THE NORTHERN TERRITORY OF AUSTRALIA

**STATUTORY DECLARATION**

**PLEASE READ AND MAKE SURE YOU UNDERSTAND THESE STATEMENTS BEFORE COMPLETING THIS FORM:**

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| A person who intentionally makes a false statement in a statutory declaration is guilty of an offence, the punishment for which is imprisonment for a term of 3 years under s119 of Schedule 1 to the *Criminal Code Act* 1983 (NT) |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the Northern Territory of Australia, solemnly and sincerely declare under the *Oaths, Affidavits and Declarations Act* 2010 (NT) that:

1. I am an applicant for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(insert registered nursing, enrolled nursing or midwifery)* registration with the Nursing and Midwifery Board of Australia (the Board) under *Health Practitioner Regulation (National Uniform Legislation) Act* 2010 (NT).
2. I requested a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(insert Certificate of Registration Status or Certificate of Good Standing)* from   
     
   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(name of regulatory body)*   
   confirming my registration status and good standing in the profession for the purposes of the application referred to in point 1.
3. Since I submitted my application for registration referred to in point 1, my registration referred to in the above certificate has not been:
   1. suspended or cancelled
   2. refused, or

subject to conditions or any other disciplinary action.

1. I am not currently the subject of conduct, performance or health proceedings relating to my registration referred to in the above certificate.
2. I am not aware of any other fact or circumstance that would detrimentally affect my eligibility for registration by the Board.
3. If I am granted registration by the Board, I undertake to comply with the Board’s guidelines, policies, standards and reasonable directions.
4. I understand the provision of false and/or misleading information may constitute behaviour or conduct for which action may be taken against me and which may result in the suspension or cancellation of my registration in the event I have been granted registration.
5. I am further aware that a person who knowingly makes a false statement in a statutory declaration is guilty of an offence under s119 of Schedule 1 to the *Criminal Code Act* 1983 (NT).

**PLEASE READ AND MAKE SURE YOU UNDERSTAND THIS STATEMENT BEFORE SIGNING:**

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| I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under s119 of Schedule 1 to the *Criminal Code Act* 1983 (NT) and I believe that the statements in this declaration are true in every particular. |

Declared by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(applicant name)*

at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (place)

on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(date)*.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the presence of an authorised witness who states:

\**Please cross out any text that does not apply*

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(*insert authorised witness name)*,

a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(*insert qualification to be authorised witness)*,

certify the following matters concerning the making of this \*statutory declaration/affidavit by the person who made it:

1  \*I saw the face of the person *or* \*I did not see the face of the person because the person was wearing a face covering, but I am satisfied that the person had a special justification for not removing the covering.

2  \*I have known the person for at least 12 months *or* \*I have confirmed the person’s identity using an identification document and the document I relied on was\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [*describe identification document relied on*].

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*signature of authorised witness*

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE**: This declaration may be witnessed by any person who is at least 18 (eighteen) years of age.