

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

Application for Registration - Visiting Physiotherapist

I, _____ Full Name
of _____ Address
_____ Address
_____ Bus. Hrs Phone
_____ Email

Being a physiotherapist holding a current registration in the State/Territory

of : _____

Registration Number: _____

Date of Expiry: _____

Apply for limited registration physiotherapist in the State of Tasmania for the purpose of:

Attending or conducting a training course or seminar
Travelling with and treating a sporting team
Other (please provide details) } (Delete whichever do not apply)

I will be visiting Tasmania on the following dates:

Date	Place	Nature of Work *

* Please supply the name of the course or seminar attended and details of any treatments or procedures to be demonstrated
OR the name of the sporting team you are travelling with.

Declaration

I acknowledge that registration is only for the purposes and dates stated on this form and does not permit me to undertake any form of physiotherapy practice not disclosed.

I certify that my registration is full (without conditions, restrictions or limitations) and in good standing with all relevant physiotherapy registration authorities.

Signed

Date

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.

The Physiotherapists Registration Board of Tasmania will accept faxed copies of this form for the purposes of notification, however the original signed document must be mailed to the Board promptly.