




# English language skills requirements form

Profession: Nursing and Midwifery

The Health Practitioner Regulation National Law (the National Law)

This form is to determine whether an applicant meets the Nursing and Midwifery Board of Australia's (NMBA) *English language skills registration standard*. This form is for applicants of initial registration with the NMBA. For more information about meeting the *English language skills registration standard*, refer to [www.ahpra.gov.au/Registration/Registration-Standards/English-language-skills](http://www.ahpra.gov.au/Registration/Registration-Standards/English-language-skills).

 **This application will not be considered unless it is complete and all supporting documentation has been provided.**

## 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](http://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](http://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, 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 in hard copy by mail or in person (not by fax, email, etc). 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](http://www.ahpra.gov.au/certify.aspx)

## Symbols in this form

-  **Additional information**  
Provides specific information about a question or section of 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:

## 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](http://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](http://www.ahpra.gov.au/privacy)

 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 personal details?

**Title\*** MR  MRS  MISS  MS  DR  OTHER

**Family name**

**First given name**

**Middle name(s)**

**Date of birth**  
 /  /

**Profession(s)/division(s) applying for registration as**  
 Enrolled nurse     Registered nurse     Midwife

**Registration number (if you have one)**




2. Are you submitting this form to supplement an online application?

YES


NO

**Provide your online application number**

 You **must** provide the same online application number as submitted in your online application. This is detailed on the *Next Steps Checklist* you received by email on completion of the online application process.


**When you have completed this form, please send it to the address listed on your *Next Steps Checklist* along with any other supporting documentation.**

**SECTION B: English language skills requirements**

 Information required by the NMBA to assess your suitability for registration is detailed in the following questions. It is recommended that you provide as much information as possible to enable the NMBA to reach a timely and informed decision.

Please note that registration is dependent on suitability as defined in the National Law, and the requirements set out in the NMBA's registration standards. Refer to [www.nursingmidwiferyboard.gov.au/Registration-Standards](http://www.nursingmidwiferyboard.gov.au/Registration-Standards) for further information.

**All applicants must demonstrate English language competency via one of the following pathways. The full requirements for each pathway are detailed in the NMBA English language skills registration standard at [www.nursingmidwiferyboard.gov.au/Registration-Standards/English-language-skills](http://www.nursingmidwiferyboard.gov.au/Registration-Standards/English-language-skills).**

 Help on how to provide the evidence requirements for each pathway is detailed in the evidence requirements guide available at [www.ahpra.gov.au/Registration/Registration-Standards/English-language-skills](http://www.ahpra.gov.au/Registration/Registration-Standards/English-language-skills). *Recognised country* means one of the following countries:

- Australia
- Canada
- New Zealand
- Republic of Ireland
- South Africa
- United Kingdom
- United States of America.

<p><b>Primary language pathway</b></p> <p>English is your primary language and:</p> <ul style="list-style-type: none"> <li>• you have attended and satisfactorily completed at least six years of primary and secondary education taught and assessed solely in English, in a recognised country including at least two years between years 7–12, and</li> <li>• your qualification which you are relying on to support your eligibility for registration under the National Law was taught and assessed solely in English in a recognised country.</li> </ul>	<p><b>Extended education pathway (registered nurses and midwives)</b></p> <p>You must provide evidence that you have successfully completed at least five (5) years (full-time equivalent) continuous education taught and assessed solely in English, in a recognised country, which includes tertiary qualifications in the relevant professional discipline which you are relying on to support your eligibility for registration under the National Law.</p>	<p><b>Extended education pathway (enrolled nurses)</b></p> <p>You must provide evidence that you have successfully completed at least five (5) years (full-time equivalent) continuous education taught and assessed solely in English, in a recognised country, which includes vocational qualifications in the relevant professional discipline which you are relying on to support your eligibility for registration under the National Law.</p>	<p><b>English language test pathway</b></p> <p>You have achieved the required minimum scores in one of the approved English language tests and meet the requirements for test results specified in the NMBA's <i>English language skills registration standard</i>.</p>
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**3. Which one of the English language competency pathways do you meet?**

**i** Ahpra may verify the information you provide below. For more information, see *English language skills* in the *Information and definitions* section of this form. If a qualification that was relied on for registration is not an approved program of study, you **must** provide confirmation that the course was 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](http://www.ahpra.gov.au/Accreditation/Approved-Programs-of-Study)

- Primary language pathway (this is a declaration that English is your primary language)**  
Provide details of your primary, secondary, vocational and/or tertiary education in the table below, **then go to Section C**
- Extended education pathway (registered nurse and/or midwife)**  
You must provide details of your secondary, vocational and/or tertiary education (which includes your tertiary qualifications in the relevant professional discipline) in the table below, **then go to Section C**
- Extended education pathway (enrolled nurse)**  
You must provide details of your secondary, vocational and/or tertiary education (which includes your vocational qualifications in the relevant professional discipline) in the table below, **then go to Section C**
- English language test pathway**  
You do not need to complete the table below. **Go to question 4**

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

Timeframe	Level of education	Program name <i>If applicable</i>	Education institution <i>Specify name and address</i>	Recognised country <i>If applicable</i>	Study status
Study commenced: MM / YYYY	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary			<input type="checkbox"/> Australia <input type="checkbox"/> Canada <input type="checkbox"/> New Zealand <input type="checkbox"/> Republic of Ireland	<input type="checkbox"/> Full time <input type="checkbox"/> Part time
Study completed: MM / YYYY	<input type="checkbox"/> Vocational <input type="checkbox"/> Tertiary			<input type="checkbox"/> South Africa <input type="checkbox"/> United Kingdom <input type="checkbox"/> United States	
Study commenced: MM / YYYY	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary			<input type="checkbox"/> Australia <input type="checkbox"/> Canada <input type="checkbox"/> New Zealand <input type="checkbox"/> Republic of Ireland	<input type="checkbox"/> Full time <input type="checkbox"/> Part time
Study completed: MM / YYYY	<input type="checkbox"/> Vocational <input type="checkbox"/> Tertiary			<input type="checkbox"/> South Africa <input type="checkbox"/> United Kingdom <input type="checkbox"/> United States	
Study commenced: MM / YYYY	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary			<input type="checkbox"/> Australia <input type="checkbox"/> Canada <input type="checkbox"/> New Zealand <input type="checkbox"/> Republic of Ireland	<input type="checkbox"/> Full time <input type="checkbox"/> Part time
Study completed: MM / YYYY	<input type="checkbox"/> Vocational <input type="checkbox"/> Tertiary			<input type="checkbox"/> South Africa <input type="checkbox"/> United Kingdom <input type="checkbox"/> United States	
Study commenced: MM / YYYY	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary			<input type="checkbox"/> Australia <input type="checkbox"/> Canada <input type="checkbox"/> New Zealand <input type="checkbox"/> Republic of Ireland	<input type="checkbox"/> Full time <input type="checkbox"/> Part time
Study completed: MM / YYYY	<input type="checkbox"/> Vocational <input type="checkbox"/> Tertiary			<input type="checkbox"/> South Africa <input type="checkbox"/> United Kingdom <input type="checkbox"/> United States	



**Extended education pathway (registered nurse and/or midwife, or enrolled nurse) applicants**

You must attach a certified copy of your transcript(s) confirming that each course you listed above was taught and assessed solely in English.

**All applicants**

- 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. A list of approved programs of study is available at [www.ahpra.gov.au/Accreditation/Approved-Programs-of-Study](http://www.ahpra.gov.au/Accreditation/Approved-Programs-of-Study)
- 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.
- Please attach a separate sheet with any additional details that do not fit in the space provided above.

**4. Were your results from the English language tests obtained in one or two sittings?**

**i** In certain circumstances, you can use English language test results from a maximum of two test sittings in a six month period. For more information, refer to the NMBA's *English language skills registration standard*.

- One sitting  **Provide date of test below, then go to the next question and complete details for one sitting**
- Two sittings  **Provide dates below, then go to the next question and complete details for both sittings**

Sitting one DD / MM / YYYY      Sitting two DD / MM / YYYY



**5. Which of these English language tests have you successfully completed?**

*Provide reference number(s) for the test(s) you are relying on and attach a copy of your test results.*

**International English Language Test System (IELTS) Academic module**  
 Test report form number – sitting one:  Test report form number – sitting two (if applicable):   
 The NMBA requires the IELTS (academic module) with a minimum overall score of 7 and a minimum score of 7 in each of the four components (listening, reading, writing and speaking).

**Occupational English Test (OET)**  
 Candidate number – sitting one:  Candidate number – sitting two (if applicable):   
 The NMBA requires the OET with a minimum score of B or 350 in each of the four components (listening, reading, writing and speaking).

**Pearson Test of English Academic (PTE Academic)**  
 Registration ID – sitting one:  Registration ID – sitting two (if applicable):   
 The NMBA requires the PTE Academic with a minimum overall score of 65 and a minimum score of 65 in each of the four communicative skills (listening, reading, writing and speaking).

**Test of English as a Foreign Language internet-based test (TOEFL iBT)**  
 Registration number – sitting one:  Registration number – sitting two (if applicable):   
 The NMBA requires the TOEFL iBT with a minimum total score of 94 and the minimum scores of 24 for listening, 24 for reading, 27 for writing, and 23 for speaking.



If your English language test(s) were completed within the past two years, you **must** provide a copy of your test results, including the reference number(s), so that Ahpra can verify your results.  
 If your English language test(s) were not completed within the past two years, you **must** provide a certified copy of your results.

**6. Were your results from the above-mentioned English language tests obtained in the past two years?**

YES

NO



- In order for your results to be accepted, within 12 months of completing your test(s) you **must** have commenced:
- continuous employment as a registered health practitioner in a recognised country where English was the primary language of practice, **and/or**
  - continuous enrolment in an approved program of study.

You **must** lodge this application within 12 months of completing the employment and/or program of study.



You **must** attach a certified copy of your English language test results, **and**:

- your CV and a letter from employer(s) or a professional referee in the required form confirming continuous employment as a registered health practitioner in a recognised country (if you are relying on continuous employment over two years in duration, only two years is required), **and/or**
- an academic transcript evidencing that you were enrolled continuously in a NMBA-approved program of study that commenced within 12 months of sitting the English language test, and that you completed your study no longer than 12 months before lodging your application.



# 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. For more information, see the *Information and definitions* section of this form.

## Consent to nationally coordinated criminal history check

I authorise Ahpra and the Board to carry out a nationally coordinated criminal history check for the purpose of assessing this application.

I acknowledge that:

- a complete criminal history, including resolved and unresolved charges, spent convictions, and findings of guilt for which no conviction was recorded, will be released to Ahpra and the Board,
- my personal information will be extracted from this form and provided to the Australian Criminal Intelligence Commission (ACIC) and Australian police agencies for the purpose of conducting a nationally coordinated criminal history check, including all names under which I am or have been known
- my personal information may be used by police for general law enforcement purposes, including those purposes set out in the *Australian Crime Commission Act 2002 (Cth)*,
- my identity information provided with this application will be enrolled with Ahpra to allow for any subsequent criminal history checks during my period of registration
- if and when this application for registration is granted, Ahpra may check my criminal history at any time during my period of registration as required by the Board for the purpose of assessing my suitability to hold health practitioner registration; or in response to a Notice of Certain Events; or an application for Removal of Reprimand from the National Register,
- I may dispute the result of the nationally coordinated criminal history check by contacting Ahpra in the first instance.

## Consent

If I provide the Board details of an English language test I have completed, I authorise the Board to use the information I provide to verify those results with the test provider. I understand the test provider may be overseas.

I consent to the Board and Ahpra making enquiries of, and exchanging information with, the authorities of any Australian state or territory, or other country, regarding my practice as a health practitioner or otherwise regarding matters relevant to this application.

I acknowledge that:

- the Board may validate documents provided in support of this application as evidence of my identity
- failure to complete all relevant sections of this application and to enclose all supporting documentation may result in this application not being accepted
- notices required under the National Law and other correspondence relating to my application and registration (if granted) will be sent electronically to me via my nominated email address, and
- Ahpra uses overseas cloud service providers to hold, process and maintain personal information where this is reasonably necessary to enable Ahpra to perform its functions under the National Law. These providers include Salesforce, whose operations are located in Japan and the United States of America.

I undertake to comply with all relevant legislation and 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.

I confirm that I have:

- met the English language skills pathway requirements indicated on this form, and
- read the privacy and confidentiality statement for this form.

I declare that:

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

I make this declaration in the knowledge that a false statement is grounds for the Board to refuse registration.

Signature of applicant



SIGN HERE

Name of applicant

Date

 /  /



## SECTION D: Checklist

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

<i>Additional documentation</i>		<b>Attached</b>
<b>Question 3</b>	A separate sheet with any additional qualification details	<input type="checkbox"/>
<b>Question 3</b>	Transcript(s)/letter(s) from education provider confirming that your course was taught and assessed solely in English	<input type="checkbox"/>
<b>Question 5</b>	Copy of your English language test results	<input type="checkbox"/>
<b>Question 6</b>	Certified copy of your English language test results	<input type="checkbox"/>
<b>Question 6</b>	Evidence of continuous employment as a registered health practitioner in a recognised country where English was the primary language of practice and/or continuous enrolment in an approved program of study	<input type="checkbox"/>

**If you answered 'YES' to question 2, please post this form to the address listed on your *Next Step Checklist*.**

**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](http://www.ahpra.gov.au/registration/online-upload).  
You may contact Ahpra on 1300 419 495

### Information and definitions

#### **CERTIFYING DOCUMENTS**

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- 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](http://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.

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