



Request for change of personal details

Section 131 of the Health Practitioner Regulation National Law (the National Law)

This form is for requesting a change of personal details including change of name, address, contact details and sex.

You can change your contact information online by logging in to your Ahpra account at www.ahpra.gov.au/login

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

1. What are your current personal details held by the Board?

Title
 MR MRS MISS MS DR OTHER

Family name

First given name

Middle name(s)

Previous names known by (e.g. maiden name)

Date of birth
 / /

Sex
 MALE FEMALE INTERSEX / INDETERMINATE / UNSPECIFIED

2. What are your profession details?

Profession

Registration number



3. Do you want to update your personal details?

YES

NO Go to Section B: Contact information

Title
 MR MRS MISS MS DR OTHER

Family name

First given name

Middle name(s)

Previous names known by (e.g. maiden name)

Date of birth / /

Sex
 MALE FEMALE INTERSEX / INDETERMINATE / UNSPECIFIED

 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 Board. If you are requesting a change of sex, you must attach sufficient evidence to support your request.
 For more information, see *Change of name* and *Change of sex* in the *Information and definitions* section of this form.

4. Are you declaring a change of name, sex or date of birth?

YES Go to the next question

NO Go to Section B: Contact information

 For more information, refer to www.ahpra.gov.au/identity.



Proof of identity

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

5. Are you applying for registration from within Australia?

YES

NO



You **must** only use each document once.

The documents provided **must** meet 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 certified copy of the identity information page (the photo page) **must** be provided.
- 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.'
- 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.

Choose proof of identity documents to submit

- You **must** provide one document from each category A, B and C, and one document from category D if the document supplied for category B or C does not contain evidence of a current Australian residential address.
- A document may only be used once for any category.

Documents	Category used:			Documents	Category used:		
	A	B	C		A	B	C
Australian birth or adoption certificate	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	Australian financial institution account	NA	NA	<input checked="" type="checkbox"/>
Australian visa (Foreign passport must be selected as evidence for Category B)	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	Australian Medicare card	NA	NA	<input checked="" type="checkbox"/>
ImmiCard	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	Australian PAYG payment summary	NA	NA	<input checked="" type="checkbox"/>
Australian citizenship certificate	<input checked="" type="checkbox"/>	NA	<input checked="" type="checkbox"/>	Australian motor vehicle registration	NA	NA	<input checked="" type="checkbox"/>
Australian passport	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Australian Taxation Assessment Notice	NA	NA	<input checked="" type="checkbox"/>
Australian driver's licence	NA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Australian insurance policy	NA	NA	<input checked="" type="checkbox"/>
Foreign passport	NA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Australian pension/healthcare card	NA	NA	<input checked="" type="checkbox"/>
Australian Working with Children Check or Vulnerable People Check	NA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Category D documents			
Australian firearms or shooter's licence	NA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>A document from Category D is only required if your Category B or C document does not provide evidence of your residential address.</i>			
Australian student ID card	NA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	I have used a Category B or C document that has my current residential address			<input checked="" type="checkbox"/>
International or foreign driver's licence	NA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Australian rate notice			<input checked="" type="checkbox"/>
Australian proof of age card	NA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Current Australian lease or tenancy agreement			<input checked="" type="checkbox"/>
Australian government benefits	NA	NA	<input checked="" type="checkbox"/>	Australian utility account			<input checked="" type="checkbox"/>
Australian academic transcript	NA	NA	<input checked="" type="checkbox"/>				
Australian registration certificate	NA	NA	<input checked="" type="checkbox"/>				



You **must** attach a certified copy of **all** proof of identity documents that you have indicated above.



SECTION B: Contact information



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 details below – place an next to your preferred contact phone number.

Business hours

Mobile

After hours

International

Email

7. Do you want to update your residential address details?

YES

NO



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.

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

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

City/Suburb/Town*

State or territory (e.g. VIC, ACT)/International province*

Postcode/ZIP*

Country (if other than Australia)

8. Do you want to update your principal place of practice details?

YES

NO



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.

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*



9. Do you want to update your mailing address details?

YES

NO

Choose appropriate option

I want to use my residential address

I want to use my principal place of practice

I want to use the 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)

City/Suburb/Town

State or territory (e.g. VIC, ACT)/**International province** **Postcode/ZIP**

Country (if other than Australia)

SECTION C: 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.

I declare that I am the registrant named in this document.

I confirm that I am authorised to provide the personal details contained in this form.

I consent to my personal details and information being checked by a third party system to verify and confirm my identity.

I acknowledge that:

- notices required under the National Law and other correspondence relating to my request and registration 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.

Name of registrant

Date / /

Signature of registrant

SIGN HERE



SECTION D: Checklist

Have the following items been attached, if required?

<i>Additional documentation</i>		Attached
Question 3	Evidence of a change of name (if required)	<input type="checkbox"/>
Question 3	Evidence of a change of sex (if required)	<input type="checkbox"/>
Question 5	Certified copies of all documents that provide sufficient evidence of your identity	<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 certified 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.

To revert to a maiden name, a certified copy of the full birth certificate is required. Faxed, scanned or emailed copies of certified documents will not be accepted.

CHANGE OF SEX

You must provide sufficient evidence if you are requesting a change of sex. Evidence must be a certified copy of one of the following documents:

- a statement from a registered medical practitioner or a registered psychologist
- valid Australian government travel document, such as a valid passport, which specifies your preferred sex, or
- an amended state or territory birth certificate, which specifies your preferred sex. A State or Territory Gender Recognition Certificate or recognised details certificate showing a State or Territory Registrar of Birth Deaths and Marriages has accepted a change in sex will also be seen as sufficient evidence.