



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

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



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.



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.**



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 <input type="checkbox"/>	MRS <input type="checkbox"/>	MISS <input type="checkbox"/>	MS <input type="checkbox"/>	DR <input type="checkbox"/>	OTHER <input type="text" value="SPECIFY"/>
Family name*						
<input type="text"/>						
First given name*						
<input type="text"/>						
Middle name(s)*						
<input type="text"/>						
Previous names known by (e.g. maiden name)						
<input type="text"/>						
Date of birth	<input type="text" value="DD"/>	/	<input type="text" value="MM"/>	/	<input type="text" value="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*

N M W

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 ☒ Provide details below

NO ☒ Go to Section C: Change in location of practice

Reason for change in employer

☒ Re-entry position terminated

☒ Organisation closed

☒ Other (please specify):

Details of new employer

Organisation

Two rows of input boxes for Organisation name.

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

Three rows of input boxes for Address.

City/Suburb/Town*

One row of input boxes for City/Suburb/Town.

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

One row of input boxes for State/Territory.

Postcode*

One row of input boxes for Postcode.

Business phone

Three rows of input boxes for Business phone.

Email

One row of input boxes for Email.



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

5. Does your change of circumstances involve a change in location of practice?

Go to the next question

Go to Section D: Change in supervisor

6. Does your change of circumstances require the approval of additional locations of practice?

NO ☐

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

[illegible][illegible]

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[illegible][illegible]

[illegible][illegible][illegible]

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[illegible][illegible]



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

YES 

NO ☐

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

[illegible][illegible]

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[illegible][illegible]

[illegible][illegible][illegible]

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[illegible]

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?



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*



Nominated supervisors must demonstrate compliance with the *Supervised practice framework* on the NMBA website.

Provide details of your alternate supervisor (if applicable)

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*



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

11. Have you previously applied for changes to your supervisor?

YES ☒

NO ☒

Please specify

SECTION E: Changes to the role



If the change in role is significant, involves a change in organisation scope of practice, significant changes to original *Supervised practice plan*, or if the NMBA considers that variation as being otherwise significant, you may be required to complete a new application for re-entry to practice.

For further information, see the NMBA's *Supervised practice framework* at www.nursingmidwiferyboard.gov.au/Registration-and-Endorsement/Supervised-practice.aspx

12. Does your change of circumstances involve changes to the role?



Changes to your role are those other than changes to your location of practice and/or supervisor

YES ☒ Go to the next question NO ☒ Go to Section F: Change in scope of practice



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



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)



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?



Provide details below

NO



Go to Section G: Declaration

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



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

Site

Date

 / /

Title

Signature of primary supervisor



SIGN HERE


Name

**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 <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <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 <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <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 <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			



SECTION H: Checklist

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

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



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

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.

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