



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 gender.

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 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

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 gender, you must attach sufficient evidence to support your request.
 For more information, see *Change of name* and *Change of gender* in the *Information and definitions* section of this form.

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

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

YES **Go to the next question**

NO **Go to Section B: Contact information**

5. Which documents from each category will you provide for proof of identity?

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

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

- At least **one** document must be in the applicant's 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.
- 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: (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 motor vehicle 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/Vulnerable People Card	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"/>	A document from Category D is only required if your Category B or C document does not provide evidence of your residential address.			
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"/>
Intl. or foreign motor vehicle 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 electoral enrolment card			<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

6. What are your contact details?

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

<p>Business hours</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px; text-align: center;"><input type="checkbox"/></td> </tr> </table> <p>After hours</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px; text-align: center;"><input type="checkbox"/></td> </tr> </table> <p>Email</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="height: 20px;"></td> </tr> </table>						<input type="checkbox"/>						<input type="checkbox"/>		<p>Mobile</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%; height: 20px; text-align: center;"><input type="checkbox"/></td> </tr> </table> <p>International</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="height: 20px;"></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>						<input type="checkbox"/>		<input type="checkbox"/>
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7. Do you want to update your residential address details?

YES NO

i 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*

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

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Country (if other than Australia)

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

YES NO

i 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*

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

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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

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

Name of registrant

Date / /

Signature of registrant

 SIGN HERE



SECTION D: Checklist

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

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

Information and definitions

CERTIFYING DOCUMENTS

DO NOT send original documents unless specified.

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
- 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

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 GENDER

You must provide sufficient evidence if you are requesting a change of gender.

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 gender, or
- an amended state or territory birth certificate, which specifies your preferred gender. 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.

Please post this form and required attachments to:

Ahpra
GPO Box 9958
IN YOUR CAPITAL CITY (*refer below*)

You may contact Ahpra on
 1300 419 495 or you can lodge an enquiry
 at www.ahpra.gov.au

Sydney NSW 2001	Canberra ACT 2601	Melbourne VIC 3001	Brisbane QLD 4001
Adelaide SA 5001	Perth WA 6001	Hobart TAS 7001	Darwin NT 0801