

MELBOURNE GRADUATE APPLICATION FOR REGISTRATION AS A PHYSIOTHERAPIST

Title ^{Mr Mrs Miss} Ms Dr Other Family Name
(Please Use Block Letters)

Given Names Date of Birth

Any other names by which you are known (eg maiden name)

Employment Address

.....
..... Postcode

Telephone () Fax ()

Email

Postal Address

(This address will be recorded on the register and used for all mail)

.....
..... Postcode

Telephone () Fax ()

Email

Is this your private address? Y/N If it is, do you authorise the Board to include it on that part of the
register which is open to the public for inspection? Y/N

Details of the qualification or qualifications held in physiotherapy

The name of the institution or institutions which awarded the qualification or qualifications

The length of time normally taken to complete the course on a full-time or part-time basis

The date you commenced the course The date you completed the course

(Please note that you can register prior to having your insurance in place. However, before you commence practising as a physiotherapist in Victoria, you must provide your insurance details to the Board).

Have you practised as a physiotherapist in Victoria whilst unregistered?

Yes* / No

* Please read the reverse of the form if you have circled "Yes"

Please read pages 2 and 3 of the application form carefully for further details concerning registration requirements.

OFFICE USE ONLY
Fee Paid

Date Banked

Registration No.

PRBV500/APPFORMS/2008/MELBOURNE
Date

Do you have and will you continue to have for the period of your registration, professional indemnity insurance of \$1,000,000 or more in connection with your practice as a physiotherapist?	Yes / No
Name of insurer: _____ Policy Number: _____	
Is your insurance cover provided by your employer?	Yes / No
Employer's name: _____ Employer's representative name: _____ Tel contact number: _____ Insurance company: _____ Policy number: _____	

Application Fee

The fee for initial registration in Victoria is currently A\$150 (which gives registration to 31 December 2008). A cheque for this amount should accompany your application form. Alternatively you can pay by credit card by completing the following details:

I authorise the Board to charge \$150.00 to my credit card.	
MasterCard <input type="checkbox"/>	Visa <input type="checkbox"/> Card expiry date:/.....
For processing purposes, please print numbers clearly.	
Card No.:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name of cardholder:	Signature:

Statutory Declaration

The information provided in the application must be verified by Declaration under section 107 of the *Evidence Act 1958*. The list of persons who may witness a Statutory Declaration are set out in s107A of that Act and include a **Justice of the Peace, barrister and solicitor of the Supreme Court, member of the police force, registered medical practitioner, dentist, pharmacist and bank manager**.

The application will not be processed unless it is **properly witnessed** and includes the full name, address and qualification of the witness and includes the required documentation. **Please note that physiotherapists cannot witness Statutory Declarations in Victoria.**

Statutory Declaration

I declare, knowing that a person making a false declaration is liable to the penalties of perjury, that:

- (i) I am the person named in this application;
- (ii) the details contained on this application form are true and correct;
- (iii) I am not the subject of any disciplinary proceedings (including any preliminary investigations or actions that may lead to disciplinary proceedings) in relation to my occupation as a physiotherapist and right to practise as a physiotherapist in another State or Territory or another Country has not been cancelled or suspended and not restored;
- (iv) I am not personally prohibited from practising as a physiotherapist, or subject to any special conditions in carrying on that practice as a result of any criminal, civil or disciplinary proceedings;
- (v) I have not been found guilty of an indictable offence in Victoria or an equivalent offence in another jurisdiction;
- (vi) I am not an alcoholic or drug-dependent person;
- (vii) I do not have a physical or mental impairment which significantly impairs my ability to practise as a registered physiotherapist; and
- (viii) that the statements made above and in the attached documents are true and correct.

Declared at this day of 20

Signature of applicant: Full name of witness:.....

Address:

Signature of witness:..... Qualification:

Please check that all details have been completed as an incomplete form will be returned to you.

* A **certified** copy is a photocopy, certified to be a true copy of the original document. The certification should be made by a Notary, a Commissioner for taking Declarations, a Commissioner for Oaths, a Solicitor or, a person holding a position of similar responsibility. The witness **must** state on the copy that it is a true copy of the original and must include their full name and address and the qualification that authorises them to be a witness.

DETAILS CONCERNING REGISTRATION REQUIREMENTS

This application form **must be mailed to:**

The Physiotherapists Registration Board of Victoria, PO Box 248 Collins Street West Vic 8007;

and be accompanied by the following:

- original or certified copy of Proof of Identity;
- one character reference (original or certified copy) not more than 3 months old; and
- application fee A\$150.

Address

You have the option of including either your private or practice address. If you include your private address, the Board is obliged to obtain your authorisation before that address can appear on that part of the register which is open to the public for inspection.

Certificate of Good Character

Your application must be accompanied by one Certificate of Good Character. The Board's requirements for the referee completing the certificate is set out in the top section of the certificate.

Proof of Identity

You will need to provide the original or a certified* copy of either your current passport, current Driver's licence or Birth Certificate.

Professional Indemnity Insurance

All registrants are required to have a minimum level of professional indemnity insurance of \$1,000,000.

Practising whilst unregistered

If you have not been practising whilst unregistered, your application will be considered prior to Board approval. However, if you have been practising whilst unregistered, your application cannot be considered until the next meeting of the Board and you must **cease practising immediately**. If you have been practising whilst unregistered, you will need to provide a letter explaining why you were practising and for how long.