



NBV

Nurses Board of Victoria

Safeguarding the public through professional practice

Application - Initial Registration

- ▶ Please read Checklist of Requirements and information sheet attached prior to completing application
 - ▶ **DO NOT USE THIS FORM** if you are a Victorian new graduate or hold current registration/practising certificate in another Australian State/Territory or New Zealand
 - ▶ **IMPORTANT:** Incomplete applications cannot be progressed and will be subject to an expiry date
- THE NBV DOES NOT ACCEPT FAXED, PHOTOCOPIED OR EMAILED APPLICATION FORMS
- ▶ Please tick ✓ relevant boxes

I hereby apply for registration under the *Health Professions Registration Act 2005*.

Personal Details (please use BLOCK letters)

Title (please tick)

MR MS MRS MISS Other (please specify)

Surname (legal name)

Given Names (include all legal given names)

Maiden Name (legal name, if applicable)

All Previous Names

Date of Birth
(day/month/year)

Country of Birth

Nationality

Postal Address

Suburb

State

Postcode

Country

Telephone Numbers (AH)

(BH)

Mobile

Email

Office Use
Only

Correspondence to Registrar

Postal Address

GPO Box 4932
Melbourne VIC 3001
AUSTRALIA

Office Address

595 Little Collins Street
Melbourne VIC 3000
AUSTRALIA

Registration Enquiries

Telephone: 61 3 8635 1200
Regional Victoria Only: 1300 362 309
Facsimile: 61 3 8635 1214
Email: registration@nbv.org.au
Website: www.nbv.org.au

Office Hours: 8:30am – 4:30pm Mon - Fri

Registration Sought

Please tick relevant box

I hereby apply for registration under the *Health Professions Registration Act 2005* for

General Registration OR Specific Registration

IN

Division 1 on the basis of a General/Comprehensive qualification

on the basis of a midwifery qualification

on the basis of a psychiatric qualification

on the basis of a paediatric qualification

**Select ONE
qualification
ONLY**

OR

Division 2 on the basis of an enrolled nursing qualification

on the basis of an Australian Defence Force medical or nursing assistant qualification

AUSTRALIAN DEFENCE FORCE PERSONNEL ONLY: Upon assessment of eligibility by the Board, Defence Force personnel must complete a period of supervised practice in an accredited health care facility and obtain a satisfactory report on completion.

ADDITIONAL QUALIFICATIONS/ENDORSEMENTS

Please see separate application forms available on our website or contact the Board for recognition of additional qualifications, Nurse Practitioner endorsement or division 2 medication administration endorsement.

Office Use Only

Qualifications

Nursing qualification gained:

E.g. Bachelor of Nursing Science

Language in which course was conducted:

Please provide details of the qualification that led to your initial registration.

Qualification forming the basis of initial registration	Education institution	Country or Australian State/Territory	Date of commencement of course	Date of completion of course
General / Comprehensive				
Midwifery				
Psychiatric				
Paediatric				
Division 2 / Enrolled nurse / Australian Defence Force				

Initial Registration Details

(**Excludes** applicants trained in the Australian Defence Force)

Name of initial registration
authority and country:

Date of initial registration:

Registration
Number:

Please also provide details of any other registrations:

Country of registration	Date of registration

Work experience post registration

List details below of your most recent work experience as a registered nurse commencing with your most recent. (**Excludes** applicants trained in the Australian Defence Force).

In addition, a **work statement** is also required from your most recent or current employer if you have had nursing work experience within the past five (5) years in the area for which registration is sought.
(For help see *Checklist of Requirements*.)

Name of Institution/ Hospital/Centre	Address and phone number	Period from	Period to	Employed as

Office Use Only

Self – Declaration

Please answer **ALL** questions by ticking ✓ the appropriate box

1. Are you the person named in the application and any attached documents? Yes No
2. Are the statements you have made on the application true? Yes No
3. Has your name been removed from any Register or Roll of nurses kept in Victoria or elsewhere (other than for non payment of fees)? Yes No
4. Are there any criminal charges against you now, pending in Victoria or elsewhere? Yes No
5. Have you ever been found guilty of an offence in a Court or Tribunal in Victoria or elsewhere? Yes No
6. Are there any proceedings against you pending from a Nurse Regulatory Authority elsewhere? Yes No
7. Have you ever been found guilty of an offence under the *Health Professions Registration Act 2005*, *Nurses Act 1993* or similar legislation elsewhere? Yes No
8. Are there any grounds on which the Nurses Board of Victoria might **REFUSE** to register you as a nurse pursuant to s. 6(2) *Health Professions Registration Act 2005*? (These grounds include: a substance abuse problem or a physical or mental impairment which significantly impairs your capacity to practise as a registered nurse.) Yes No

If you have answered **Yes** to questions **3, 4, 5, 6, 7** or **8**, please provide a statement outlining the offence or incident, the date on which it occurred and the outcome. This needs to be signed and dated and attached to the application form.

I declare that:

All the information in this application and any attachments are true and complete;

I am the person named in this application and any attachments;

I consent to the Nurses Board of Victoria collecting and using my personal information in accordance with the Nurses Board of Victoria Privacy Policy/Statement (refer to www.nbv.org.au) and

I make the declaration in the knowledge that a person making a false declaration is liable to the penalties of perjury.

Signature:

Date:

(day/month/year)

Office Use Only

Checklist of Requirements

IMPORTANT: Incomplete applications cannot be progressed and will be subject to an expiry date.

Overseas and Australian applicants to fulfil requirements of **Section A and B**

Australian Defence Force personnel to fulfil requirements of **Section A and C**

Please tick ✓ the boxes to confirm you have met the requirements applicable to you for registration.

Section A

- Application Form Completed
I have completed all sections of the application form.
- Evidence of identity
*I have supplied the original or certified copy of my **full** birth certificate (or current passport if **no** name change since birth). **Both sides** of full birth certificate **must be** supplied. **NOTE:** Birth extracts **will not** be accepted.*
- Evidence of change of name (if applicable)
*I have supplied the original or certified copy of all documents supporting the different name(s) to that on my birth certificate such as Marriage certificate, Deed poll/Change of name certificate. (**NOTE:** If there has been more than one name change since birth, then all the documents that provide the links between the names are required, e.g. Jones to Smith, Smith to Brown, Brown to White etc.)*
- Self – Declaration signed
I have signed and dated the declaration. (Any false declaration is liable to the penalties of perjury.)
- Written explanation for Self – Declaration (if applicable)
I have answered 'Yes' to question(s) 3, 4, 5, 6, 7 or 8 and I have supplied a statement outlining the offence/incident, the date it occurred and the outcome. I have also signed and dated these statements and attached them to my application.
- Payment Details **IMPORTANT: Application assessment will not proceed unless payment is included**
I have included payment as prescribed.

Section B

- Certificate, diploma or degree issued by School of Nursing/University/College
I have supplied the original or certified copy of my certificate/diploma/degree as evidence of the nursing qualification gained and which is recognised by the regulatory authority in my Australian State/Territory or Country.
- Transcript of nursing qualification
*I have supplied the original or certified copy of my transcript of training which includes the number of theoretical and clinical hours undertaken in the course. (**NOTE:** Applicants who obtained their qualification in Australia and are able to provide evidence of their initial registration are not required to submit a transcript.)*
- Certificate of initial registration in the Australian State/Territory or Country
I have supplied the original or certified copy of my certificate of initial registration issued by the regulatory authority in my Australian State/Territory or Country.
- Verification of your current or most recent registration status sent directly to the Board by the regulatory authority
*I have contacted the regulatory authority in the Australian State/Territory or Country where I currently or most recently practise(d) as a registered nurse and requested that verification of my registration status be forwarded directly to the Nurses Board of Victoria. (**NOTE:** The regulatory authority may apply a fee for this service.)*

IMPORTANT: The verification document must be sent directly from the regulatory authority to the Nurses Board of Victoria and will not be accepted if received from the applicant or agent.

Section B continued on next page

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ALL sections **must** be completed by inserting a ✓ or **N/A** (not applicable) to confirm that every aspect of application has been assessed.

NBV ID Number

Date lodged

(day/month/year)

ALL APPLICANTS

- Application Form Completed
- Evidence of Identity
- Signed statement for positive response to questions 3,4,5,6, 7 or 8 of self declaration
- Fee paid

OVERSEAS & AUSTRALIAN APPLICANTS ONLY

- Certificate/Diploma/Degree
- Transcript
- Certificate of initial registration
- Verification of current or most recent registration
- Work Statement

AUSTRALIAN DEFENCE FORCE ONLY

- Medical/nursing assistant trade test
- Transcript
- Work Statement
- Letter of commendation or discharge

English language test

Pre-registration / Re-entry / Supervised Practice
(Cross out non applicable requirement)

English language test and/or pre-reg **exemption**
(Cross out non applicable exemption)

Authorised by

Date

(day/month/year)

NBV Receipt No

Amount

Date of payment

(day/month/year)

Registration issued

Authorised by

Date issued

(day/month/year)

Information Sheet

Annual renewal of Victorian registration

Registration in Victoria expires annually on 31 December. An application for renewal of registration will be sent to currently registered nurses in November of each year.

Incomplete applications and expiry dates

Applicants will be advised in writing of any outstanding requirements and if the requirements have not been met by the expiry date as outlined in the Board letter, their application will expire and become void and any original documentation (*excluding work statements*) will be returned. Copies of documentation will be **destroyed**. (*No refund issued for expired applications*)

Expiry date of official documentation

All documents received by the Board to support an application are subject to expiry dates. For further information, please refer to the "Checklist of Requirements" and "Expiry Date of Official Documentation" policies in the Registration section of our website at www.nbv.org.au or contact the Board.

Assessment

Upon assessment of the application:

- ▶ Applicants who have undertaken their nursing education in a language other than English and where English is not their native language may be required to demonstrate English language competence by successfully completing a Board approved English language skills test; and/or
- ▶ Applicants may be required to provide information of the successful completion of a Board accredited pre-registration program for overseas nurses, a re-entry program or a period of supervised practice at an approved health care facility.

Exemption from the English language skills test and/or pre-registration program

The Board may grant exemption from the English language skills test and/or pre-registration program to applicants who have worked continuously in English as a registered nurse for a period of no less than twelve (12) months in the UK, USA, Republic of Ireland, Canada or New Zealand. The work experience **must** have occurred no more than six (6) months prior to the date of application. A satisfactory work statement from your employer is required to demonstrate work experience in English as a registered nurse. The work statement must:

- ▶ be on company letterhead
- ▶ confirm continuous employment and dates of employment
- ▶ confirm capacity in which applicant was/is employed
- ▶ confirm applicant's proficiency in reading, writing, listening and communicating in English
- ▶ confirm institution/workplace operates in English
- ▶ be signed and dated by a Director of Nursing or equivalent

Certified copies of original documents

Faxed copies of certified documents **will not** be accepted.

The person certifying documents **must certify on BOTH SIDES of double-sided documents and EACH PAGE of multiple-paged documents in the English language as follows:**

- a) Writes or stamps on the document (**no labels accepted**) that the original has been sighted and the photocopy is a true and accurate copy;
- b) Signs and dates the statement; and
- c) Prints their full name, address and qualification (see authorised persons list below)

Victoria Only

- ▶ Justice of the Peace
- ▶ A member of the Police Force
- ▶ A Pharmacist
- ▶ A Medical Practitioner (Doctor)
- ▶ Legal practitioner (Barrister or Solicitor)
- ▶ Registrar or Deputy Registrar of a Court

Australian State/Territories

- ▶ Justice of the Peace
- ▶ Commissioner for oaths or declarations
- ▶ Legal practitioner (Barrister or Solicitor)
- ▶ Registrar or Deputy Registrar of a Court

Outside Australia – Within the Commonwealth

- ▶ Commissioner for oaths or declarations
- ▶ Justice of the Peace
- ▶ Judge or Magistrate of a Court
- ▶ Legal practitioner (Barrister or Solicitor)
- ▶ Person from Australian Embassy or Consulate legally designated to take declarations or oaths
- ▶ Public Notary
- ▶ Registrar or Deputy Registrar of a Court

Outside Australia – Outside the Commonwealth

- ▶ Public Notary
- ▶ Judge or Magistrate of a Court in the place where the declaration is made
- ▶ Person from Australian Embassy or Consulate designated to take declarations or oaths

A full list of persons authorised to certify copies of documents and witness statutory declarations can be found on our website at www.nbv.org.au

Information sheet continued

Translation of documents

Documents in languages other than English **must be accompanied by an English translation** completed by a translator accredited by the National Accreditation Authority for Translators and Interpreters (NAATI) or by a translation service that has been approved by the relevant government authority in your country. In Australia please refer to the Yellow Pages or go to the NAATI website www.naati.com.au. **Note:** Photocopies of both the untranslated and translated document must be **certified as "true copies"** by an authorised person (see authorised persons list above).

The Nurses Board of Victoria will assess all applications on an individual basis therefore, registration may be granted in one of the following categories:

General registration

This may include Victorian graduates, overseas qualified nurses and applicants under the mutual recognition scheme. Is granted to a person who is qualified for general registration in division 1, 2, 3, 4 or 5 as a health practitioner if the person has successfully completed:

- a) a course of study approved by the board or a course of study that is substantially equivalent or is based on similar competencies, to a course of study approved by the board; and/or
- b) any period of supervised practice approved by the board or a period of supervised board in the opinion of the board is substantially equivalent of is based on similar competencies to a period of supervised practice approved by the board; and/or
- c) any examination set by the board or a person or body nominated by the board for the purpose of qualifying a person for registration; and/pr
- d) part of a course of study approved by the Board.

Specific registration

This may include overseas nurses who wish to undertake post graduate studies in Victoria, and Direct Entry Midwives.

May be granted to an applicant:

- a) to fill a teaching or research position approved by the board in the health profession;
- b) to undertake training for post graduate studies;
- c) as a candidate for an examination that is a qualification for general registration to undertake training for that examination;
- d) who is not qualified for general registration under division 1 of the register but has completed a course of study and supervised training in midwifery to enable that applicant to practice midwifery and use the title of midwife.

Privacy statement

Our Privacy Policy is available on line at www.nbv.org.au