

Application for Registration as a Podiatrist in Tasmania

Podiatrists Registration Act 1995

Podiatrists Registration Board of Tasmania

› **Mailing Address:**

Tony Sansom
Registrar
PO Box 240
Claremont
Tasmania 7011

É **Enquiries:**

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Website: 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

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 State/Territory/Country _____

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)

**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)

ITEMS TO BE ATTACHED WITH THIS APPLICATION (please tick if attached)

(All photocopies must be certified as true copies by a Justice of the Peace, a Commissioner for Declarations or Authorised persons)

1. Application and Registration Fees
2. Proof of Identity, i.e. Drivers licence, passport, birth certificate, Certificate of Australian citizenship or other official identification which includes a photograph. A Marriage certificate, Statutory declaration or other document evidencing change of name (if applicable)
3. Two (2) recent passport type photographs with your signature on the back and certified on the back by a Justice of the Peace or a Commissioner for Declarations, as a true likeness.
4. A copy (obtained in the past 3 months) of a National Police Check – Annulled Record.
5. Proof of Qualifications, i.e. certified copy of qualifications and academic record if a new graduate.
6. Proof of Registration Status elsewhere, i.e. certified copy of current annual practising certificate from registration body elsewhere as well as a Certificate of Good Standing from your current or previous Registration body
7. Evidence that you have adequate professional indemnity cover (certificate of currency or a letter from your employer stating that you are covered by their arrangements.
8. Two (2) Character references.

PAYMENT DETAILS

I enclose my cheque/money order

Please charge my Mastercard Visa Bankcard

**For \$450 (if registering between 1st Jan – 30 June)
 \$350 (if registering between 1 July - 30th Sep) or for 6 months
 \$250 (if registering between 1st Oct – 31 Dec) or for 3 months**

Card Number

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Cardholder's name _____

Expiry date _____ **Cardholders Signature** _____