



Application for financial hardship at renewal of registration

Part 7 Division 6 of the Health Practitioner Regulation National Law (the National Law)



You must submit this form and receive the outcome before you submit your renewal for general/specialist registration for the 2020–2021 registration period. This form must be received no later than midnight AEDST 16 November 2020 to allow processing time before 30 November 2020.

This form is for applicants who:

- are due to renew their general and/or specialist registration with one of the professions listed on this form for the 2020–2021 registration period
- have not submitted a renewal for the current 2020–2021 registration period, and
- are applying to pay the required fee in instalments due to financial hardship.*

Eligibility criteria

To be eligible you must be experiencing financial hardship* because the COVID-19 pandemic has resulted in you being:

- underemployed, or
- unemployed, and/or
- unable to work because of restriction of or disruption to the delivery of the health service, or caring responsibilities.

You must be experiencing financial hardship and at least one of the other criteria. Each application will be assessed on individual circumstances.

If you have already submitted your registration renewal for the 2020–2021 renewal period, then you are not eligible to use this form.



***Financial hardship** in the context of the National Scheme means that because of family tragedy, financial misfortune, unemployment, serious illness, impacts of a natural disaster and other serious or difficult circumstances a practitioner is unable to reasonably provide necessities such as food, accommodation, clothing, education and/or medical treatment for themselves, their family or other dependents, and by extension, the costs associated with their registration.

The COVID-19 pandemic is considered a national health emergency for the purpose of this definition.

This may be because of unemployment, caring responsibilities, and/or change in the financial circumstances in the applicant's immediate household and they are now the sole earner.

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.

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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** are returned to Ahpra electronically.
- Use a **black** or **blue** pen only.
- Print clearly in **BLOCK LETTERS**
- Place X in **all** applicable boxes: **X**
- **DO NOT send original documents unless specified.**

SECTION A: Application criteria

1. Have you submitted and paid for your application for renewal?

YES



Unfortunately you cannot be considered for financial hardship as this needs to be done before your application for renewal.

NO

Mark all professions applicable to your application and provide your registration number

- | | | |
|-------------------------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------|
| <input checked="" type="checkbox"/> Aboriginal and Torres Strait Islander Health Practice | <input checked="" type="checkbox"/> Medical Radiation Practice | <input checked="" type="checkbox"/> Pharmacy |
| <input checked="" type="checkbox"/> Chinese Medicine | <input checked="" type="checkbox"/> Occupational Therapy | <input checked="" type="checkbox"/> Physiotherapy |
| <input checked="" type="checkbox"/> Chiropractic | <input checked="" type="checkbox"/> Optometry | <input checked="" type="checkbox"/> Podiatry |
| <input checked="" type="checkbox"/> Dental | <input checked="" type="checkbox"/> Osteopathy | <input checked="" type="checkbox"/> Psychology |
| | <input checked="" type="checkbox"/> Paramedicine | |

Registration number (e.g. DEN000123456)*



SECTION B: Personal details

2. What is your name and date of birth?

Title* MR MRS MISS MS DR OTHER

Family name*

First given name*

Middle name(s)*

Date of birth / /

3. What are your contact details?

Preferred contact number

Email

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 could result in your application for financial hardship not being decided prior to 30 November 2020.

I declare that I:

- have read the contents of this form
- have not submitted my renewal for the 2020–2021 registration period
- am experiencing financial hardship* and am **(you must tick at least one option below)**:
- underemployed, or
- unemployed, and/or
- unable to work because of restriction of or disruption to the delivery of the health service, or caring responsibilities.

I understand that if my application for financial hardship is approved, I agree to pay the fee in two instalments. The first when I apply for renewal, the second by 30 April 2021.

Name of registrant <input type="text"/>	Valid signature  SIGN HERE
Date signed <input type="text" value="DD"/> / <input type="text" value="MM"/> / <input type="text" value="YYYY"/>	 Valid signature is defined by either an official electronic signature or printing this form, signing and scanning for submission. Names that are typed in this field will not be accepted as a 'valid' signature.

SECTION D: Fee instalments

No payment is required from you at this time

Ahpra will consider this application and email you the outcome. If approved, your renewal payment will be adjusted to the first instalment amount at the time you renew, followed by another payment that will be required by 30 April 2021.

Once completed, submit this form via Ahpra's *Online upload* page at www.ahpra.gov.au/registration/online-upload.

You must submit this form and receive the outcome before you submit your renewal for the 2020-2021 registration period. This form must be received no later than **midnight AEDST 16 November 2020** to allow processing time so you can renew your registration by **30 November 2020**.