

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

INFORMATION FOR HOLDERS OF WORKING HOLIDAY MAKERS VISAS

The Physiotherapists Registration Board of Tasmania may grant registration to eligible Working Holiday Makers with qualifications from Britain, Ireland, Canada or South Africa who hold a Working Holiday Makers Visa (visa class 417 or T18B2) and who have a qualification from a school of physiotherapy recognised by the appropriate national registration authority.

In order for you to work as a physiotherapist in Tasmania under this form of registration, you must apply to the Board for approval. For your application to be successful all of the following conditions must be satisfied:

You must:

- Be in Australia or intending to be in Australia as part of Department of Immigration, Multicultural and Indigenous Affairs (DIMIA) Working Holiday Maker Program.
- Possess minimum qualification of a four year degree in physiotherapy from a University or equivalent institution.
- The language the course is taught in must be exclusively English.
- Have worked for a minimum of one (1) year as a physiotherapist.
- Identify the proposed employer at the time of application.

Your employer must:

- Demonstrate the capacity to supervise the applicant at a level equivalent to that required of a final year physiotherapy pre-registration student from a University whose qualifications are recognised by the Board as suitable for registration.
- Enter into an agreement with the Board that the applicant will only work in a supervised capacity.
- Provide a report to the Board, in a form required by the Board, at the conclusion of the period of employment.

Registration may be granted with the following requirements:

- that you work in a position supervised by a Tasmanian registered physiotherapist for a maximum of three months with any one employer (A maximum of four approvals over twelve months may be considered, in accordance with the provisions of the Visa and a separate Declaration by Supervisor must be obtained for each position to be held);
- that you hold satisfactory professional indemnity insurance cover.

Registration in this form in Tasmania should not be understood to mean that equivalent provisions exist in other states or territories of the Commonwealth of Australia.

Please note that you must not commence practising until you have been formally notified by the Board.

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APPLICATION FOR REGISTRATION AS A PHYSIOTHERAPIST FOR WORKING HOLIDAY MAKERS

Mr Mrs Miss

Title 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) Gender M/F

Address

..... Postcode

(This address will be recorded on the register and used for all mail and will appear on that part of the register which is open to the public for inspection)

Day Time Telephone Contact () Fax ()

Email

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

Name of professional indemnity insurer

Level of cover (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.

I am currently registered as a physiotherapist in the State/Territory/Country of

My registration number is and I am currently registered until

I require registration as a physiotherapist in Tasmania from to

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 any 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 State, Territory or Country 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:

Declared at on day of 20

Signature of Witness Full name of witness

Commissioner for Declarations Qualification:

Please read the reverse of the application form carefully for further details concerning registration requirements.

DETAILS CONCERNING REGISTRATION REQUIREMENTS

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

- | | |
|--|--|
| <input type="checkbox"/> original or certified copy of evidence of current registration; | <input type="checkbox"/> original Declaration by Supervisor; |
| <input type="checkbox"/> original or certified copy of one of the following – current passport, current driver’s licence or birth certificate; | <input type="checkbox"/> two original character references in the required format (see attached form) |
| <input type="checkbox"/> original or certified copy of your Working Holiday Visa; | <input type="checkbox"/> details of any special conditions applying to your registration in any State, Territory or Country; and |
| | <input type="checkbox"/> application fee A\$150.00 |
| | <input type="checkbox"/> registration fee A\$150.00 |

Address

You have the option of including either your private or practice address. The Board publishes your postal address as your registration address. If you do not wish your residential address to be made public please ensure you provide an alternative postal address.

Evidence of Current Registration

Your application must be accompanied by an original or certified* copy of your current practising certificate. If the State, Territory or Country in which you are registered does not issue an annual practising certificate, a letter or certificate of good standing will suffice.

Visa

Your application must be accompanied by an original or certified* copy of your Visa.

Declaration by Supervisor

Your application must be accompanied by a signed Declaration by your Supervisor who must be a Tasmanian registered physiotherapist.

Insurance against Civil Liability

All registrants are required to have a minimum level of insurance against civil liability of \$1,000,000. Applicants who do not have the required level of cover and who rely on insurance cover provided by their employer, must have the insurance declaration completed by the employer. If you do not have the required level of insurance and do not provide an employer declaration, you will have a condition imposed on your registration that you cannot engage in physiotherapy practice.

Proof of Identity

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

Special Conditions

If there are any special conditions applying to your registration in any jurisdiction, you should amend paragraph (e) of the Declaration on the application form and provide full details of those special conditions.

Application Fee and Registration Fee

The fee for Working Holiday Maker registration in Tasmania is currently A\$300.00. A bank cheque, international money order or banker's draft, expressed in Australian currency, should be sent with your application. A personal cheque will be accepted if it is drawn on an Australian bank account in Australian dollars.

Assessment of Qualifications

Registrants may be required to pay costs incurred to have their qualifications assessed to determine that they are equivalent to an Australian qualification.

Statutory Declaration

The information provided in the application must be verified by Statutory Declaration. The list of persons who may witness a Statutory Declaration are set out in the Oaths Act 2001 and include a Justice of the Peace, legal practitioner, member of the police force, registered medical practitioner, dentist, pharmacist and bank manager.

The application may be rejected unless it is properly witnessed and includes the full name, address and qualification of the witness.

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

* 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 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 the witnesses full name and address and the qualification that authorises that person to be a witness.

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DECLARATION BY SUPERVISOR*

I confirm that will be employed by
(Insert physiotherapist's full name)

..... and will be supervised by me, a registered
(Insert name of company/institution)

physiotherapist in Tasmania, with Registration number for the duration of his/her employment.
(Insert reg #)

.....'s employment is for the period
t (Insert commencement date)

until
(Insert completion date)

Declared at this day of 20.....

Signature of supervisor:

Full name of supervisor:

.....

Insurance Against Civil Liability

All registrants are required to have a minimum level of insurance against civil liability of \$1,000,000. Applicants who do not have the required level of cover and who rely on insurance cover provided by their employer, must have the following declaration completed by the employer. If you do not have the required level of insurance and do not provide an employer declaration, you will have a condition imposed on your registration that you cannot engage in physiotherapy practice.

Declaration by employer *

I declare that , is covered by a policy
(Name of applicant)

of insurance against civil liability for an amount of \$1,000,000 or more in the name of

.....
(Name of employer)

Declared at this day of 20.....

Full name of authorised employer representative:

Signature

* A person making a false or misleading statement is guilty of an offence and is liable to a penalty of up to \$2500 (Section 62, Physiotherapists Registration Act 1999)

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GUIDELINES FOR PERSONS PROVIDING CHARACTER REFERENCES

- The reference is to be from a person in the categories as listed below who has known the applicant for at least 12 months (these should be dated within the past 6 months).
- The referee is requested to provide a daytime telephone number of their place of work, as well as an address, as follow-up contact may be required by the Board.
- The referee is required to comment on honesty, trustworthiness and good character.

CHARACTER REFERENCES TO BE PROVIDED BY PERSONS IN THE FOLLOWING CATEGORIES

Category
Number

- (1) Members of a profession which is regulated by an act of parliament in Tasmania or elsewhere, such as medical practitioners, physiotherapists, solicitors.
- (2) Current employees of Commonwealth, State and Territory governments (including area health services and public hospitals) in Australia or other countries, who have been employed continuously for at least three years by their current employer.
- (3) Current serving members of Area Health Boards and Health Professional Boards (except the Physiotherapists Registration Board).
- (4) Senior members of the academic staff from an accredited institution from which the applicant has graduated.
- (5) Currently employed teachers who have been teaching for more than three years at schools or tertiary institutions in Australia or another country.
- (6) Elected representatives in an Australian parliament. (Commonwealth, State or Territory).
- (7) Ministers of religion.
- (8) Previous employer who has employed the applicant in the capacity as a physiotherapist.

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CHARACTER REFERENCE*

See notes for guidance of referees on reverse side

I, (full name) _____

Of (address) _____ Tel. No _____

Occupation _____ Category No _____
Category Number – see notes overpage

do sincerely declare that:

1. I have been personally acquainted with _____
Name of Applicant
for a period of _____ years (Period of acquaintance must be a minimum of 1 year)

2. Please comment on the qualities which are relevant to the applicant's character including, but are not limited to, the following:

Honesty and integrity

The strength of character to resist opportunities for exploitation, eg financial or sexual exploitation

Respect for the personal and religious beliefs of others

<hr/> <p style="text-align: center;"><i>Signature of referee</i></p>	<hr/> <p style="text-align: center;"><i>Date</i></p>
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NB. This character reference should be date within the last 6 months by a person who has known the applicant for 12 months or longer.

* A person making a false or misleading statement is guilty of an offence and is liable to a penalty of up to \$2500 (Section 62, Physiotherapists Registration Act 1999)