

Did you know you can now apply online? Create an Ahpra portal account and complete your application

Click here to apply online

Applying for registration is now available online.

Create an Ahpra portal account and complete your application.

Applying online is easier, faster and more secure

The online application form only asks questions relevant to your situation – saving you time.

Applying online also means you can

- easily access our new online ID verification
- track your progress as you complete each section of the application
- save as you go and lodge when it suits you
- check back in to see how assessment of your application is tracking.

For the best experience, please use a computer or laptop when applying online.

If you choose to use this form, we will need to follow up with you to ask you to validate some of the information you send us. This form will only be available for a short time.

Keeping in contact

We will let you know about important information to do with your application via your secure Ahpra portal.





Application for non-practising registration

Profession: Nursing and Midwifery

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

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 using this form, if you

- · 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). If you currently hold general registration, please go to **www.ahpra.gov.au/login** to apply for non-practising registration using your online account. Additional registration types can be found on the Board'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.

Symbols in this form



Additional information

Provides specific information about a question or section of the form.



Attentior

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.



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 criteria

 What are you applying for non-practising registration as?

Mark all options applicable to your application



Registered nurse

Midwife

SECTION B: Personal details



The information items in this application 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* Family na	MR 🔀	MRS	s 🔀	MISS	\mathbf{x}	MS 🔀	DR	X	0TF	IER	S	PECIFY			
First giver	name*														
Middle na	me(s)*														
Previous r	Previous names known by (e.g. maiden name)														
	If you have another no provided a definition.	ame, yo to the N	ou mus MBA. F	t atta or mo	ch pro ore info	of of your	name	chang	je unle	ess this	s has	been p	revio	usly	

3. What are your birth and personal details?

Date of birth D D / M M / Y Y Y Y
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)*

Effective from: 18 September 2025





Australian firearms or shooter's licence			X			
ase comple	+6	2	th	NEVERNEW by B or C documen		
International or foreign driver's licence	NA		CI	my current residential address		
of of ident	·it	۲ì		section		
Australia constante		4	7	36611011		

at the end of this form







Please complete the new

Proof of identity section

at the end of this form



SECTION D: Contact information



Once registered, you can change your contact information at any time.

	Provide your current contact details below – place an next to your preferred contact phone number. Business hours Mobile								
	After hours								
	Email								
	Citiali								
What is your residential address?	Site/building and/or position/department (if applicable)								
Residential address cannot									
be a PO Box.									
	Address (e.g. 123 JAMES AVENUE; or UNIT 1A 30 JAMES STREET)								
	Address (e.g. 123 SAIVILG AVENUE, OF ONLY TA 30 SAIVILG STILLET)								
	City/Suburb/Town*								
	State or territory (e.g. VIC, ACT)/International Province* Postcode/ZIP*								
	Cate of territory (e.g. vic, //er///international Frontier								
	Country (if other than Australia)								
	Country (if other than Australia)								
	My residential address								
Your mailing address is used	My residential address Other (Provide your mailing address below)								
Your mailing address is used									
Your mailing address is used	Other (Provide your mailing address below)								
Your mailing address is used	Other (Provide your mailing address below)								
Your mailing address is used	Other (Provide your mailing address below) Site/building and/or position/department (if applicable)								
Your mailing address is used	Other (Provide your mailing address below)								
Your mailing address is used	Other (Provide your mailing address below) Site/building and/or position/department (if applicable)								
Your mailing address is used	Other (Provide your mailing address below) Site/building and/or position/department (if applicable)								
Your mailing address is used	Other (Provide your mailing address below) Site/building and/or position/department (if applicable)								
Your mailing address is used	Other (Provide your mailing address below) Site/building and/or position/department (if applicable)								
Your mailing address is used	Other (Provide your mailing address below) Site/building and/or position/department (if applicable)								
Your mailing address is used	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)								
Your mailing address is used	Other (Provide your mailing address below) Site/building and/or position/department (if applicable)								

Effective from: 18 September 2025

Country (if other than Australia)

Provide details below

SECTION E: Registration history

- 10. Have you previously held general registration:
 - under the National Law, or
 - the equivalent registration under a corresponding prior act?

▼ · · · · · · · · · · · · · · · · · · ·
Select the board with which you held your most recent registration and provide the required details
Nursing and Midwifery Board of Australia
Registration number
NMW
Australian state/territory board prior to the Nursing and Midwifery Board of Australia State/Territory of registration
🖂 ACT 🔃 NSW 🖂 NT 🔃 QLD 🔛 SA 🔃 TAS 🖂 VIC 🔛 WA
Registration number
Start date Expiry date DD / MM / Y Y Y Y DD / MM / Y Y Y Y

You are not eligible to apply for non-practising registration.

11. 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 DD / MM / Y Y Y Y Y to DD / MM / Y Y Y Y Y
Additional registration
State/Territory/Country
Profession
Period of registration
DD / MM / YYYYY to DD / MM / YYYYY



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.

Effective from: 18 September 2025

SECTION F: Registration period



The annual registration period for the nursing and midwifery professions is from 1 June to 31 May each year.

If your registration is granted in April or May this year, you will be registered until 31 May next year.

If your registration is granted before April, you will be registered until 31 May this year and you must renew your registration by 31 May.

12. If this application is approved, when would you like your non-practising registration to begin?

You can opt to have your registration start on the date of the Board's approval or a date nominated by you, up to 90 days into the future, as long as the date is later than the Board's approval. For more information, see *Registration approval dates* in the *Information and definitions* section of the form.

On the date of the Board's approval

On the date below, or the date of the Board's approval, whichever is the latter

DD/MM/YYYY



You won't be able to practice once your non-practising registration has been granted. Please consider if the date you've nominated gives you time to complete any activities you require registration to complete. You can update this date by contacting your Regulatory Officer at any time until we finalise your application. Once your application has been finalised, you will need to re-apply for registration if you want to practice in Australia.

Once your registration has been granted, you cannot change your registration start date.

SECTION G: 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

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.

13. 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.









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

14. Do you have any criminal history in one or more countries other than Australia?



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.

O Go to the next question

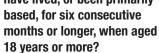


You are required to:

- obtain an international criminal history check from an approved vendor for each country and provide details below, and
- provide details of your criminal history in a signed and dated written statement.

Country		Check reference number
	You must attach a separate sheet if the list of overseas countries reference number does not fit in the space provided.	and corresponding check
	You must attach the international criminal history check (ICHC) re the approved vendor.	eference page provided by
	You must attach a signed and dated written statement with detail each of the countries listed and an explanation of the circumstan	,

15. Are there any countries other than Australia in which you have lived, or been primarily based, for six consecutive



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

NO Go to the next question

YES

You are required to obtain an international criminal history check from an approved vendor for each country and provide details below

Country	Check reference number
You must attach a separate sheet if the list of overseas countrie reference number does not fit in the space provided.	es and corresponding check
You must attach the international criminal history check (ICHC) the approved vendor.	reference page provided by

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

www.ahpra.gov.au/ international criminal history.



NO



You **must** attach to this application details of any registration suspension or cancellation.

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







You **must** attach to this application details of any cancellation, refusal or suspension.

18. Has your registration ever been subject to conditions. undertakings or limitations in Australia (under the National Law or a corresponding prior Act) or overseas?









You **must** attach to this application details of any conditions, undertakings or limitations.

19. 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?



Co-regulatory jurisdiction means a participating jurisdiction (of the National Law) in which the Act applying (the National Law) declares that the jurisdiction is not participating in the health, performance and conduct process provided by Divisions 3 to 12 of Part 8 (of the National Law).



NO





You **must** attach to this application details of any disqualifications.

20. 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?



NO





You **must** attach to this application details of any conduct, performance or health proceedings.

SECTION H: 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 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.

Notice of certain events

- 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
 - 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
 - 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
 - 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
 - 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*
 - (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

- 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;
 - 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

- 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.

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, 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:

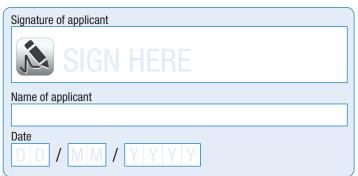
- the NMBA may validate documents provided in support of this application as evidence of my identity, and
- failure to complete all relevant sections of this application and to enclose all supporting documentation may result in this application not being accepted
- notices required under the National 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,
- 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.



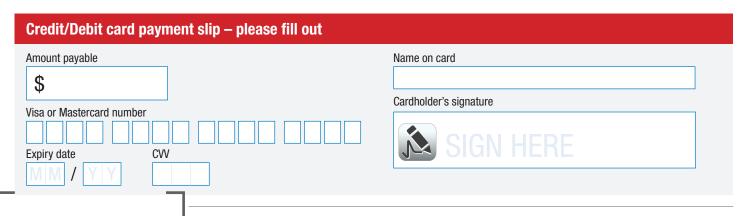
SECTION I: Payment

Your required payment is detailed below



The application fee is non-refundable. The registration fee will be refunded if the application is not approved.

21. Please complete the credit/debit card payment slip below.





SECTION J: Checklist

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

Additional dod	cumentation	Attached			
Question 2	Evidence of a change of name	\times			
Question 4	Certified copies of all your proof of identity documents	×			
Question 6	Certified copies of all your proof of identity documents	X			
Question 11	Certificate of Registration Status or Certificate of Good Standing has been requested from all relevant authorities				
Question 11	A separate sheet with additional registration history details				
Question 13	A signed and dated written statement with details of any change to your criminal history in Australia and an explanation of the circumstances	X			
Question 14	A separate sheet of additional overseas countries with criminal history and corresponding ICHC reference number	\times			
Question 14	A signed and dated written statement with details of your criminal history in each of the countries listed and an explanation of the circumstances	X			
Questions 14 & 15	ICHC reference page provided by the approved vendor	X			
Question 15	A separate sheet of additional overseas countries lived in and corresponding ICHC reference number	\times			
Question 16	A separate sheet with your suspension or cancellation details	X			
Question 17	A separate sheet with your cancellation, refusal or suspension details	X			
Question 18	A separate sheet with your conditions, undertakings or limitation details	X			
Question 19	A separate sheet with details of your disqualifications	X			
Question 20	A separate sheet with details of your conduct, performance or health proceedings	X			
Payment					
	Application fee	\times			
	Registration fee	\times			

Do not email this form.

Please submit this completed form and supporting evidence using the Online Upload Service at www.ahpra.gov.au/registration/online-upload. You may contact Ahpra on 1300 419 495

Effective from: 18 September 2025

Information and definitions

CERTIFYING DOCUMENTS

DO NOT send original documents.

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
- be initialled on every page by the authorised officer. For a list of people authorised to certify documents, visit www.ahpra.gov.au/certify.aspx
- 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.
- for documents containing a photograph, the following certification statement must be included by the authorised officer, 'I certify that this is a true copy of the original and the photograph is a true likeness of the person presenting the document as sighted by me', along with their signature, 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 via the Online Upload Service at www.ahpra.gov.au/registration/online-upload. 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.aspx

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 since you last registered with the NMBA 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.

But if you have not given us certified proof of identity documents since October 2019, you will need to do this first. Any documents containing a photograph must be annotated with the statement 'I certify that this is a true copy of the original and the photograph is a true likeness of the person presenting the document as sighted by me.'

You may be required to obtain international criminal history reports.

For more information, view the registration standard online at
www.nursingmidwiferyboard.gov.au/Registration-Standards

and the requirements for supplying proof of identity and certified documents at
www.ahpra.gov.au/Registration/Applying-for-registration/Proof-ofIdentity and www.ahpra.gov.au/certify.aspx

INFORMATION ON THE PUBLIC REGISTER

Information in this form marked with an asterix (*) 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/Registrationand-Endorsement/Forms

PRACTICE

Practice means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a practitioner in their regulated health 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 patients or clients, working in management, administration, education, research, advisory, regulatory or policy development roles and any other roles that impact on safe, effective delivery of health services in the health profession.

REGISTRATION APPROVAL DATES

On the date of the Board's approval – this means your registration will start on the date all application requirements are received and you're assessed as eligible for registration.

On the date below or the date of the Board's approval, whichever is the latter – this means your registration will start on the date you nominated, providing it is after the date of the Board's approval. If not, then your registration will start on the date of the Board's approval.

Applications **Proof of identity**

Before continuing, please refer to the Proof of identity requirements available at www.ahpra.gov.au/identity.

ı.	. Do you have an Australian residential address?
	Yes – You will be asked to complete your identity verification through Ahpra's third party vendor, InstaID+. For further information, please refer to the <i>Proof of identity requirements</i> available at www.ahpra.gov.au/identity
	No – Go to the next question
2.	. Do you hold a current Australian or overseas passport?
	Yes – Select one option
	I have an Australian passport – Go to question 3
	I have an overseas passport – Go to question 4
	No - You cannot proceed with this application. We must be able to verify your identity, we cannot verify your identity without a current passport.
3.	 Can you provide the following proof of identity documents: one 'commencement of identity' document (e.g. Australian passport, Australian birth certificate) one 'primary use in the community' document (e.g. Australian drivers licence, Overseas Passport) two 'secondary use in the community' documents (e.g. Medicare card, Australian institution Tertiary Student Photo IE Foreign government issued document)
	Yes - Thank you, no further questions. You will be asked to complete your identity verification through Ahpra's third party vendor, InstalD+. For further information, please refer to the <i>Proof of identity requirements</i> available at www.ahpra.gov.au/identity.
	No – Go to the next question
1.	 For Ahpra to verify your identity, can you provide two (2) of the following documents: a current Australian visa a current foreign driver's licence foreign birth certificate foreign identity card credit or debit card Yes - You will be asked to complete your identity verification through Ahpra's third party vendor, InstalD+. For further information,
	please refer to the <i>Proof of identity requirements</i> available at www.ahpra.gov.au/identity No -
	You cannot proceed with this application. We must be able to verify your identity, we cannot verify your identity.

Identity verification

You are required to verify your identity.

To complete your identity check, once your application is received by Ahpra, you will be sent a link with instructions. The link will take you to our third party vendor InstalD+ website.

- You will be asked to take a selfie photo of your face with your photo ID and take photos of your identity documents. This will include any change of name evidence if you have changed your name
- You can do your identity check from your desktop (with a web camera) or mobile phone.
- Your documents are checked in real-time for authenticity and tampering. Facial recognition and liveness test are completed, and your identity details are checked against issuing authority databases for validity.
- If required, InstalD+ Customer Support may contact you directly
 if there is any follow up required about your identity check.

You must lodge your identity verification within 30 days to avoid your application being discontinued. If your application is discontinued, a refund of all fees will be provided.

If you have any questions, or require assistance with the identify verification, please contact InstaID+ on 1800 080 095.

Please refer to the Proof of identity requirements available at www.ahpra.gov.au/identity

An incomplete identity verification may delay processing and could result in your application for registration being withdrawn.