

PHYSIOTHERAPISTS REGISTRATION BOARD OF TASMANIA

GPO Box 792,
Hobart
Tas 7001

ABN: 70 299 292 779

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Application for Restoration to the Register

Pursuant to Section 38 of the Physiotherapists Registration Act 1999

FULL NAME :	
REGISTRATION NUMBER :	
MAIL ADDRESS:	WORK ADDRESS: (Optional)

PLEASE NOTE – THE ABOVE DETAILS FORM PART OF THE REGISTER WHICH IS A PUBLIC DOCUMENT

CONTACT PHONE NUMBER: _____ (not included in the public register)

CURRENT REGISTRATIONS

I have substantive registration to practise physiotherapy in the following additional States, Territories or countries:

State/Territory	Date registered until:	Registration No.

The following limitation(s), restriction(s) or condition(s) apply to my current registration:
(indicate 'none' if no conditions apply)

.....

PRACTICE DETAILS:

I have undertaken a minimum of 1000 hours of practice over the past five years.	<input type="checkbox"/> True <input type="checkbox"/> False If you answer this question false you must complete an "Application for Self-Assessment" a copy of which can be provided on request.
If not currently practicing physiotherapy;	I last practiced physiotherapy on ____ / ____ / ____
I declare that I have entered into a professional indemnity agreement.	<input type="checkbox"/> True <input type="checkbox"/> False Details MUST be provided on the enclosed form

IMPORTANT!

You must complete, sign and date the Declaration overleaf.

Then return the completed application with your fee and a certified copy of your current practicing certificate.
Failure to complete the application correctly will result in your application not being processed.

Personal Information Protection Statement

The Physiotherapists 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 Board. Full details of the Physiotherapists Board's Privacy Policy may be obtained by writing to the Board or from the Board's website www.physioboard.tas.gov.au

DECLARATION

I hereby give notice to the Physiotherapists Registration Board of Tasmania of my intention to practise physiotherapy in Tasmania and request restoration to the Register of Physiotherapists.

I 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 have maintained competence as a physiotherapist in accordance with Section 21(1)(b) of the Physiotherapists Registration Act 1999;
- (iv) I adhere to the commonly accepted ethical principles and codes of conduct accepted in the practice of physiotherapy;
- (v) 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 my right to practise as a physiotherapist in another State, Territory or Country has not been cancelled or suspended and not restored;
- (vi) I consent to the making of enquiries of, and the exchange of information with, the authorities in any State, Territory or Country regarding my activities as a physiotherapist or otherwise regarding this Application for Renewal of Registration;
- (vii) 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;
- (viii) I consent to the making of enquiries of, and the exchange of information with, the insurance company named on the attached form regarding professional indemnity insurance cover held by me; and
- (ix) That the statements made above and in the attached documents are true and correct.

And I make this solemn declaration under the Oaths Act 2001.

Declared at..... this day of 20

(place) (day) (month) (year)

Signature of Applicant:

.....

FALSE DECLARATION

A person found guilty of making a false or misleading statement is guilty of an offence and is liable to disciplinary procedures as provided under the Physiotherapists Registration Act 1999.

This form must be accompanied by:

- (a) Original or certified copy of current registration (if currently registered)
- (b) If currently registered overseas - certificate of good standing from that registration body
- (c) If currently unregistered - certificate of good standing from registration body where last registered
- (d) Restoration fee (\$50 – cash cheque or money order)
- (e) Registration fee (\$150 annual registration fee to 31 January)
- (f) A certified copy of photographic identification (must be recognisable)

PAYMENT OPTIONS
BY MAIL (Cheque or Money Order) made payable to the Physiotherapists Registration Board, GPO Box 792, Hobart Tas 7001 . Do not send cash through the mail. Registration Fee of \$150.00 plus a Restoration Fee of \$50 <input type="checkbox"/> Cheque <input type="checkbox"/> Money Order is enclosed.
IN PERSON (cash, Cheque or Money Order) at the Board's office Level 2, 24 Murray Street, Hobart between the hours of 9 am and 4 pm weekdays.
WE ADVISE WE CANNOT ACCEPT CREDIT CARDS OR EFTPOS