

**Application for Registration as a Podiatrist in  
Tasmania under  
Mutual Recognition Act 1992  
or the  
Trans-Tasman Mutual Recognition Act 1997  
(Commonwealth) Section 18 notice**

**Podiatrists Registration Act 1995**

**Podiatrists Registration Board of Tasmania**

› **Mailing Address:**

Tony Sansom  
Registrar  
PO Box 240  
Claremont  
Tasmania 7011

É **Enquiries:**

Telephone: 03) 6249 1377  
Facsimile: 03) 6249 4292  
Email: [secretary@podregtas.com](mailto:secretary@podregtas.com)  
Website: [www.podregtas.com](http://www.podregtas.com)

ABN: 96 389 118 408

**YOUR APPLICATION WILL NOT BE PROCESSED WITHOUT ALL THE REQUIRED DOCUMENTATION, THE APPLICATION FEE AND/OR THE REGISTRATION FEE**

***Privacy Statement***

*The Podiatrists Registration Board of Tasmania respects your privacy and is collecting the information in this form to register you as a Podiatrist and to carry out functions relevant to the administration of the Podiatrists Registration Act 1995.*

*Your name, Registration address, qualifications, type of registration and any conditions of your registration will be entered into the Register. This is available to the public for inspection (with the exception that your residential address will only be available if you have given notice to the Board that you agree to the details being able to be inspected).*

## APPLICATION DETAILS

**Title:** (please circle)    **Mr**    **Mrs**    **Ms**    **Miss**    **Dr**    **Other** \_\_\_\_\_

**Family Name:** (to be recorded in the Register) \_\_\_\_\_

**Given Name** \_\_\_\_\_

**Previous Name(s):** (if applicable) \_\_\_\_\_

**Languages Spoken** (other than English) \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Country of Birth:** \_\_\_\_\_

**Gender:**            **Male**            **Female**

**Current Postal Address** (to be recorded in the Register, the Board must be notified of any changes)  
\_\_\_\_\_ **Postcode:** \_\_\_\_\_

**Tasmanian Professional Address:**  
\_\_\_\_\_ **Postcode:** \_\_\_\_\_

**Residential Address:**  
\_\_\_\_\_ **Postcode:** \_\_\_\_\_

**Contact Telephone Numbers:** **Day:** \_\_\_\_\_ **After Hours:** \_\_\_\_\_

**Mobile:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Signature of Applicant**

\_\_\_\_\_ **Date:** \_\_\_\_\_

*The Podiatrists Registration Board of Tasmania will consider any criminal history record when assessing an application for registration and will securely destroy that information once that registration has been approved or denied.*

**QUALIFICATIONS (earliest qualification first obtained)**

Degree/Diploma/Certificate	University/College	Year obtained
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If you have overseas qualifications (apart from New Zealand or the UK) you may be required to complete the Australasian Podiatry Council Stage I, II or III examinations on behalf of the National Office of Overseas Skills Recognition (NOOSR) before applying for registration. Contact the Australasian Podiatry Council for further information.

Telephone: 03) 9416 3111  
 Fax: 03) 94163188  
 Email: [apodc@apodc.com.au](mailto:apodc@apodc.com.au)  
 Internet: [www.apodc.com.au](http://www.apodc.com.au)

**REGISTRATION (if not previously registered write NA)**

1. State/Territory/Country where you were first registered as a Podiatrist \_\_\_\_\_  
 and year \_\_\_\_\_.

2. Do you hold registration that gives you legal authority to currently practise as a Podiatrist elsewhere? No    Yes

Which Australian State or Territory/ New Zealand or other Country were you registered? \_\_\_\_\_

**SUMMARY OF EXPERIENCE SINCE QUALIFYING AS A PODIATRIST**

1. If you qualified to practise as a podiatrist, have you practised Podiatry within the last  
                     New Graduate            1-2 years            3-5 years            more than 5 years

**If it has been more than 5 years since you last practised Podiatry you are required to also submit an ‘Assessment for Competency to Practice Application.’ The Board will consider and decide whether to grant registration, impose conditions on registration or to refuse registration.**

2. Summary of experience which describes the nature, extent and period (month/year of commencement and completion) of experience since qualifying as a Podiatrist. Please include details of full and part –time practice (e.g. clinical, continuing education, research, study, teaching or administration)

Employer	Location	Period of Employment (From/To)
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**APPLICATION FOR REGISTRATION AS A PODIATRIST  
REFERENCE 1**

I, \_\_\_\_\_  
of \_\_\_\_\_  
\_\_\_\_\_

do sincerely declare that I have known \_\_\_\_\_  
for \_\_\_\_ years, in the following capacity \_\_\_\_\_

and that in my opinion this person is of good name and character, and in that respect suitable for registration as a Podiatrist in accordance with the provisions of the Podiatrists Act 1995. I believe that I have sufficient knowledge of the applicant to form this opinion.

I am not aware of any prior refusal to Register, prior deregistration or suspension from any register, current complaints, claims for damages, expulsion from an academic institution, convictions or adverse findings of Courts or Royal Commissions with respect to the applicant, or any other matter that may reflect adversely on the applicants good character.

Referees signature \_\_\_\_\_

Date \_\_\_\_\_

Telephone Day: \_\_\_\_\_ After Hours: \_\_\_\_\_

Occupation: \_\_\_\_\_

**EXPLANATORY NOTES**

As a guide, this character reference should be dated within the last 6 months by someone who has known the applicant for 6 months or longer, i.e. previous employer, University lecturer or Head of Department.

Any information known to the referee that may reflect adversely on the applicant's character should be provided to the Board on a separate cover.

Character references from the applicant's immediate family are not acceptable.

**APPLICATION FOR REGISTRATION AS A PODIATRIST  
REFERENCE 2**

I, \_\_\_\_\_  
of \_\_\_\_\_  
\_\_\_\_\_

do sincerely declare that I have known \_\_\_\_\_  
for \_\_\_\_ years, in the following capacity \_\_\_\_\_

and that in my opinion this person is of good name and character, and in that respect suitable for registration as a Podiatrist in accordance with the provisions of the Podiatrists Act 1995. I believe that I have sufficient knowledge of the applicant to form this opinion.

I am not aware of any prior refusal to Register, prior deregistration or suspension from any register, current complaints, claims for damages, expulsion from an academic institution, convictions or adverse findings of Courts or Royal Commissions with respect to the applicant, or any other matter that may reflect adversely on the applicants good character.

Referees signature \_\_\_\_\_

Date \_\_\_\_\_

Telephone Day: \_\_\_\_\_ After Hours: \_\_\_\_\_

Occupation: \_\_\_\_\_

**EXPLANATORY NOTES**

As a guide, this character reference should be dated within the last 6 months by someone who has known the applicant for 6 months or longer, i.e. previous employer, University lecturer or Head of Department.

Any information known to the referee that may reflect adversely on the applicant's character should be provided to the Board on a separate cover.

Character references from the applicant's immediate family are not acceptable.

**FITNESS TO PRACTISE**

*If you answer 'yes' to any of the following please provide full details on separate sheet.*

- 1. Do you suffer from any ongoing medical, mental or physical condition (including substance abuse or dependence) of which you are aware, and that you know or ought to know, adversely affects your ability to competently and safely practise Podiatry. **No Yes**
- 2. Have your practising rights been cancelled, suspended or conditions imposed from any registration or licensing authority in any Australian State/Territory, New Zealand or Country. **No Yes**
- 3. Has your name been suspended or removed from any Register other than for non-payment of fees? **No Yes**
- 4. Are you currently subject to any proceedings that may affect your application for Registration in any other Australian State/Territory, New Zealand or Country? **No Yes**
- 5. Have you ever been refused Registration in any Australian State/Territory, New Zealand or Country? **No Yes**
- 6. Have you ever been found guilty, pleaded guilty to, or at any time been convicted of any indictable offence in the last 10 years? **No Yes**

**STATUTORY DECLARATION**

I consent to the Podiatrists Registration Board of Tasmania making enquires of, and exchanging information with, the authorities of any Australian State or Territories, or other countries, regarding my practise as a Podiatrist or other matters relating to this application.

I.....(name)  
of.....(address)

Declare that the information given in this application form and accompanying documents is true and correct in every particular, that I am the person named in the attached documents and that I am the person in the attached photographs which bear my signature and a recent likeness as certified on the back by

.....

I make this solemn declaration under the Oaths Act 2001

Declared at.....(place) on .....(date)

.....(Signature of Applicant)

Before me .....

(Justice of Peace, Commissioner for Declarations or Authorised person)

