THE AUSTRALIAN CAPITAL TERRITORY

**STATUTORY DECLARATION**

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| A person who intentionally makes a false statement in a statutory declaration is guilty of an offence, the punishment for which is imprisonment for a term of 4 years under s11 of the *Statutory Declarations Act* 1959 (Cth) and Chapter 2 of Schedule 1 to the *Criminal Code Act* 1995 (Cth) |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the Australian Capital Territory, make the following declaration under the *Statutory Declarations Act* 1959 (Cth) that:

1. I am an applicant for registration with the \*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Board of Australia (the Board) under the *Health Practitioner Regulation National Law (ACT) Act* 2010 (ACT).

*\*Insert Aboriginal and Torres Strait Islander Health Practice, Chinese Medicine, Chiropractic, Dental, Medical, Medical Radiation Practice, Nursing and Midwifery, Occupational Therapy, Optometry, Osteopathy, Pharmacy, Physiotherapy, Podiatry, or Psychology.*

1. I obtained an international criminal history check (or checks) from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*insert country/counties*) where I have lived, or been primarily based, for six consecutive months or longer, when aged 18 years or more, or for where I have declared a criminal history.

1. I confirm that since the date of issue of the above international criminal history check(s) I have not lived, or been primarily based, for six consecutive months or longer in another country.
2. I confirm that since the date of issue of the above international criminal history check(s) I have not been convicted for an offence, pleaded guilty or found guilty by a court for an offence (whether or not a conviction is recorded for the offence) or been charged with an offence.
3. I am not aware of any other fact or circumstance that would detrimentally affect my eligibility for registration by the Board.
4. I understand the provision of false and/or misleading information may constitute behaviour or conduct for which action may be taken against me and which may result in the suspension or cancellation of my registration in the event I have been granted registration.
5. I am further aware that a person who knowingly makes a false statement in a statutory declaration is guilty of an offence under s11 of the *Statutory Declarations Act* 1959 (Cth) and Chapter 2 of Schedule 1 to the *Criminal Code Act* 1995 (Cth).

PLEASE READ AND MAKE SURE YOU UNDERSTAND THIS STATEMENT BEFORE SIGNING:

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| I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under s11 of the *Statutory Declarations Act* 1959 (Cth) and Chapter 2 of Schedule 1 to the *Criminal Code Act* 1995 (Cth). |

Declared by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(applicant name)*

at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(place)*

on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(date)*.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the presence of an authorised witness who states:

\**Please cross out any text that does not apply*

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(*insert authorised witness name)*,

a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(*insert qualification to be authorised witness)*,

certify the following matters concerning the making of this \*statutory declaration/affidavit by the person who made it:

1  \*I saw the face of the person *or* \*I did not see the face of the person because the person was wearing a face covering, but I am satisfied that the person had a special justification for not removing the covering.

2  \*I have known the person for at least 12 months *or* \*I have confirmed the person’s identity using an identification document and the document I relied on was\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*describe identification document relied on)*.

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*signature of authorised witness*

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE:**

Without limitation, a statutory declaration under the Statutory Declarations Act 1959 may be made before–

(1) a person who is currently licensed or registered under a law to practise in one of the following occupations:

Chiropractor Dentist Legal practitioner

Medical practitioner Nurse Optometrist

Patent attorney Pharmacist Physiotherapist

Psychologist Trade marks attorney Veterinary surgeon

(2) a person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described); or

(3) a person who is in the following list:

Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public

Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the *Consular Fees Act* 1955)

Chief executive officer of a Commonwealth court

Commissioner for Affidavits; Commissioner for Declarations

Judge of a court, Justice of the Peace, Magistrate or Bailiff

Notary public, Police officer

Sheriff , Registrar, or Deputy Registrar, of a court