

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 limited registration for teaching or research

Profession: Physiotherapy

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

This form is for applicants who are not qualified for either general registration in Australia and are seeking limited registration in the physiotherapy profession to fill a teaching or research position.

Applicants are expected to have an offer of employment from a host employer who can satisfy the Physiotherapy Board of Australia (the Board) that the individual's qualifications are relevant to, and suitable for, the position.

This form may also be used by individuals intending to teach or conduct research independently. In this instance, they need to satisfy the Board that their qualifications are relevant to, and suitable for, the activity proposed. The Board will require details of the activity including dates, location(s) and scope of practice. Please see the document *Who needs to be registered?* on the Board's website at **www.physiotherapyboard.gov.au**

It is important that you refer to the Board's registration standards before completing this application. Registration standards, codes and guidelines can be found at www.physiotherapyboard.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

 $\label{lights} \mbox{Highlights important information about the form.}$



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.



PART A - To be completed by the applicant

SECTION A: Personal details



The information items in this section of the application marked with an asterisk (*) will appear on the public register.

1. What is your name and date of birth?

Title* Family	MR Name*	MRS 🔀	MISS 🔀	MS 🔀	DR 🔀	OTHER	SPECIFY	
First gi	iven name*							
Middle	name(s)*							
Previou	us names kr	nown by (e.g	. maiden nam	ne)				
Date of	f birth D	D / M	M / Y	ΥΥΥΥ				
	another provide	name, you d to the Boa	must attach	n proof of ye e informatio	our name c	hange unles		locuments in en previously mation and

2. What are your birth and personal details?

Country of	birth							
City/Subur	rb/Town of b	oirth						
State/Terri	itory of birth	ı (if within A	ustralia)					
VIC 🔀	NSW 🔀	QLD 🔀	SA 🔀	WA 🔀	NT 🔀	TAS 🔀	ACT 🔀	
Sex*		_				_		
MALE _	FE	MALE X	INTER	SEX/INDETE	RMINATE			
Languages	s spoken flu	ently other t	than English	(optional)*				

SECTION B: Proof of identity



You must provide proof of your identity with this application. Please refer to the *Proof of identity requirements* available at **www.ahpra.gov.au/identity**.

3. Are you applying for registration from within Australia?



You **must** only use each

The documents provided **must** mee the following criteria:

- At least one document must be in your current name.
- Your category B document must have a recent photo.
- All documents must be officially translated into English. Please refer to *Translating documents* at www.ahpra.gov.au/translate for further information.
- If using your passport, a certific copy of the identity information page (the photo page) must
- For documents containing

 a photograph, the following
 certification statement must be included by the authorised officer,
 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.'
- All documents must be true certified copies of the original.
 See Certifying documents in the Information and definitions section of this form for more information.

be selected as evidence for Category B)	+0+	Australian PAYG payment summary	
ease comple	te ti	Restrailar Recovericle registration	
Auziralian citizanskio certificate	MA III	Australian Taxatico Assessment Notice	
of of of ident	ity	section	
	NA X		
at the end of	this	tormocuments	





Please complete the new

Proof of identity section

at the end of this form cuments that you have



SECTION C: Contact information



Once registered, you can change your contact information at any time. Please go to www.ahpra.gov.au/login to change your contact details using your online account.

6.	What	are your	contact	details
----	------	----------	---------	---------

Provide your current contact of	details below – place an 🗶	next to your preferred contact phone number.	
Business hours		Mobile	
	\times		
After hours			
	\boxtimes		
Email			

7. What is your residential address?



When you are not yet practising, or when you are not practising the profession predominantly at one address:

- · your residential address will be recognised as your principal place of practice, and
- the information items marked with an asterisk (*) will appear on the public register as your principal place of practice.

Refer to the question below for the definition of principal place of practice.

Residential address cannot be a PO Box.

			P		.,	P 4.1			upi	-	ible)									f
																				f
																				L
dress	(e.g. 1	23 JA	MES	AVE	NUE	; or	UNIT	1A	, 30	JAM	IES S	STRE	ET)							
																				F
																				L
																				H
																				L
ty/Sub	urb/To	wn*																		
_						_				-			_							
ate or	territo	ry (e.	g. VI(ن, AC	;1)/[nter	nati	onal	pro	vinc	e*		Post	cod	e/ZI	P*				
	(if oth	or the	n Aı	ıetr	alia\															Ī

8. Will the address of your principal place of practice be the same as your residential



Principal place of practice for a registered health practitioner is:

- the address at which you will predominantly practise the profession; or
- · your principal place of residence, if you are not practising the profession or are not practising the profession predominantly at one address.

Principal place of practice cannot be a PO Box.

The information items marked with an asterisk (*) will appear on the public register.

dress (e.g. 123 JAN	IES AVENUE; OI	r UNIT 1A,	30 JAMES	STREET)		
ty/Suburb/Town*						

TR-66		
What is your mailing address Your mailing address is used for postal correspondence	My principal place of practice	
	Other (<i>Provide your mailing address below</i>)	
	Site/building and/or position/department (if applicable)	
	Address/PO Box (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET; or PO E	30X 1234)
	City/Suburb/Town	
	State or territory (e.g. VIC, ACT)/International province Postcode/ZIP	
	State or territory (e.g. VIC, ACT)/International province Postcode/ZIP	
	Country (if other than Australia)	
. What is the basis for your application for limited registration for teaching	Short-term requirement to teach a short course or undertake specific researce. Go to the next question	
application for limited registration for teaching or research?	Short-term requirement to teach a short course or undertake specific research Go to the next question Take up an offer of employment from a host employer to teach or conduct research Go to question 12	
application for limited registration for teaching or research? SECTION D: Teaching/ . What are the details of the	Short-term requirement to teach a short course or undertake specific researce Go to the next question Take up an offer of employment from a host employer to teach or conduct researce.	search
application for limited registration for teaching or research? SECTION D: Teaching/ What are the details of the course to be conducted or the research activities to	Short-term requirement to teach a short course or undertake specific research Go to the next question Take up an offer of employment from a host employer to teach or conduct research to the document of the conduct research as independent practitioner	search
application for limited registration for teaching or research? SECTION D: Teaching/ What are the details of the course to be conducted or	Short-term requirement to teach a short course or undertake specific research Go to the next question Take up an offer of employment from a host employer to teach or conduct research to teach or conduct research as independent practitioner Complete required details below – then go to Section F: Qualification for the position of th	search
application for limited registration for teaching or research? SECTION D: Teaching/ . What are the details of the course to be conducted or the research activities to be undertaken? Provide a short description of the course to be conducted or the proposed research activity including scope of	Short-term requirement to teach a short course or undertake specific research Go to the next question Take up an offer of employment from a host employer to teach or conduct research to teach or conduct research as independent practitioner Complete required details below – then go to Section F: Qualification for the position of th	search
application for limited registration for teaching or research? SECTION D: Teaching/ . What are the details of the course to be conducted or the research activities to be undertaken? Provide a short description of the course to be conducted or the proposed research activity including scope of practice involved. If any details of the nature of the teaching or research changes, you must notify	Short-term requirement to teach a short course or undertake specific research Go to the next question Take up an offer of employment from a host employer to teach or conduct research to teach or conduct research as independent practitioner Complete required details below – then go to Section F: Qualification for the position of th	search
application for limited registration for teaching or research? SECTION D: Teaching/ . What are the details of the course to be conducted or the research activities to be undertaken? Provide a short description of the course to be conducted or the proposed research activity including scope of practice involved. If any details of the nature of the teaching or research changes, you must notify	Short-term requirement to teach a short course or undertake specific research Go to the next question Take up an offer of employment from a host employer to teach or conduct research as independent practitioner Complete required details below – then go to Section F: Qualification for the position of the teaching/research activity	search

SECTION E: Host employer

12. What are the details of your host employer?



You must have a provisional offer of employment in a teaching or research post before submitting an application for limited registration for teaching or research. Details of the host employer and the proposed position are required.

Employing	organisati	on																		
MR 🔀	MRS		MISS	\times	MS	\times		DR	X		0TH	ER		SF	PECIF	γ				
Family (lega	al) name o	f cor	ntact	persor	1															
First given	name																			
Address/PC	Box (e.g.	123	JAMI	ES AVE	ENUE;	or UI	NIT	1A,	30 J	AME	S ST	REE	T; or	P0	вох	1234	4)			
City (Crobs and	/Tours																			
City/Suburb)/ IOWN																			
Ctoto or tor	ritory (o. a	VIC	ACT)	/Intorr	otion	ol pro	nin	00		Post	oods	חוד/.								
State or ter	ntory (e.g.	VIC,	AGT).	/IIILEII	lation	ai pro	JVIII	ce]	Post	Coue	/ZIP								
Country																				
Country																				
Business pl	nono									Mob	ilo									
Dusiness pi	IOHE		7							IVIUD	IIC						7			
Email																				
Lilian																				
Title of pos	tion offere	h																		
The or pos	aon onorc	, u																		
Location of	position																			
Commence	ment date	of t	ne po	sition						Com	pleti	ion d	late	of th	e po	sitio	n			
DD/	MM	/	Υ	YY	Υ					D	D	/	M	M	/	Υ	Υ	Υ	Υ	



You **must** attach a copy of the provisional offer of employment from the prospective employer and a detailed job description, including the date(s), location(s), scope/area of practice of the position and the qualifications and experience required in the position.

Effective from: 18 September 2025

SECTION F: Qualification for the profession



In accordance with section 69 of the National Law, to be eligible for limited registration for teaching or research you must satisfy the Board that you have qualifications in the profession relevant to and suitable for the position.

13. What are the details of your qualifications and examinations/assessments?



For more information, see *Certifying documents* in the *Information and definitions* section of this form.

Most recent qualification and examinations/assessments
Title of qualification
·
Name of institution (University/Callege/Eversining heady)
Name of institution (University/College/Examining body)
Country
Start date Completion date
MM/YYYY MM/YYYY
You must attach an original certified copy of all your academic qualifications mentioned in this form.
Additional qualification and examinations/assessments
Title of qualification
Name of institution (University/College/Examining body)
Country
Start date Completion date
MM/YYYY



Attach a separate sheet if all your qualification details do not fit in the space provided.

Effective from: 18 September 2025

SECTION G: Registration history

14. What is your health practitioner registration history?



If you have been registered outside of Australia, the Board 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 / YYYYY to DD / MM / YYYYY
Additional registration
State/Territory/Country
Profession
Period of registration
DD / MM / YYYYY to DD / MM / YYYYY
If you have been previously registered outside of Australia, you must arrange for original



If you have been previously registered outside of Australia, you **must** arrange for original Certificates of Registration Status or Certificates of Good Standing to be forwarded directly from the registration authority to your Ahpra state office.

Refer to www.ahpra.gov.au/About-Ahpra/Contact-Us for your Ahpra state office address.



Attach a separate sheet if your registration history does not fit in the space provided.

SECTION H: Work history

15. What is your full practice history?



It is important that you refer to *Curriculum vitae* in the *Information and definitions* section of this form for **mandatory requirements** of the CV. Your curriculum vitae will further inform the Board in relation to your recency of practice and registration history.



You **must** attach to your application a **signed and dated** curriculum vitae that describes your full practice history and any clinical or skills training undertaken.

SECTION I: Registration period



There is no set registration period for limited registration. We'll grant you registration for 12 months from the date of the Board's approval or the date you select, whichever is the latter. If it takes more than 12 months to complete the limited requirements, you'll need to renew your registration.

16. If this application is approved, when would you like your limited 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 can't start practising until registration has been granted. Please consider if the date you have nominated gives you time to complete any pre-employment or pre-training program requirements. You can update this date by contacting your Regulatory Officer at any time until we finalise your application.

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

Effective from: 18 September 2025

SECTION J: Suitability statements



Information required by the Board 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 Board 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 Board's registration standards. Refer to www.physiotherapyboard.gov.au/Registration-Standards for further information.

17. 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.





NO





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

18. 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/

international criminal history.

00	>



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) returned the approved vendor.	eference page provided by
You must attach a signed and dated written statement with deta each of the countries listed and an explanation of the circumstan	•

19. Are there any countries other than Australia in which you have lived, or been primarily based, for six consecutive months or longer, when aged 18 years or more?



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/ international criminal history.





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

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) returned the approved vendor.	eference page provided by

20. Have you previously been registered to practise as a physiotherapist in Australia and have used English as your YES primary language within the past five years?



All applicants for initial registration, which includes all applicants who have not used English as their primary language for a period of greater than five years (as at date of application), must demonstrate they meet the English language skills registration standard.



I declare I have used English as my primary language within the past five years.

Go to question 25



Go to the next question

All applicants must demonstrate English language competency via one of the following pathways:



A list of approved recognised countries and an evidence requirements guide is available at www.ahpra.gov.au/Registration/Registration-Standards/ English-language-skills

The combined education pathway

You must have a combination of secondary education and qualifications, where you have carried out and successfully completed:

- · at least two years of your secondary education which was taught and assessed solely in English in a recognised country, and
- vour qualification(s) for your profession, which were taught and assessed solely in English in a recognised country.

The advanced education pathway

You have carried out and successfully completed at least six years in total of (full-time equivalent) education, all taught and assessed solely in English in a recognised country which includes:

- your qualification(s) for your profession, and
- advanced education (tertiary) at a degree level (AQF level 7 or higher) which requires you to read, write, listen to and speak English.

A maximum of two years break while obtaining your qualifications and advanced education will be accepted.

The last period of education must have been completed no more than two years before applying for registration.

The school education pathway

Your main language is English and you have carried out and successfully completed:

- at least 10 years of your primary and secondary school education which was taught and assessed solely in English in a recognised country, and
- · your qualification(s) for your profession, which were taught and assessed in any country solely in English.

The test pathway

You have achieved the required minimum scores in one of the approved English language tests and meet the requirement for test results as specified in the Appendix of the Board's English language skills registration standard.

21. Which one of the English language competency pathways do you meet?

	taught and assessed solely in English. A list of approved programs of study is available at www.ahpra.gov.au/Accreditation/Approved-Programs-of-Study
	of-Study
\ /	The combined education nathway

THE COMBINE EUGGANOM DANIWA		combined education pathway
-----------------------------	--	----------------------------

Provide details of secondary and tertiary education in the table below, then go to question 25

The school education pathway

This is a declaration that English is your primary language. Provide details of primary, secondary and tertiary education in the table below, then go to question 25

The advanced education pathway

Provide details of vocational and tertiary education in the table below, then go to question 25

The test pathway

You do not need to complete the table below. Go to question 22

Complete the following table of education undertaken in chronological order (earliest to most recent):

Timeframe	Level of education	Program name If applicable	Education institution Specify name and address	Recognised country If applicable	Study status
Study commenced:	Primary				Full time
MM Y Y Y Y	Secondary				Part time
Study completed:	Vocational				
MMYYYY	Tertiary				
Study commenced:	Primary				Full time
MMYYYY	Secondary				Part time
Study completed:	Vocational				
MMYYYY	Tertiary				
Study commenced:	Primary				Full time
MMYYYY	Secondary				Part time
Study completed:	Vocational				
MMYYYY	Tertiary				

1	11	
1		16
u		U

Please attach a separate sheet with any additional details that do not fit in the space provided above.

If a qualification specified above was relied on for registration and is **not** an approved program of study, you **must** provide a certified copy of your academic transcript confirming that the course was taught and assessed solely in English.

If the transcript does not confirm that the course was taught and assessed solely in English, you must arrange for a letter in the required form to be provided directly to Ahpra by the education provider confirming that the course was taught and assessed solely in English.

22. Were your results from the English language tests obtained in one or two	month period. For more information,	English language test results from a maximum of two test sittings in a 12 refer to the Board's <i>English language skills registration standard</i> .
sittings?	Two sittings Provide dates below, ti	low, then go to the next question and complete details for one sitting hen go to the next question and complete details for both sittings
	Sitting one DD/MM/YY	Y Y Sitting two D D / M M / Y Y Y Y
	e tests have you successfully comple e test(s) you are relying on and attach a c	
Cambridge (C1 Advanced or C2 I	Proficiency)	Visition to the state of the st
Verification number – sitting one:		Verification number – sitting two (if applicable):
The Board requires Cambridge wit in the writing component.	n a minimum overall score of 185 in the lister	ning, reading, and speaking components, and a minimum score of 176
	Test System (IELTS) Academic module	
Test report form number – sitting of	one:	Test report form number – sitting two (if applicable):
The Board requires the IELTS (acad		of 7 and a minimum score of 7 in the listening, reading, and speaking
components, and a minimum score	,	or 7 and a minimum score or 7 in the listerning, reading, and speaking
Occupational English Test (OET) Candidate number – sitting one:		Candidate number – sitting two (if applicable):
The Board requires the OET with a component.	minimum score of B in the listening, reading	, and speaking components, and a minimum score of C+ in the writing
Pearson Test of English Academ Registration ID – sitting one:	ic (PTE Academic)	Registration ID – sitting two (if applicable):
	mic with a minimum overall score of 66 and a um of 56 in the writing communicative skill.	a minimum score of 66 in the listening, reading, and speaking
Test of English as a Foreign Lang Registration number – sitting one:	guage internet-based test (TOEFL iBT)	Registration number – sitting two (if applicable):
negistration number – sitting one.		negistration number – Sitting two (ii applicable).
The Board requires the TOEFL iBT speaking.	with a minimum total score of 94 and the min	nimum scores of 24 for listening, 24 for reading, 24 for writing, and 23 for
If your English language the reference number(s),	so that Ahpra can verify your results.	to years, you must provide a copy of your test results, including at two years, you must provide a certified copy of your results.
24. Were your results from the above-mentioned English	YES N	10
language tests obtained in the past two years?	 continuous employment as a regist 	d, within 12 months of completing your test(s) you must have commenced: ered health practitioner or in another relevant health, disability, or aged care primary language of practice in a recognised country, and/or ed program of study.
	You must lodge this application within	n 12 months of completing the employment and/or program of study.
	 your CV and a letter from of confirming continuous em health, disability, or aged of continuous employment or an academic transcript ev 	opy of your English language test results, and : employer(s) or a professional referee in the required form ployment as a registered health practitioner or in another relevant care related role in a recognised country (if you are relying on ver two years in duration, only two years is required), and/or idencing that you were enrolled continuously in a Board-approved menced within 12 months of sitting the English language test, and

that you completed your study no longer than 12 months before lodging your application.

ALTR-66 The Board requires all applicants for limited registration to have appropriate professional indemnity 25. Do you commit to having arrangements in place when practising. Applicants unable to meet this requirement are ineligible for registration. appropriate professional indemnity insurance For more information, see Professional indemnity insurance in the Information and definitions section of this form. arrangements in place for YES X NO all practice undertaken during the registration period? For more information, see Continuing professional development in the Information and definitions section 26. Do you commit to undertake of this form. sufficient continuing professional development, in YES NO accordance with the Board's Continuing professional development registration standard, in order to maintain competence throughout the period of registration? To meet the Board's Registration standard: Recency of practice, you are required to have practised at least 27. Do you meet the Board's 450 hours within the previous three years, or 150 hours within the previous 12 months in your intended scope recency of practice of practice. If you don't meet the standard, you will be required to provide information to help the Board make requirements? a decision about your application. For more information, see *Recency of practice* in the *Information and definitions* section of this form. I am a recent graduate and my qualification for registration was awarded in the last 12 months. YES Mark all options applicable to your application I have practised a minimum of 150 hours in my intended scope of practice in the last year. I have practised a minimum of 450 hours in my intended scope of practice in the last three years. N₀ You must attach evidence of your practice history that includes: your detailed practice history, including your previous scope(s) of practice as a physiotherapist and when you last practised your intended and/or practice as a physiotherapist, and activities carried out since you last practised as a physiotherapist, including any continuing professional development you may have done. 28. Do you have an impairment For more information, see *Impairment* in the *Information and definitions* section of this form. A that detrimentally affects, YES NO or is likely to detrimentally affect, your capacity to practise the profession? You **must** attach to this application details of any impairments and how they are managed. 29. Is your registration in YES N0 any profession currently suspended or cancelled in **Australia (under the National** You **must** attach to this application details of any registration suspension or cancellation. Law or a corresponding prior Act) or overseas? 30. Have you previously had your YES N0 registration cancelled, refused or suspended in Australia (under the National Law or a You **must** attach to this application details of any cancellation, refusal or suspension. corresponding prior Act) or overseas? 31. Has your registration ever YES N0 been subject to conditions, undertakings or limitations in **Australia (under the National** You **must** attach to this application details of any conditions, undertakings or limitations. Law or a corresponding prior Act) or overseas?

32. 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).







You must attach to this application details of any disqualifications.

33. 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?







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

SECTION K: Details of the teaching or research position

34. What are the details of the teaching or research position?



As specified in the Supervised Practice Framework, you must attach a Supervised Practice Plan to this application.

The Supervised Practice Framework is available at www.physiotherapyboard.gov.au/Codes-**Guidelines**

SECTION L: Obligations, consent and declaration



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, 4, 5, 6 or 8 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.

Continuing professional development

 A registered health practitioner must undertake the continuing professional development required by an approved registration standard for the health profession in which the practitioner is registered.

Professional indemnity insurance arrangements

- A registered health practitioner must not practise the health profession in which the practitioner is registered unless appropriate professional indemnity insurance arrangements are in force in relation to the practitioner's practice of the profession.
- A National Board may, at any time by written notice, require a registered health practitioner registered by the Board to give the Board evidence of the appropriate professional indemnity insurance arrangements that are in force in relation to the practitioner's practice of the profession.
- A registered health practitioner must not, without reasonable excuse, fail to comply with a written notice given to the practitioner under point 3 above.

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
 - b) 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
 - e) 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*
 - (i) the chief executive officer under the *Human Services* (*Medicare*) Ac 1973 (Cth);
 - (ii) an entity performing functions under the Health Insurance Act 1973 (Cth);
 - (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 consent to Ahpra and the National Board, at any time during the next 12 months, obtaining a written report about my criminal history through a nationally coordinated criminal history check. I acknowledge that:

- Ahpra and the National Boards may obtain a written report about my criminal history at any time during the next 12 months
- 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 National Board
- my personal information currently held by Ahpra and from this form will be 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 and used by Ahpra and the National Board when obtaining a written report about my criminal history at any time during the next 12 months
- if I have not provided any identity information with this application, and Ahpra needs to obtain a written report about by criminal history at any time during the next 12 months, I will provide the required identity information when requested by Ahpra
- Ahpra may validate documents in support of this application, or that I provide when requested at any time during the next 12 months, as evidence of my identity at any time during the next 12 months
- if and when this application for renewal of registration is granted, Ahpra may obtain a written report about my criminal history at any time during the next 12 months for the purpose of:
 - a) checking a statement made by me in this application for renewal, $% \left(1\right) =\left(1\right) \left(1\right)$
 - b) an audit carried out by the National Board,
 - c) assessing my ongoing suitability to hold health practitioner registration, including if a complaint is made about me to Ahpra, or
 - d) considering an application made by me about my health practitioner registration, and
- I may dispute the result of the nationally coordinated criminal history check by contacting Ahpra in the first instance.

Declaration

I declare that:

- the statements made, and any documents provided, in support of this
 application are true and correct, and
- I am the person named in this application and in any documents provided.

I make this declaration in the knowledge that a false declaration amounts to a contravention of the National Law and may lead to refusal of registration or health, conduct or performance action under the National Law.

I **confirm** that if I advertise any of my services or my business, the advertising* complies with section 133 of the National Law and the National Board's Adverting Guidelines as it:

- Is not false, misleading or deceptive or likely to be misleading or deceptive
- does not offer a gift, discount or other inducement without stating the terms and conditions of the offer
- does not use testimonials or purported testimonials about the service or business
- does not create an unreasonable expectation of beneficial treatment, and
- does not directly or indirectly encourage the indiscriminate or unnecessary use of my services.

*For information about advertising obligations please see the advertising resources page on:

https://www.ahpra.gov.au/Publications/Advertising-hub.aspx

I acknowledge that:

- the National Board may validate documents provided in support of this application as evidence of my identity
- failure to complete all relevant sections of this application for renewal of registration 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 for renewal of registration will be sent to me electronically to me via my nominated email address
- 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 the all relevant legislation and National Board 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.





PART B – To be completed by the supervisor

SECTION M: Supervisor details

35. What are the details of the supervisors?



A contact person and email address must be provided for receipt of notifications.

Details of the supervisor (who meets the requirements defined in the Supervised Practice Framework) must also be provided.

MR	MISS	\vee	MS	X	DR	X	0TH	IER		QDI	CIF)	/				
MRS MRS amily (legal) name of			_		DΠ		UIII	iLN [OFL	_UII I					
arrilly (legal) flattle of	Jillial y S	Super vis	501													
irst given name																
Address/PO Box (e.g. 1	23 JAME	S AVEN	IUE; o	r UNI	T 1A,	30 JAI	MES ST	REET	; or l	90 B	0X 1	234))			
City/Suburb/Town																
,																
State/Territory (e.g. VIC	. ACT)					Pi	ostcode	9								
and the second s	, ,						2.3000									
Contact phone number						D.	abila									
bontact phone number						IV	obile								7	
													L			
mail																
	ervisor (details	belov	w												
Provide alternate sup	ervisor (5	w	DR	\boxtimes	ОТН	IER [SPE	ECIF	/				
Provide alternate sup	MISS	\times	MS		DR		ОТН	IER [SPE	ECIF	(
Provide alternate sup	MISS	\times	MS		DR	\boxtimes	ОТН	IER [SPE	ECIF	(
Provide alternate sup MR MRS MRS Family (legal) name of	MISS	\times	MS		DR		ОТН	IER [SPE	ECIFY	/				
Provide alternate sup MR MRS MRS amily (legal) name of	MISS	\times	MS		DR		ОТН	IER [SPR	ECIFY	(
Provide alternate sup MR MRS MRS Family (legal) name of a	MISS alternate	superv	MS visor						; or F							
Provide alternate sup MR MRS MRS amily (legal) name of a First given name	MISS alternate	superv	MS visor						-; or F							
Provide alternate sup MR MRS MRS Family (legal) name of a	MISS alternate	superv	MS visor						-; or [
Provide alternate sup MR MRS MRS Family (legal) name of a	MISS alternate	superv	MS visor						; or F							
Provide alternate sup MR MRS MRS Family (legal) name of a First given name Address/PO Box (e.g. 1	MISS alternate	superv	MS visor						-; or F							
Provide alternate sup MR MRS Family (legal) name of a First given name Address/PO Box (e.g. 1	MISS alternate	superv	MS visor						; or F							
Provide alternate sup MR MRS MRS Family (legal) name of a First given name Address/PO Box (e.g. 1 City/Suburb/Town	MISS alternate	superv	MS visor						; or F							
Provide alternate sup MR MRS MRS Family (legal) name of a First given name Address/PO Box (e.g. 1 City/Suburb/Town	MISS alternate	superv	MS visor			30 JAI		REET	-; or F							
Provide alternate sup MR MRS MRS Family (legal) name of a First given name Address/PO Box (e.g. 1 City/Suburb/Town	MISS alternate	superv	MS visor			30 JAI	MES ST	REET	; or F							
Provide alternate sup MR MRS Family (legal) name of a First given name Address/PO Box (e.g. 1	MISS alternate 23 JAME , ACT)	superv	MS visor			BO JAI	MES ST	REET	; or F							
Provide alternate sup MR MRS MRS Family (legal) name of a First given name Address/PO Box (e.g. 1 City/Suburb/Town State/Territory (e.g. VIC	MISS alternate 23 JAME , ACT)	superv	MS visor			BO JAI	MES ST	REET	; or F							

36.	What are	e the	details	of	the
	practice	loca	tion?		

Name of practice location														
Site/Building (if applicable)														
Address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES ST	TREET)													
Francisco (e.g. 120 oranico recirco), or orani iri, oco oranico orani iri, oco														
Oit /Out wit /Tarres														
City/Suburb/Town														
State/Territory (e.g. VIC, ACT)	Postcode													
Contact details														
Contact phone number														
Email														

37. What are the names and addresses of all sites of practice for which limited registration is being sought?

Site	e/Bu	iildin	a (if	app	lica	ble)																
			J (,																
Ado	ires	s (e.	g. 12	3 JA	MES	S AVE	ENUE	; or	UNIT	Г 1А	, 30	JAM	ES S	STRE	ET)							
															,							
City	/Su	burb	/Tov	vn																		
Sta	te/T	errit	ory (e.g.	VIC,	ACT))								Pos	tcod	le					



Attach a separate sheet of the names and addresses of additional sites that do not fit within the spaces provided.

SECTION N: Supervisor's consent

I declare that the information provided in this document (including supervision and training details) is true and correct.

I confirm that the physiotherapist (applicant) named below has been formally offered the position as described in this application

I undertake to be the applicant's primary supervisor and to provide a level of supervision as stated in the Supervised Practice Framework and as otherwise determined from time to time by the Board.

I further undertake to:

- ensure that the applicant is practising safely and is not placing the public at risk
- observe the applicant's work, conduct reviews, periodically conduct performance reviews and identify and address any problems as per the Supervised Practice Framework
- notify the Board immediately if I have concerns about the applicant's clinical performance, health or failure to comply with supervision requirements
- ensure that the applicant practises in accordance with work arrangements approved by the Board
- obtain approval of the Board for any proposed changes to work arrangements before they are implemented
- inform the Board if I am no longer able to undertake the role of the applicant's supervisor
- provide supervision reports to the Board in a form approved by the Board at intervals as determined by the Board.

Name of applicant	Name of supervisor
Date	Registration number
DD/MM/YYYY	PHY
	Signature of supervisor
	SIGN HERE



PART C – To be completed by the applicant

SECTION 0: Payment

You are required to pay BOTH an application fee and a registration fee.

Application fee: Registration fee: \$434 + \$211 Registration fee Registration fee for NSW registrants \$185

Amount payable: Applicants must pay 100% of the stated fees at the time of submitting the application.

=



Registration period

Registration is granted for a period of no more than 12 months. Limited registrants may only apply to renew their registration up to three times.

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

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

Credit/Debit card payment slip – please fill out	
Amount payable \$ Visa or Mastercard number Expiry date CVV	Name on card Cardholder's signature SIGN HERE

SECTION P: Checklist

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

Additional do	cumentation	Attached
Question 1	Evidence of a change of name	X
Question 3	Certified copies of all documents that provide sufficient evidence of your identity	\times
Question 5	Certified copies of all documents that provide sufficient evidence of your identity	\times
Question 11	An itinerary of teaching/research activity	\times
Question 12	A copy of the provisional offer of employment	\times
Question 12	A detailed job description	\times
Question 13	Original certified copy of all your academic qualifications	\times
Question 13	A separate sheet with additional qualification details	×
Question 14	Certificates of Registration Status or Certificates of Good Standing have been requested from relevant authority	X
Question 14	A separate sheet with additional registration history details	X
Question 15	Your curriculum vitae	\times
Question 17	A signed and dated written statement with details of your criminal history in Australia and an explanation of the circumstances	\times
Question 18	A separate sheet of additional overseas countries with criminal history and corresponding ICHC reference number	\times
Question 18	A signed and dated written statement with details of your criminal history outside Australia and explanation of the circumstances	X
Questions 18 & 19	ICHC reference page provided by the approved vendor	X
Question 19	A separate sheet of additional overseas countries lived in and corresponding ICHC reference number	\times
Question 21	A separate sheet with any additional qualification details	\times
Question 21	Transcript(s)/letter(s) from education provider confirming that your course was taught and assessed solely in English	\times
Question 23	Copy of your English language test results	\times
Question 24	Certified copy of your English language test results	\times
Question 24	Evidence of continuous employment as a registered health practitioner or in a relevant health, disability, or aged care related role where English was the primary language of practice and/or continuous enrolment in an approved program of study	\times
Question 27	Evidence of your practice history	\times
Question 28	A separate sheet with your impairment details	\times
Question 29	A separate sheet with your current suspension or cancellation details	\times
Question 30	A separate sheet with your previous cancellation, refusal or suspension details	\times
Question 31	A separate sheet with your conditions, undertakings or limitations details	\times
Question 32	A separate sheet with your disqualification details	\times
Question 33	A separate sheet with your conduct, performance or health proceedings	\times
Question 34	Completed documentation as required in the Supervised Practice Framework	\times
Question 37	A separate sheet of the names and addresses of additional sites	\times
Payment		
	Application fee	\times
	Registration fee	X

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 any of the documentation 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.

CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

You are required to maintain a portfolio documenting participation in, and reflect upon, CPD that contributes to maintaining and improving your competence to practise in your chosen scope of practice. Practising physiotherapists must complete at least 20 hours of CPD per year. The Board will accept as evidence a declaration by an individual of CPD activity sufficient to maintain competence throughout the period of registration. CPD activities must contribute directly to maintaining and improving your competence in your chosen scope of practice.

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

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 as detailed above, irrespective of the time that has lapsed since the charge was laid or the finding of guilt was made. The Board will decide whether your criminal history is relevant to the practice of your 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 document containing a photograph must be annotated with the statement 'I certify that this 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 full registration standard online at www.physiotherapyboard.gov.au/Registration-Standards and the requirements for supplying proof of identity and certified documents at www.ahpra.gov.au/Registration/Registration-Process/Proof-of-Identity and www.ahpra.gov.au/Registration/Registration-Process/Certifying-

CURRICULUM VITAE

Documents

Your curriculum vitae must:

- detail any gaps in your practice history of more than three months from the date you obtained your qualification
- be in chronological order
- be signed and dated with a statement 'This curriculum vitae is true and correct as at (insert date)', and
- be the original signed curriculum vitae (no faxes or scanned copies will be accepted).

It must also contain all the elements defined in Ahpra's standard format for curriculum vitae which can be found at www.ahpra.gov.au/cv

ENGLISH LANGUAGE SKILLS

To be eligible for registration you **must** be able to provide evidence of English language skills that meet the Board's *English language skills registration standard*, which can be found at

www.physiotherapyboard.gov.au/Registration-Standards

IMPAIRMENT

The National Law defines impairment as 'a physical or mental impairment, disability, condition or disorder (including substance abuse or dependence) that detrimentally affects or is likely to detrimentally affect your capacity to practise the profession'.

An illness or health condition that is safely managed is not the same as impairment, as these do not have a detrimental impact on your capacity to practise. Examples you **do not** need to tell us about include:

- wearing prescription glasses to correct your vision or hearing aids to correct your hearing, or
- seeing a psychologist for anxiety and following a treatment plan.

The National Law requires you to declare any such impairments at the time of renewal, including details of the impairment and how it is managed.

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.

PROFESSIONAL INDEMNITY INSURANCE (PII)

You cannot practise as a physiotherapist in Australia unless you are covered by your own, or third-party professional indemnity insurance (PII) arrangements that meet the requirements of the Board's registration standard.

Remember, practising means using your skills and knowledge as a health practitioner in any paid or unpaid role in your profession.

Initial registration and annual renewal of registration requires a declaration that you will be covered for all aspects of practice for the whole period of the registration. You may be covered by your Australian employer's PII - you will need to confirm this with your employer.

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

RECENCY OF PRACTICE

To ensure that you can practise competently and safely, you must have recent practice in the field in which you intend to work during the period of registration for which you are applying.

To meet the standard, you must have practised within your scope of practice for a minimum total of:

- 450 hours over the previous 3 years, or
- 150 hours in the previous registration year (one month full time equivalent).

If you have been absent from practice, the specific requirements depend on the scope of practice, your level of experience and the length of absence from that scope, including any continuing professional development undertaken.

If you propose to change your scope of practice, the Board will consider whether your peers would view the change as a normal extension or variation in a scope of practice, or a change that would require specific training and demonstration of competence.

Practitioners who are unable to meet the Board's registration standard for recency of practice may be required to complete professional development activities, submit a plan for re-entry to practice or other training or assessments.

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

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, InstaID+. 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.