

Application for general registration (graduated or trained overseas) as a Registered Nurse, Enrolled Nurse or Midwife



AGOS-04

Section 77 of the Health Practitioner Regulation National Law

This form is to be used by overseas graduates or overseas trained applicants applying for General Registration as a Registered Nurse, Enrolled Nurse or Midwife in Australia.

This application will not be considered unless it is complete and all supporting documentation has been provided.

All supporting documentation must:

- be certified in accordance with the Australian Health Practitioner Regulation Agency's (AHPRA) guidelines; and
- be in English. If original documents are not in English, you must provide a certified copy of the original document and translation in accordance with the AHPRA's guidelines.

Do not send original documents unless specifically requested otherwise.

It is important that you refer to the Board's Registration Standards, codes and guidelines when completing the form. These documents can be found at www.nursingmidwiferyboard.gov.au

This application **must** be completed by the applicant and not by a third party.

PRIVACY AND CONFIDENTIALITY

The information collected in this form is authorised or required under the National Law for the purposes of determining an applicant's eligibility for registration and to provide for the protection of the public by ensuring that only health practitioners who are suitable persons and qualified to practise in a competent and ethical manner are registered.

Information supplied on this form may be provided to other persons and agencies for workforce planning, information management and communication, criminal history and identity checking and other purposes as specified by the National Law.

The Nursing and Midwifery Board of Australia and the Australian Health Practitioner Regulation Agency (AHPRA) are committed to ensuring the privacy and confidentiality of personal information held within the Office and will adhere to the National Privacy Principles when collecting, using, disclosing, securing and providing access to private information.

COMPLETING YOUR APPLICATION


- Read all instructions
- Print clearly in BLOCK LETTERS using a black or blue pen
- Place X in ALL applicable boxes:

SECTION A: Personal details and identification

Note: The information items in this section of the application that are marked with an asterisk (*) will appear on the public register.

1. What is your name?

* Mr Mrs Miss Ms Dr Other

 Applicants with a doctorate must supply evidence of PhD.

* Family (legal) name

* First given name

* Middle given name(s)

Previous names and other names known by

Preferred name

* Sex M F

OFFICE USE ONLY

2. What are your birth details?

Date of birth

DD / MM / YYYY

Country of birth

Place/city of birth

State of birth (if within Australia)

* Languages spoken other than English (optional)

3. Please read this before answering the following questions about identification documents:

i You need to provide 100 points of 'proof of identity' documents with this application.

Details on the required proof of identity documents can be found at either:

- AHPRA website: www.ahpra.gov.au; or
- Your local state office.

Note: AHPRA has the right to request presentation of the original documents.

Does your proof of identity include your passport?

No Go to the next question

Yes Provide details below

Passport type (e.g. private/government)

Country of issue

Passport number

4. Does your proof of identity include an Australian Licence?

No Go to the next question

Yes Provide details below

Drivers

Firearm

State of issue

Licence number

5. What is your residential address?

No. Street

Suburb

State/
Territory

Postcode

Country

6. Is your residential address the same as your principal place of practice/employment in Australia?

Yes Go to the next question

No Provide your principal place of practice/employment address below

Site name
(e.g. Alfred Hospital or employment agency)

No. Street

* Suburb

* State/
Territory

Postcode

7. Where do you want postal correspondence delivered to?

Residential address

Principal place of practice

Other (Provide your postal correspondence address below)

No. Street

Suburb

State/
Territory

Postcode

Country

8. Your contact details

During business hours

()

After hours

()

Mobile

Email

9. Would you like to receive your renewal communications electronically? Some correspondence will always be sent by post.

No Go to Section B: Application type

Yes Provide details below

Send me SMS reminders when my registration is due for renewal

Send my renewal notices to the email address nominated above

SECTION B: Application type

10. What type of registration are you applying for?

Please mark ALL options that are applicable to your application.

General registration

Registered nurse

Enrolled nurse

Registered midwife

SECTION C: Qualification for the profession

In accordance with section 53 of the National Law, to be eligible for General Registration you must be qualified for general registration in the health profession. To be qualified you must either:

- a. hold an approved qualification for the health profession; or
- b. hold a qualification that the National Board considers to be substantially equivalent, or based on similar competencies, to an approved qualification; or
- c. hold a qualification, not referred to in (a) or (b), relevant to the health profession **AND** have successfully completed an examination or other assessment required by the National Board for the purpose of general registration in the health profession; or
- d. hold a qualification, not referred to in (a) or (b), that under the National Law, or a corresponding prior Act, qualified you for general registration in the health profession **AND** you were previously registered on the basis of holding that qualification.

The Board's website contains information on approved qualifications and examinations or assessments accepted under section (c) above.

11. What are the details of your qualifications and examinations/assessments?

1 Primary qualification and examinations/assessments


Title of qualification

Name of institution (University/College/Examining Body)

Country

Completion date

Length of program

 You **MUST** attach a certified copy of ALL your academic qualification(s) e.g. academic transcript mentioned within this form. Where educational institutions verify academic results at completion of your course directly to AHPRA, attachments are not required.

If original documents are not in English, you must provide a certified copy of the original document and translation in accordance with the AHPRA's guidelines.

2 Additional qualification and examinations/assessments

Title of qualification

Name of institution (University/College/Examining Body)

Country

Completion date

Length of program

3 Additional qualification and examinations/assessments

Title of qualification

Name of institution (University/College/Examining Body)

Country

Completion date

Length of program

4 Additional qualification and examinations/assessments


Title of qualification

Name of institution (University/College/Examining Body)

Country

Completion date


Length of program

 Attach a separate sheet if all your academic qualifications and examinations/assessments do not fit within the spaces provided.

SECTION D: Registration history

12. What is your health practitioner registration history?

1	Most recent registration
State / Territory / Country	<input type="text"/>
Category of registration	<input type="text"/>
Profession	<input type="text"/>
Period of registration	<input type="text" value="DD /MM/YYYY"/> to <input type="text" value="DD /MM/YYYY"/>


 The Board requires a Certificate of Registration Status or Certificate of Good Standing from **every** jurisdiction outside Australia in which you are currently, or have previously been registered as a health practitioner **during the last 5 years**.

You must arrange for original Certificates to be forwarded directly from the licensing or registration authority to the Nursing and Midwifery Board of Australia. For further information, refer to AHPRA's guidelines on evidence of good standing available at www.ahpra.gov.au

2	Additional registrations
State / Territory / Country	<input type="text"/>
Category of registration	<input type="text"/>
Profession	<input type="text"/>
Period of registration	<input type="text" value="DD /MM/YYYY"/> to <input type="text" value="DD /MM/YYYY"/>


3 Additional registrations

State / Territory / Country	<input type="text"/>
Category of registration	<input type="text"/>
Profession	<input type="text"/>
Period of registration	<input type="text" value="DD /MM/YYYY"/> to <input type="text" value="DD /MM/YYYY"/>

 Attach a separate sheet if your registration history does not fit within the space provided.

SECTION E: Work history

13. What is your full practice history?

 You must attach to your application a Statement of Service from your employer/s over the last 5 years, and a Curriculum Vitae (CV).

The Statement of Service is required to:

- Be on the employer's letterhead
- Describe the role in which you were employed, and whether it was full-time/part-time
- Be signed by a manager (e.g. Director of Nursing, Unit Manager or HR Manager)

The CV should describe your full practice history and any clinical or procedural skills undertaken. The information contained in your CV will further inform the Board in relation to your recency of practice and registration history. Your CV must:

- Detail any gaps in your practice history of more than three months from the date you obtained your qualification
- Be in chronological order
- Be signed and dated by your employer (i.e. in the past 5 years) with a statement "This Curriculum Vitae is true and correct as at (insert date)"
- Be the original signed Curriculum Vitae (no faxes or scanned copies will be accepted).

It must also contain all the elements defined in AHPRA's Standard format for a CV.


See www.ahpra.gov.au

SECTION F: Suitability statements


Please note that registration is dependent on suitability as defined in the National Law, and the requirements set out in the Board's registration standards.

Refer to www.nursingmidwiferyboard.gov.au for further information.

Information required by the Board to assess your suitability for registration is detailed in the following questions. It is recommended that you provide as much information as possible to enable the Board to reach an expeditious and informed decision.

 You MUST attach a separate sheet with any additional details that do not fit within the space provided.

14. Please read this before answering the following question about criminal history:

 **Criminal history** includes the following, whether in Australia or overseas, and at any time:

- Every conviction of a person for an offence
- Every plea of guilty or finding of guilt by a court of the person for an offence, whether or not a conviction is recorded for the offence
- Every charge made against the person for an offence.


Under the National Law, spent convictions legislation does not apply to criminal history disclosure requirements. Therefore, a complete criminal history will be supplied to the Board irrespective of the time that has lapsed since the charge was laid or the finding of guilt was made.

The Board will decide whether a health practitioner's criminal history is relevant to the practice of the profession. For further information on the factors the Board will consider in making this decision, see the *Criminal history standard*.

Do you have any criminal history in Australia?

No *Go to the next question*


Yes *Provide a full explanation of the circumstances and details of your criminal history*

 You MUST attach a separate sheet with any additional details that do not fit within the space provided.

15. Do you have any criminal history in another country?


No *Go to the next question*


Yes *Provide a full explanation of the circumstances and details of your criminal history*

 You MUST attach a separate sheet with any additional details that do not fit within the space provided.

16. Have you completed:

- secondary education taught and assessed in English to the requisite level for entry into a nursing or midwifery program: and
- a nursing or midwifery program taught and assessed in English

Yes  You MUST attach evidence that both were taught and assessed in English.

No  You must arrange for evidence of the successful completion of a Board approved English language test to be provided directly to the Board by the testing authority.

For further information on the acceptable tests and results, and exemptions from the requirement, see the Board's English language skills standard.

17. Do you commit to only practise the profession if you have appropriate professional indemnity insurance arrangements in place?

Note: Exemptions from PII requirements apply to 'private midwifery'.

Yes *Go to the next question*

No/NA

For further information on requirements see the Board's Professional indemnity insurance standard.

18. Please read this before answering the following questions about recency of practice:

i **Practice** means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a nurse or midwife. In accordance with the Recency of practice registration standard, practice is not restricted to the provision of direct clinical care. It also includes working in a direct nonclinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on safe, effective delivery of services in the profession and/or use of professional skills.

Practice hours may be recognised if:

- The applicant held **valid registration** with a nursing or midwifery regulatory authority in the jurisdiction (either Australia or overseas) when the hours were worked; or
- The role involved the application of nursing and/or midwifery knowledge and skills; or
- The time was spent undertaking postgraduate education leading to an award or qualification that is relevant to the practice of nursing and/or midwifery.

See requirement above (under 'Work history') to provide curriculum vitae. For further information on requirements see the Board's *Recency of practice standard*.

Did you graduate more than 12 months ago?

Yes Go to the next question

No Go to question 20

19. Which of the following have you completed?

Practised the profession while registered within the past five years for a period equivalent to a minimum of three months full time

Go to the next question

Successfully completed a program or course approved by the Board within the last five years for the purpose of re-entry to practice

Go to the next question

Successfully completed a supervised practice experience approved by the Board within the last five years

Go to the next question

None

Go to the next question

20. Please read this before answering the following question about recency of health, conduct and performance:

i **Impairment** means a physical or mental impairment, disability, condition or disorder (including substance abuse or dependence) that detrimentally affects, or is likely to detrimentally affect, your capacity to practise the profession.

Do you have an impairment that detrimentally affects, or is likely to detrimentally affect, your capacity to practise the profession?

No Go to the next question

Yes You **MUST** attach details and how your impairment is managed to this application.

21. Is your registration in the profession, in Australia or overseas, currently suspended or cancelled?

No Go to the next question

Yes You **MUST** attach details of any registration suspension or cancellation to this application.

22. Have you previously had your registration cancelled, refused or suspended in Australia or overseas?

No Go to the next question

Yes You **MUST** attach details of any cancellation, refusal or suspensions to this application.

23. Has your registration ever been subject to conditions, undertakings or limitations in Australia or overseas?

No Go to the next question

Yes You **MUST** attach details of any conditions, undertakings or limitations.

24. Are you disqualified, under the National Law or a corresponding prior Act, from applying for registration, or being registered, in the profession?

No Go to the next question

Yes You **MUST** attach details of any disqualifications to this application.

25. Have you been or are you the subject of conduct, performance or health proceedings whilst registered under the National Law, a corresponding prior Act or the law of another jurisdiction in Australia or overseas, where those proceedings were not finalised?

No Go to the next question

Yes You **MUST** attach details of any conduct performance or health proceedings to this application.

SECTION G: Obligations of registered health practitioners

Registered health practitioners must inform the Board of a change in their status in relation to the following matters within 7 days after becoming aware of that change:

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- the practitioner is charged with an offence punishable by 12 months imprisonment or more
- the practitioner is convicted of or the subject of a finding of guilt for an offence punishable by imprisonment
- appropriate professional indemnity insurance arrangements are no longer in place in relation to the practitioner's practice of the profession
- the practitioner's right to practise at a hospital or another facility at which health services are provided is withdrawn or restricted because of the practitioner's conduct, professional performance or health
- the practitioner's billing privileges are withdrawn or restricted under the *Medicare Australia Act 1973 of the Commonwealth* because of the practitioner's conduct, professional performance or health
- the practitioner has a restriction placed on their right to prescribe or supply pharmaceutical benefits under the *National Health Act 1953*
- the practitioner's authority under law of a State or Territory to administer, obtain, possess, prescribe, sell, supply or use a scheduled medicine or class of scheduled medicines is cancelled or restricted
- a complaint is made about the practitioner to a Commonwealth, State or Territory entity having functions relating to professional services provided by health practitioners or the regulation of health practitioners, including, but are not limited to:
 - overseas regulatory authorities
 - Commonwealth departments that administer Medicare Australia; the provision of pharmaceutical, sickness and hospital scheme; payments by way of medical benefits and payments for hospital services; and immigration
 - State and Territory bodies responsible for health complaints, workers compensation and traffic accident investigation
- the practitioner's registration under the law of another country that provides for the registration of health practitioners is suspended or cancelled or made subject to a condition or another restriction.

SECTION H: Payment



You are required to pay an application, registration and assessment fee.

See website for fees applying www.nursingmidwiferyboard.gov.au

Refund rules

The application fee is non-refundable. The registration fee will be refunded if the application is not approved.

Application fee	Registration fee	Assessment fee
\$	+	\$
	+	\$
PAYMENT AMOUNT		
= \$		

26. How are you paying your application and registration fee?

Note: Payments by cheque, money order or bank draft must be in Australian currency, drawn on an Australian bank.

Mark one box only

Visa or Mastercard (credit or debit card)

Go to next question

Cheque/Money order (payable to Australian Health Practitioner Regulation Agency)

Go to question 28



You MUST attach cheque or money order.

Cash/EFTPOS (only available if paying in person)

Go to question 28

27. Visa or Mastercard details

Amount payable

\$

Visa or Mastercard number

Expiry date

MM/YY

Cardholder's name

Cardholder's signature

SECTION I: Consent

28. PLEASE READ AND MAKE SURE YOU UNDERSTAND THESE STATEMENTS BEFORE SIGNING IT:

I consent:

- to the National Board and AHPRA making enquiries of, and exchanging information with, the authorities of any Australian State or Territory, or other country, regarding my practice as a health practitioner or otherwise regarding matters relevant to this application.

I authorise:

- the National Board to obtain my criminal history in Australia and overseas.

I understand:

- that a complete criminal history, including resolved and unresolved charges, spent convictions and findings of guilt for which no conviction was recorded, will be released to the National Board
- that information will be extracted from this form and forwarded to the CrimTrac Agency and Australian police services for checking action, and that this information may be used by Australian police services for law enforcement purposes including the investigation of any outstanding criminal offences.

I acknowledge:

- that the National Board may validate documents provided in support of this application as evidence of my identity
- the practitioner has a restriction placed on their right to prescribe or supply pharmaceutical benefits under the *National Health Act 1953*
- that failure to complete all relevant sections of this application and enclose all supporting documentation may result in this application not being accepted.

I undertake:

- to comply with all relevant legislation, National Board registration standards, codes and guidelines.

I declare:

- that the above statements, and the documents provided in support of this application, are true and correct
- that I am the person named in the attached documents.

I make:

- this declaration in the knowledge that a false statement may amount to perjury. It is also a ground for the National Board to refuse registration.

Printed name of applicant

Signature of applicant



Date

29. Agent authorisation.

I consent to this application being discussed with:

Third party

Nominated Third Party

Not applicable

SECTION J: Checklist

30. Have the following items been attached if required?

- A certified photocopy of your passport
Question 3
- A certified photocopy of your licence
Question 4
- Certified copies of ALL your relevant academic qualifications and transcripts
Question 11
- A separate sheet with additional qualifications
Question 11
- Certificate of Registration status or Certificate of Good Standing
Question 12
- A separate sheet with additional registration details
Question 12
- Your Curriculum Vitae (CV)
Question 13
- A separate sheet with your criminal history and explanation of circumstances in Australia
Question 14
- A separate sheet with your criminal history and explanation of circumstances overseas
Question 15
- Evidence of the successful completion of an approved English language test
Question 17
- Evidence of your secondary education to the requisite level, taught and assessed in English
Question 17
- A separate sheet with your impairment details
Question 20
- A separate sheet with your suspension or cancellation details
Question 21
- A separate sheet with your cancellation or refusal details
Question 22
- A separate sheet with your conditions, undertakings or limitations details
Question 23
- A separate sheet with your disqualifications details
Question 24
- A separate sheet with your conduct performance or health proceedings
Question 25

31. Have the associated fees been paid or attached?

Application fee
Completed Visa or Mastercard details provided OR Cheque or money order attached

Registration fee
Completed Visa or Mastercard details provided OR Cheque or money order attached

You may lodge this form in two ways:

1. By mail

GPO Box 9958
IN THE RELEVANT
CAPITAL CITY

2. In person

Refer to www.ahpra.gov.au for
the location of the AHPRA office
in your state.

You may contact the Australia Health Practitioner Regulation Agency on 1300 419 495 or you can lodge an enquiry at www.ahpra.gov.au