice and who wish to seek a variation in the circumstances of their period of supervised practice registration. Practitioners must apply to the Nursing and Midwifery Board of Australia (NMBA) about a variation if there is a minor change to their circumstances.

If the NMBA considers that the variation is significant, the practitioner may need to submit a new application. Additional information is available on the NMBA's website [www.nursingmidwiferyboard.gov.au/Registration-and-Endorsement/Supervised-practice.aspx](http://www.nursingmidwiferyboard.gov.au/Registration-and-Endorsement/Supervised-practice.aspx)

It is important that you refer to the NMBA's registration standards, codes and guidelines when completing the form. 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: 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.

1. What is your name and date of birth?

Title\* MR  MRS  MISS  MS  DR  OTHER

Family name\*

First given name\*

Middle name(s)\*

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

Date of birth 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 NMBA. For more information, see *Change of name* in the *Information and definitions* section of this form.

2. What is your registration number?

Registration number\*



3. What is the proposed starting date for the change in circumstances?

Starting date

DD / MM / YYYY

SECTION B: Change in employer

4. Does your change of circumstances involve a change in employer?

YES [X] Provide details below

NO [X] Go to Section C: Change in location of practice

Reason for change in employer

[X] Re-entry position terminated

[X] Organisation closed

[X] Other (please specify):

[Text input field]

Details of new employer

Organisation

[Text input field]

[Text input field]

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

[Text input field]

[Text input field]

[Text input field]

City/Suburb/Town\*

[Text input field]

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

[Text input field]

Postcode\*

[Text input field]

Business phone

[Text input field]

[Text input field]

[Text input field]

Email

[Text input field]



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





7. Does the change in location require the removal of a location currently approved by the NMBA?

YES

NO

**Provide details of all additional sites**

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\*

Business phone


Email

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

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

City/Suburb/Town\*

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

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



**SECTION D: Change in supervisor**

8. Does your change of circumstances involve a change in supervisor? YES  Go to the next question NO  Go to Section E: Changes to the role

9. What is the reason for a change in supervisor?

Select reason for change of supervisor

Supervisor no longer works at organisation or practice location

Listing additional alternate supervisor

Other (please specify below)

10. What are the details of your updated supervision arrangements?

**i** Nominated supervisors must demonstrate compliance with the *Supervised practice framework* on the NMBA website. For enrolled nurses your primary supervisor must be a registered nurse.

Provide details of your primary supervisor

First name

Middle name

Family name

Registration number\*  Position

Email

Contact phone number    Type of supervisor  Primary supervisor  Alternate supervisor

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

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


City/Suburb/Town\*

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





**13. What is the nature of the role change?**

 For example, change in position title, responsibilities and/or departmental structure.

**Nature of the change in role**

Form area with horizontal dashed lines for text entry.



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

**14. What are the reasons for the change in role?**

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

Form area with horizontal dashed lines for text entry.



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

**SECTION F: Change in scope of practice**

**15. Will any of the changes you have applied for change your scope of practice?**

YES

*Provide details below*

NO



*Go to Section G: Declaration*

**Provide details of how the change in circumstances will affect your scope of practice**

Form area with horizontal dashed lines for text entry.



Attach a separate sheet if the details about your scope of practice do not fit in the space provided.


**SECTION G: Declaration**

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

I undertake to be the applicant's primary supervisor and to provide a level of supervision as stated in the NMBA's *Supervised practice framework* and as otherwise determined from time to time by the NMBA.

I further undertake to:

- ensure that the applicant is practising safely and is not placing the public at risk,
- observe the applicant work, conduct case reviews, periodically conduct performance reviews and identify and address any problems,
- notify the NMBA 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 NMBA,
- obtain approval of the NMBA for any proposed changes to work arrangements before they are implemented,
- inform the NMBA if I am no longer able to undertake the role of the applicant's supervisor, and
- provide work performance reports to the NMBA in a form approved by the NMBA at subsequent intervals as determined by the NMBA.

Name of primary supervisor		Signature of primary supervisor	
<input type="text"/>			
Site		Name	
<input type="text"/>		<input type="text"/>	
Date	Title		
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>		




### Alternate supervisor's undertaking – *To be completed and signed by the alternate supervisor*

I undertake to be the applicant's alternate supervisor and to provide a level of supervision as stated in the NMBA's *Supervised practice framework* and as otherwise determined from time to time by the NMBA.

I further undertake to:


- ensure that the applicant is practising safely and is not placing the public at risk,
- observe the applicant work, conduct case reviews, periodically conduct performance reviews and identify and address any problems,
- notify the NMBA 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 NMBA,
- obtain approval of the NMBA for any proposed changes to work arrangements before they are implemented,
- inform the NMBA if I am no longer able to undertake the role of the applicant's supervisor, and
- provide work performance reports to the NMBA in a form approved by the NMBA at subsequent intervals as determined by the NMBA.

Name of alternate supervisor <input type="text"/>		Signature of alternate supervisor  SIGN HERE	
Site <input type="text"/>		Name <input type="text"/>	
Date DD / MM / YYYY <input type="text"/>	Title <input type="text"/>		

### Employer's declaration – *To be completed and signed by the employer*

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

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

Name of employer <input type="text"/>		Signature of employer <i>To be signed by the director of nursing or equivalent</i>  SIGN HERE	
Site <input type="text"/>		Name <input type="text"/>	
Date DD / MM / YYYY <input type="text"/>	Title <input type="text"/>		

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

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

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

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

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

Name of applicant <input type="text"/>		Signature of applicant  SIGN HERE	
Date DD / MM / YYYY <input type="text"/>			





## SECTION H: Checklist

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

<i>Additional documentation</i>		Attached
<b>Question 1</b>	Evidence of a change of name	<input type="checkbox"/>
<b>Question 4</b>	A separate sheet with additional employer details	<input type="checkbox"/>
<b>Question 6</b>	A separate sheet with additional site details	<input type="checkbox"/>
<b>Question 7</b>	A separate sheet with additional site details	<input type="checkbox"/>
<b>Question 10</b>	A separate sheet with additional supervisor details	<input type="checkbox"/>
<b>Question 13</b>	A separate sheet with additional details of the nature of the change in role	<input type="checkbox"/>
<b>Question 14</b>	A separate sheet with additional reasons for the change in the role	<input type="checkbox"/>
<b>Question 15</b>	A separate sheet with additional details about your scope of practice	<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)

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