

THE NORTHERN TERRITORY OF AUSTRALIA

**STATUTORY DECLARATION**

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

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 registration with the \* \_\_\_\_\_ Board of Australia (the Board) under *Health Practitioner Regulation (National Uniform Legislation) Act 2010* (NT).

*\*Insert Aboriginal and Torres Strait Islander Health Practice, Chinese Medicine, Chiropractic, Dental, Medical, Medical Radiation Practice, Nursing and Midwifery, Occupational Therapy, Optometry, Osteopathy, Pharmacy, Physiotherapy, Podiatry, or Psychology.*

2. I obtained 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:

3.1 suspended or cancelled

3.2 refused, or

3.3 subject to conditions or any other disciplinary action.

4. I am not currently the subject of conduct, performance or health proceedings relating to my registration referred to in the above certificate.

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.