



Authorisation form for third party to act on behalf of international applicant

Profession: **Nursing and midwifery**

Health Practitioner Regulation National Law (the National Law)

This form is for internationally qualified nurses and midwives applying for registration who wish to authorise a third party to act on their behalf. Authorisation for a third party to act on your behalf only remains current until a decision is made on your application for registration.

Under the *Privacy Act 1988* (Cth), the Australian Health Practitioner Regulation Agency (Ahpra) is generally not permitted to disclose personal information about an applicant to a third party. An applicant may authorise a third party (agent) to communicate with the Nursing and Midwifery Board of Australia (the NMBA) and/or act on behalf of the applicant by completing the following details.

Privacy and confidentiality

The Board and Ahpra are committed to protecting your personal information in accordance with the *Privacy Act 1988* (Cth). The ways the Board and Ahpra may collect, use and disclose your information are set out in the collection statement relevant to this application, available at www.ahpra.gov.au/privacy.

By signing this form, you confirm that you have read the collection statement. Ahpra's privacy policy explains how you may access and seek correction of your personal information held by Ahpra and the Board, how to complain to Ahpra about a breach of your privacy and how your complaint will be dealt with. This policy can be accessed at www.ahpra.gov.au/privacy.

Symbols in this form



Additional information

Provides specific information about a question or section of the form.



Attention

Highlights important information about the form.



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 unless specified.**



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 of applicant

1. What is your name and date of birth?

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

 / /

2. What are you applying for general registration as?

Mark all options applicable to your application

Enrolled nurse

Registered nurse

Midwife



SECTION B: Third party (agent) to act on behalf of applicant

3. Do you wish to appoint an agent to communicate/act on your behalf in relation to your application for registration?

YES **Complete Applicant authorisation and arrange for agent to complete Agent authorisation**

i An agent can be an employer, sponsor, recruitment agent or any other individual authorised by the applicant to act on their behalf in relation to this application.

Privacy and confidentiality of agent information

Information about your agent is required to confirm that the agent is authorised to act on your behalf. If this information is not provided, the NMBA may not be able to deal with your agent. By signing this form, the agent confirms that he or she has read this collection statement. Details of Ahpra's privacy policy are set out at the top of this form.

Applicant authorisation

I authorise my agent, , to: (mark one or more as required)

- communicate with the NMBA on my behalf regarding the processing and progress of my application. (The agent and the NMBA may communicate by telephone, fax, written correspondence)
- undertake any other action reasonably necessary for the processing of my application on my behalf (except signing and lodging applications forms, which must be completed by the applicant)
- receive all formal correspondence from the NMBA in relation to this application with the exception of information relating to criminal history, impairment, disqualifications of registration or conduct, performance or health proceedings
- receive all formal correspondence from the NMBA in relation to this application

Date / /

Signature of applicant **SIGN HERE**

Agent authorisation

AGENT TO COMPLETE: I consent to act as an agent of the applicant named above.

Full name of agent

Company/organisation name (if applicable)

Agent contact details
 Address/PO Box (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET; or PO BOX 1234)

City/Suburb/Town/Community

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

Country

Business hours (phone) Mobile

Email

Date / /

Signature of agent **SIGN HERE**