





4. **Registration Fee**

I enclose a cheque or cash in payment of the registration fee of \$300.

5. **Professional Indemnity Insurance Details**

Company Name.....

Policy No..... Expiry Date.....

**or**

I will be covered by my employer, namely.....

Contact Person.....Telephone.....

6. **Disciplinary Proceedings**

I am not the subject of disciplinary proceedings in any State, Territory or Country (including any preliminary investigations or action that might lead to disciplinary proceedings) in relation to my occupation as a physiotherapist.

7. **Cancellation or Suspension**

My registration has not been cancelled nor is it currently suspended in any State, Territory or Country as a result of disciplinary action.

8. **Criminal or Civil Disciplinary Proceedings**

I am not personally prohibited from practising as a physiotherapist in any State, Territory or Country.

I am not subject to any special conditions as a result of criminal, civil or disciplinary proceedings which restrict me in practising physiotherapy in any State, Territory or Country.

9. **Special Conditions** (state where not applicable)

My registration is not subject to any special conditions. True  False

My registration is subject to the following conditions in carrying on the practice of physiotherapy in (jurisdiction) .....

.....  
.....  
.....

10. **Inquiries and information gathering**

I consent to the making of inquiries 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 Registration.

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

Signature of person making declaration .....

Declared at ..... the ..... day of ..... 20 .....

Before me,

*Commissioner of Declarations* .....

*Name* .....

*Title (if applicable)* .....

*Address* .....

*Occupation* .....

**Statutory Declaration**

The information provided in this 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.

**NOTE:**

This application form **must** be accompanied by:

- (a) Original or certified copy of current registration
- (b) Application fee (\$150) – cash, cheque or money order
- (c) Registration fee (\$150) – cash, cheque or money order
- (d) A certified copy of photographic identification

**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](http://www.physioboard.tas.gov.au)