

PHYSIOTHERAPISTS REGISTRATION BOARD OF TASMANIA

GPO Box 792,
Hobart
Tas 7001

ABN: 70 299 292 779
Level 2, 24 Murray Street, Hobart

Telephone: (03) 6224 9331
Fax: (03) 6224 9700
Email: physio@regboardstas.com

PHYSIOBOARD:FORMS:APP NEW REG

PHYSIOTHERAPISTS REGISTRATION ACT 1999

APPLICATION FOR REGISTRATION AS A PHYSIOTHERAPIST

Family Name: Mr Mrs Miss Ms Dr
(Please Circle) (Please Use Block Letters)

Given Names Gender M/F.....

Former Surname (if applicable)

Date of Birth..... Place of Birth.....

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

..... Postcode.....

Telephone (.....)..... Mobile:

E-mail:

Degree or Diplomas held (Certified documentation of qualifications must be provided):

Name of Qualification	Where Obtained	Year Completed
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.....

Have you been previously registered in Tasmania? Yes No

If Yes please provide your registration number (if known): Period of Registration:

Details of previous practice

Place	Period of practice
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.....

Professional Indemnity arrangements. (minimum A\$1 million)

If you do not have the required level of insurance cover, but insurance is provided by your employer, an authorised representative of your employer must sign the attached Insurance Declaration.

Please name your insurer policy number and expiry date or provide evidence of agreement with your employer:

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Personal Information Protection Statement

The Physiotherapists Registration Board of Tasmania collects personal information from you for the purpose of processing this application. You are required to provide this information by the *Physiotherapists Registration Act 1999*. Failure to provide this information may result in your application not being processed.

Your personal information will be used for the primary purpose for which it is collected and may be disclosed to other authorised organisations. Some information will be recorded on the Register of Physiotherapists, which is a public document. Your basic personal information may be disclosed to other public bodies where necessary for the efficient storage and use of the information.

Personal information will be managed in accordance with the Personal Information Protection Act 2004 and may be accessed by the individual to whom it relates on request to the Physiotherapists Registration Board. Full details of the Physiotherapists Registration Board's Privacy Policy may be obtained by writing to the Board or from the Board's website www.physioboard.tas.gov.au

(Please turn over)

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Statutory Declaration

I, of
NAME ADDRESS

do solemnly and sincerely declare 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, territory or 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 Tasmania or an equivalent offence in another State, Territory or Country;
- (vi) My state of health is such that no danger would be incurred to a patient/client or other person whilst I am engaged in the practice of physiotherapy;
- (vii) I consent to the making of enquiries of, and the exchange of information with, the authorities in any jurisdiction regarding my activities as a physiotherapist or otherwise regarding this Application for Registration, and;
- (viii) that the statements made above and in the attached documents are true and correct.

I make this solemn declaration under the Oaths Act 2001

Signature of applicant: Date:

Before me, Commissioner of Declarations

Name: Occupation:

Address:

Statutory Declaration

The information provided in the application must be verified by Declaration under the Oaths Act 2001. The list of persons who may witness a Statutory Declaration are set out in 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 be rejected unless it is properly witnessed and includes the full name, address and qualification of the witness.

This application form must be accompanied by:

- original or certified copy of degree and/or diploma
- original or certified copy of Photo Identification (drivers licence, passport);
- two character references in the required format (see attached form)
- application fee A\$150.00
- registration fee A\$150.00

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Professional Indemnity Insurance Declaration

If you do not have personal insurance cover, but insurance is provided by your employer or if you are covered by the state as a public employee, then an authorised representative of your employer must sign the Declaration below.

Declaration by employer

I declare that(name of applicant) is;

i) covered by a policy of professional indemnity insurance for an amount not less than \$1,000,000 in the name of

..... (name of employer)

OR (Government employees should have the declaration completed by the physiotherapist in charge)

ii) an employee of the State Government of Tasmania for

.....(name of employer)

Declared at

this day of20.....

Full name of authorised employer representative:

.....

Position:

Address:

.....

Signature employer representative: