

THE NORTHERN TERRITORY OF AUSTRALIA

STATUTORY DECLARATION

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 the *Health Practitioner Regulation (National Uniform Legislation) Act 2010* (NT).
2. I obtained an international criminal history check (or checks) from _____ (*insert country/counties*) where I have lived, or been primarily based, for six consecutive months or longer, when aged 18 years or more, or for where I have declared a criminal history.
3. I confirm that since the date of issue of the above international criminal history check(s) I have not lived, or been primarily based, for six consecutive months or longer in another country.
4. I confirm that since the date of issue of the above international criminal history check(s) I have not been convicted for an offence, pleaded guilty or found guilty by a court for an offence (whether or not a conviction is recorded for the offence) or been charged with an offence.
5. I am not aware of any other fact or circumstance that would detrimentally affect my eligibility for registration by the Board.
6. 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.
7. 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:

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.