AGNP-66



Application for general registration for current non-practising registrants Profession: Physiotherapy

Symbols in this form

Signature required

Completing this form

Use a black or blue pen only.

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Read and complete all questions.

Place X in **all** applicable boxes:

DO NOT send original documents.

Attention

Additional information

Part 7 Division 6 of the Health Practitioner Regulation National Law (the National Law

Provides specific information about a question or section of the form.

Processing cannot occur until all required documents are received.

Requires delivery of documents by an organisation or the applicant.

Requests appropriate parties to sign the form where indicated.

Ensure that all pages and required attachments are returned to Ahpra.

Do not use staples or glue, or affix sticky notes to your application.

Please ensure all supporting documents are on A4 size paper.

Highlights important information about the form.

Attach document(s) to this form

Mail document(s) directly to Ahpra

Print clearly in BLOCK LETTERS

This form is for non-practising registrants to apply for general registration as a physiotherapist.

It is important that you refer to the Physiotherapy Board of Australia's (the Board) registration standards, codes and guidelines before completing this application. These documents can be found at www.physiotherapyboard.gov.au



This application will not be considered unless it is complete and all supporting documentation has been provided. Supporting documentation must be certified in accordance with the Australian Health Practitioner Regulation Agency (Ahpra) guidelines. For more information, see Certifying documents in the Information and definitions section of this form.

Privacy and confidentiality

The Board and Ahpra are committed to protecting your personal information in accordance with the Privacy Act 1988 (Cth). The ways the Board and Ahpra may collect, use and disclose your information are set out in the collection statement relevant to this application, available at www.ahpra.gov.au/privacy.

By signing this form, you confirm that you have read the collection statement. Ahpra's privacy policy explains how you may access and seek correction of your personal information held by Ahpra and the Board, how to complain to Ahpra about a breach of your privacy and how your complaint will be dealt with. This policy can be accessed at www.ahpra.gov.au/privacy.

SECTION A: Application criteria

1. Were you granted nonpractising registration under the Trans-Tasman Mutual **Recognition Act?**



STOP





Go to the next question

You are not eligible to use this application form. To apply for general registration, please complete form AGEN-66, which can be found at www.physiotherapyboard.gov.au

SECTION B: Personal details



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

2. What is your name and date of birth?

Title*	MR 🔀	MRS 🔀	MISS 🔀	MS 🔀	DR 🔀	OTHER	SPECIFY	
Family	name*							
First gi	ven name*							
Middle	name(s)*							
Previou	is names k	nown by (e.g	. maiden nar	ne)				
Date of	birth D	D / M	M / Y	YYY]			
	another provide	r name, you	must attac ard. For mor	h proof of y e informati	our name c	hange unles	re providing d ss this has be e in the <i>Inform</i>	en previously

AGNP-66

3. What is your registration number?	Registration number*
4. What are your birth and personal details?	Country of birth City/Suburb/Town of birth
	State/Territory of birth (if within Australia) VIC NSW QLD SA WA NT TAS ACT Sex* MALE FEMALE INTERSEX/INDETERMINATE INTERSEX/INDETERMINATE INTERSEX/INDETERMINATE INTERSEX/INDETERMINATE

SECTION C: Contact information

6

You can change your contact information at any time.

After hours

Email

Please go to www.ahpra.gov.au/login to change your contact details using your online account.

5. What are your contact details?

Provide your current contact	details below – place an 🗶 ne	ext to your preferre	d contact phor	he number.
Business hours		Mobile		

6. What is your residential address?

- When you are not yet practising, or when you are not practising the profession predominantly at one address:
 - your residential address will be recognised as your principal place of practice, and
 - the information items marked with an asterisk (*) will appear on the public register as your principal place of practice.

Refer to the question below for the definition of principal place of practice.

Residential address **cannot** be a PO Box.

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ountr		_																			

7. Will the address of your principal place of practice be the same as your residential address?

> Principal place of practice for a registered health practitioner is:

• the address at which you will predominantly practise the profession; or

YES 🔀

 your principal place of residence, if you are not practising the profession or are not practising the profession predominantly at one address.

Principal place of practice **cannot** be a PO Box.

The information items marked with an asterisk (*) will appear on the public register.

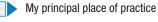
8. What is your mailing address?

Your mailing address is used for postal correspondence

Site/building ar	nd/or po	sition/	depar	tmen	t (if	appl	ical	ble)									
J								,									
								_									
Address (e.g. 12	23 JAME	S AVEN	UE; or	UNIT	1A,	30 J	AME	ES S	TRE	ET)							
							_	_					_	 		 	
							_	_				_	_	 			
City/Suburb/To	wn*																
State/Territory*	(e.g. VIC	C, ACT)								Post	code) *					

NO

My residential address



Other (Provide your mailing address below)

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Cou	ntry	(if c	othe	r tha	an A	lust	ralia)																	

SECTION D: Registration history

9. What is your health practitioner registration history?



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

Certificates **must** be dated within three months of your application being received by Ahpra.

Most recent registration										
State/Territory/Country										
Profession										
Period of registration										
	to	D	D /	MN	1	Y	YY	Y		
	ເບ									
Additional registration										
Additional registration										
State/Territory/Country										
Profession										

to



Period of registration

If you have been previously registered outside of Australia, you **must** arrange for original Certificates of Registration Status or Certificates of Good Standing to be forwarded directly from the registration authority to your Ahpra state office. Refer to **www.ahpra.gov.au/About-Ahpra/Contact-Us** for your Ahpra state office address.

D D / M M / Y Y Y Y

(II)

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

SECTION E: Work history

10. What is your full practice history?

6

It is important that you refer to *Curriculum vitae* in the *Information and definitions* section of this form for **mandatory requirements** of the CV. Your curriculum vitae will further inform the Board in relation to your recency of practice and registration history.



You **must** attach to your application a **signed and dated** curriculum vitae that describes your full practice history and any clinical or skills training undertaken.

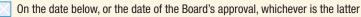
SECTION F: Registration period

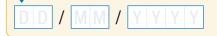
The annual registration period for the physiotherapy profession is from 1 December – 30 November each year. If your registration is granted in October and November this year, you will be registered until 30 November next year. If your registration is granted before October, you will be registered until 30 November this year and you must renew your registration by 30 November.

11. If this application is approved, when would you like your general registration to begin?

You can opt to have your registration start on the date of the Board's approval or a date nominated by you, up to 90 days into the future, as long as the date is later than the Board's approval. For more information, see *Registration approval dates* in the *Information and definitions* section of the form.

On the date of the Board's approval







You can't start practising until registration has been granted. Please consider if the date you have nominated gives you time to complete any pre-employment or pre-training program requirements. You can update this date by contacting your Regulatory Officer at any time until we finalise your application.

Once your registration has been granted, you cannot change your registration start date.

SECTION G: Suitability statements

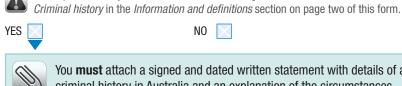


Information required by the Board to assess your suitability for registration is detailed in the following questions. It is recommended that you provide as much information as possible to enable the Board to reach a timely and informed decision.

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.physiotherapyboard.gov.au/Registration-Standards for further information.

NO 🔀

12. Since your last declaration to Ahpra, has there been any change to your criminal history in Australia that you have not declared to Ahpra?



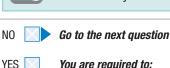
You **must** attach a signed and dated written statement with details of any change to your criminal history in Australia and an explanation of the circumstances.

It is important that you have a clear understanding of the definition of criminal history. For more information, see

13. Since your last declaration to Ahpra, has there been any change to your criminal history in one or more countries other than Australia that you have not declared to Ahpra?

> For more information, see Criminal history in the Information and definitions section of this form. If you answer Yes to this question, you are required to obtain an international criminal history check (ICHC) from an approved vendor, who will provide a check reference number and ICHC reference page. For a list of approved vendors and further information about international criminal history checks, refer to www.ahpra.gov.au/ internationalcriminalhistory

14. Have you continued to use English as your primary language in the past five years?



You are required to:

- obtain an international criminal history check from an approved vendor for each country and provide details below, and
- provide details of the change in your criminal history in a signed and dated written statement.

Country	Check reference number
You must attach a separate sheet if the list of overseas countries reference number does not fit in the space provided.	s and corresponding check
You must attach the international criminal history check (ICHC) r the approved vendor.	eference page provided by
You must attach a signed and dated written statement with deta criminal history in each of the countries listed and an explanation	, , ,

I declare that I have continued to use English as my primary language within the past five years.

The Board requires all applicants for general registration to have appropriate professional indemnity

NO

NO



YES

YES

YES

The Board may require you to provide evidence to demonstrate you meet the Board's English language skills registration standard.

arrangements in place when practising. Applicants unable to meet this requirement are ineligible for registration.

For more information, see Professional indemnity insurance in the Information and definitions section of this form.

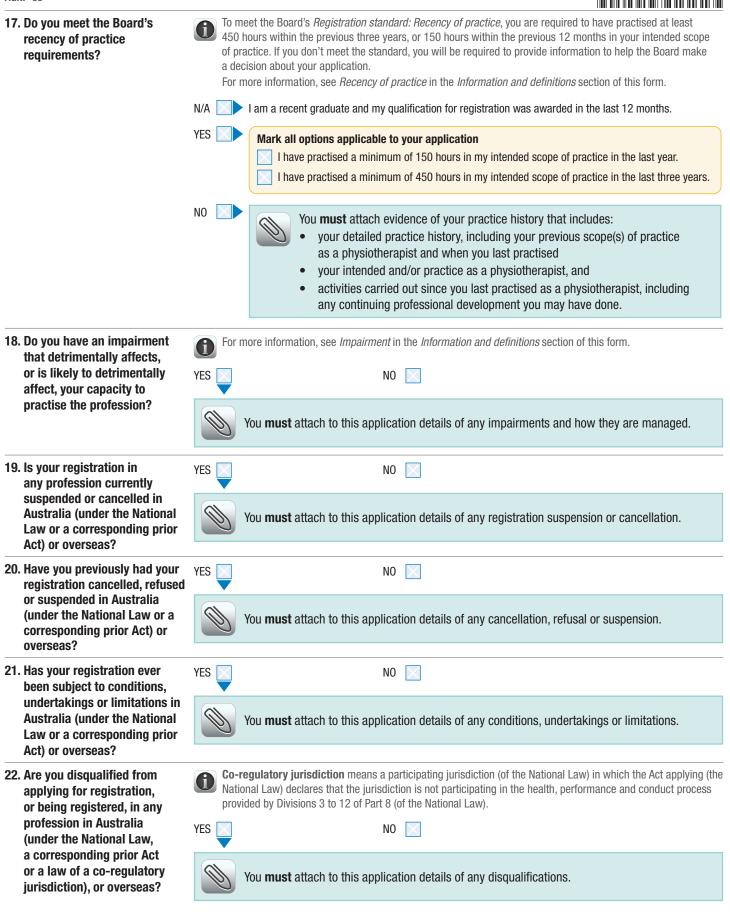
For more information, see Continuing professional development in the Information and definitions section



of this form.

You will be required to provide this evidence if you met the requirements of the English language skills registration standard on the basis of results from an English language test, and have not declared that you have continued to use English as your primary language. For more information, refer to www.ahpra.gov.au/EnglishLanguageSkills

- 15. Do you commit to having appropriate professional indemnity insurance arrangements in place for all practice undertaken during the registration period?
- 16. Do you commit to undertake sufficient continuing professional development, in accordance with the Board's Continuing professional development registration *standard*, in order to maintain competence through the period of registration?



23. Have you been, or are you currently, 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?



You **must** attach to this application details of any conduct, performance or health proceedings.

SECTION H: Obligations, consent and declaration



Before you sign and date this form, make sure that you have answered all of the relevant questions correctly and read the statements below. An incomplete form may delay processing and you may be asked to complete a new form. For more information, see the *Information and definitions* section of this form.

NO

Obligations of registered health practitioners

The National Law pt 7 div 11 sub-div 3 establishes the legislative obligations of registered health practitioners. A contravention of these obligations, as detailed at points 1, 2, 4, 5, 6 or 8 below does not constitute an offence but may constitute behaviour for which health, conduct or performance action may be taken by the Board. Registered health practitioners are also obligated to meet the requirements of their Board as established in registration standards, codes and guidelines.

Continuing professional development

1. A registered health practitioner must undertake the continuing professional development required by an approved registration standard for the health profession in which the practitioner is registered.

Professional indemnity insurance arrangements

- A registered health practitioner must not practise the health profession in which the practitioner is registered unless appropriate professional indemnity insurance arrangements are in force in relation to the practitioner's practice of the profession.
- 3. A National Board may, at any time by written notice, require a registered health practitioner registered by the Board to give the Board evidence of the appropriate professional indemnity insurance arrangements that are in force in relation to the practitioner's practice of the profession.
- 4. A registered health practitioner must not, without reasonable excuse, fail to comply with a written notice given to the practitioner under point 3 above.

Notice of certain events

- 5. A registered health practitioner must, within 7 days after becoming aware that a relevant event has occurred in relation to the practitioner, give the National Board that registered the practitioner written notice of the event. *Relevant event* means—
 - a) the practitioner is charged, whether in a participating jurisdiction or elsewhere, with an offence punishable by 12 months imprisonment or more; or
 - b) the practitioner is convicted of or the subject of a finding of guilt for an offence, whether in a participating jurisdiction or elsewhere, punishable by imprisonment; or
 - c) appropriate professional indemnity insurance arrangements are no longer in place in relation to the practitioner's practice of the profession; or
 - d) 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; or
 - e) the practitioner's billing privileges are withdrawn or restricted under the *Human Services (Medicare) Act 1973* (Cth) because of the practitioner's conduct, professional performance or health; or
 - f) the practitioner's authority under a 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; or
 - g) a complaint is made about the practitioner to the following entities—
 (i) the chief executive officer under the *Human Services (Medicare) Act* 1973 (Cth);

- (ii) an entity performing functions under the *Health Insurance Act 1973* (Cth);
- (iii) the Secretary within the meaning of the National Health Act 1953 (Cth);
- (iv) the Secretary to the Department in which the *Migration Act 1958* (Cth) is administered;
- (v) another Commonwealth, State or Territory entity having functions relating to professional services provided by health practitioners or the regulation of health practitioners.
- h) 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.

Change in principal place of practice, address or name

- A registered health practitioner must, within 30 days of any of the following changes happening, give the National Board that registered the practitioner written notice of the change and any evidence providing proof of the change required by the Board
 - a) a change in the practitioner's principal place of practice;
 - b) a change in the address provided by the registered health practitioner as the address the Board should use in corresponding with the practitioner;
 - c) a change in the practitioner's name.

Employer's details

- A National Board may, at any time by written notice given to a health practitioner registered by the Board, ask the practitioner to give the Board the following information
 - a) information about whether the practitioner is employed by another entity;
 - b) if the practitioner is employed by another entity-
 - (i) the name of the practitioner's employer; and
 - (ii) the address and other contact details of the practitioner's employer.
- 8. The registered health practitioner must not, without reasonable excuse, fail to comply with the notice.

Consent to nationally coordinated criminal history check

I consent to Ahpra and the National Board, at any time during the next 12 months, obtaining a written report about my criminal history through a nationally coordinated criminal history check. I acknowledge that:

- Ahpra and the National Boards may obtain a written report about my criminal history at any time during the next 12 months
- 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 Ahpra and the National Board
- my personal information currently held by Ahpra and from this form will be provided to the Australian Criminal Intelligence Commission (ACIC) and Australian police agencies for the purpose of conducting a nationally coordinated criminal history check, including all names under which I am or have been known
- my personal information may be used by police for general law enforcement purposes, including those purposes set out in the Australian Crime Commission Act 2002 (Cth)
- my identity information provided with this application will be enrolled with Ahpra and used by Ahpra and the National Board when obtaining a written report about my criminal history at any time during the next 12 months
- if I have not provided any identity information with this application, and Ahpra needs to obtain a written report about by criminal history at any time during the next 12 months, I will provide the required identity information when requested by Ahpra
- Ahpra may validate documents in support of this application, or that I provide when requested at any time during the next 12 months, as evidence of my identity at any time during the next 12 months
- if and when this application for renewal of registration is granted, Ahpra may obtain a written report about my criminal history at any time during the next 12 months for the purpose of:

a) checking a statement made by me in this application for renewal,b) an audit carried out by the National Board,

c) assessing my ongoing suitability to hold health practitioner registration, including if a complaint is made about me to Ahpra, or

d) considering an application made by me about my health practitioner registration, and

 I may dispute the result of the nationally coordinated criminal history check by contacting Ahpra in the first instance.

Declaration

I declare that:

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

I make this declaration in the knowledge that a false declaration amounts to a contravention of the National Law and may lead to refusal of registration or health, conduct or performance action under the National Law.

I **confirm** that if I advertise any of my services or my business, the advertising* complies with section 133 of the National Law and the National Board's Adverting Guidelines as it:

- Is not false, misleading or deceptive or likely to be misleading or deceptive
- does not offer a gift, discount or other inducement without stating the terms and conditions of the offer
- does not use testimonials or purported testimonials about the service or business
- does not create an unreasonable expectation of beneficial treatment, and
- does not directly or indirectly encourage the indiscriminate or unnecessary use of my services.

*For information about advertising obligations please see the advertising resources page on:

https://www.ahpra.gov.au/Publications/Advertising-hub.aspx

I acknowledge that:

- the National Board may validate documents provided in support of this application as evidence of my identity
- failure to complete all relevant sections of this application for renewal of registration and to enclose all supporting documentation may result in this application not being accepted
- notices required under the National Law and other correspondence relating to my application for renewal of registration will be sent to me electronically to me via my nominated email address
- Ahpra uses overseas cloud service providers to hold, process, and maintain personal information where this is reasonably necessary to enable Ahpra to perform its functions under the National Law. These providers include Salesforce, whose operations are located in Japan and the United States of America.

I **undertake** to comply with the all relevant legislation and National Board registration standards, codes and guidelines.

I **understand** that personal information that I provide may be given to a third party for regulatory purposes, as authorised or required by the National Law.

Signature of applicant
SIGN HERE
Name of applicant
Date



SECTION I: Payment

You are required to pay a registration fee.

Registration fee:			Amount payable:
\$ INSERT FEE		=	\$ INSERT FEE
Registration fee	\$202		Applicants must pay 100% of the stated fees
Registration fee for NSW registrants	\$165		at the time of submitting the application.

Registration period

The annual registration period for the physiotherapy profession is from 1 December to 30 November.

If your application is made between 1 October and 30 November this year, you will be registered until 30 November next year. Refund rules

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

24. Please complete the credit/debit card payment slip below.

Credit/Debit card payment slip – please fill out	
Amount payable	Name on card Cardholder's signature SIGN HERE
Effective from: 18 September 2024	Page 9 of 12

SECTION J: Checklist

Have the following items been attached or arranged, if required?

Additional doe	cumentation	Attached
Question 2	Evidence of a change of name	\times
Question 9	Certificate of Registration Status or Certificate of Good Standing has been requested from relevant authority	\times
Question 9	A separate sheet with additional registration details	\times
Question 10	Your curriculum vitae	\times
Question 12	A signed and dated written statement with details of any change to your criminal history in Australia and an explanation of the circumstances	\mathbf{X}
Question 13	A separate sheet of overseas countries and corresponding ICHC reference number	\times
Question 13	ICHC reference page provided by the approved vendor	\times
Question 13	A signed and dated written statement with details of any change to your criminal history overseas and an explanation of the circumstances	\times
Question 17	Evidence of your practice history	\times
Question 18	A separate sheet with your impairment details	\times
Question 19	A separate sheet with your current suspension or cancellation details	\times
Question 20	A separate sheet with your previous cancellation, refusal or suspension details	\times
Question 21	A separate sheet with your previous conditions, undertakings or limitation details	\times
Question 22	A separate sheet with your disqualifications details	\times
Question 23	A separate sheet with your conduct, performance or health proceedings	\times
Payment	·	
	Registration fee	\times



Please submit this completed form and supporting evidence using the Online Upload Service at **www.ahpra.gov.au/registration/online-upload**. You may contact Ahpra on 1300 419 495

Information and definitions

CERTIFYING DOCUMENTS

DO NOT send original documents.

Copies of documents provided in support of an application, or other purpose required by the National Law, must be certified as true copies of the original documents. Each and every certified document **must**:

- 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 Ahpra guidelines, which are available at www.ahpra.gov.au/ registration/registration-process
- be initialled on every page by the authorised officer. For a list of people authorised to certify documents, visit www.ahpra.gov.au/certify.aspx
- be annotated on the last page as appropriate e.g. 'I have sighted the original document and certify this to be a true copy of the original' and signed by the authorised officer,
- for documents containing a photograph, the following certification statement must be included by the authorised officer, 'I certify that this is a true copy of the original and the photograph is a true likeness of the person presenting the document as sighted by me', along with their signature, and
- list the name, date of certification, and contact phone number, and position number (if relevant) and have the stamp or seal of the authorised officer (if relevant) applied.

Certified copies will only be accepted via the Online Upload Service at www.ahpra.gov.au/registration/online-upload. Photocopies of previously certified documents will not be accepted. For more information, Ahpra's guidelines for certifying documents can be found online at www.ahpra.gov.au/certify.aspx

CHANGE OF NAME

You must provide evidence of a change of name if you have ever been formally known by another name(s) or any of the documentation you are providing in support of your application is in another name(s).

Evidence must be a certified copy of one of the following documents:

- Standard marriage certificate (ceremonial certificates will not be accepted).
- Deed poll.
- Change of name certificate.

Faxed, scanned or emailed copies of certified documents will not be accepted.

CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

You are required to maintain a portfolio documenting participation in, and reflect upon, CPD that contributes to maintaining and improving your competence to practise in your chosen scope of practice. Practising physiotherapists must complete at least 20 hours of CPD per year. The Board will accept as evidence a declaration by an individual of CPD activity sufficient to maintain competence throughout the period of registration. CPD activities must contribute directly to maintaining and improving your competence in your chosen scope of practice.

For more information, view the full registration standard online at **www.physiotherapyboard.gov.au/Registration-Standards**

CRIMINAL HISTORY

Criminal history includes the following, whether in Australia or overseas, 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, and
- 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, you must disclose your complete criminal history as detailed above, irrespective of the time that has lapsed since the charge was laid or the finding of guilt was made. The Board will decide whether your criminal history is relevant to the practice of your profession. You are not required to obtain or provide your Australian criminal history report, Ahpra will obtain this check on your behalf. But if you have not

given us certified proof of identity documents since October 2019, you will need to do this first.

Any document containing a photograph must be annotated with the statement *'I certify that this a true copy of the original and the photograph is a true likeness of the person presenting the document as sighted by me.'* You may be required to obtain international criminal history reports. For more information, view the full registration standard online at

www.physiotherapyboard.gov.au/Registration-Standards

and the requirements for supplying proof of identity and certified documents at www.ahpra.gov.au/Registration/Registration-Process/Proof-of-Identity and www.ahpra.gov.au/Registration/Registration-Process/Certifying-Documents

CURRICULUM VITAE

Your curriculum vitae 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 with a statement 'This curriculum vitae is true and correct as at (insert date)', and
- 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 curriculum vitae which can be found at **www.ahpra.gov.au/cv**

IMPAIRMENT

The National Law defines impairment as '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'.

An illness or health condition that is safely managed is not the same as impairment, as these do not have a detrimental impact on your capacity to practise. Examples you **do not** need to tell us about include:

- wearing prescription glasses to correct your vision or hearing aids to correct your hearing, or
- seeing a psychologist for anxiety and following a treatment plan.

The National Law requires you to declare any such impairments at the time of renewal, including details of the impairment and how it is managed.

PRACTICE

Practice means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a practitioner in their regulated health profession. Practice is not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct non-clinical relationship with patients or clients, working in management, administration, education, research, advisory, regulatory or policy development roles and any other roles that impact on safe, effective delivery of health services in the health profession.

PROFESSIONAL INDEMNITY INSURANCE (PII)

You cannot practise as a physiotherapist in Australia unless you are covered by your own, or third-party professional indemnity insurance (PII) arrangements that meet the requirements of the Board's registration standard.

Remember, practising means using your skills and knowledge as a health practitioner in any paid or unpaid role in your profession.

Initial registration and annual renewal of registration requires a declaration that you will be covered for all aspects of practice for the whole period of the registration. You may be covered by your Australian employer's PII - you will need to confirm this with your employer.

For more information, view the full registration standard online at **www.physiotherapyboard.gov.au/Registration-Standards**



RECENCY OF PRACTICE

To ensure that you can practise competently and safely, you must have recent practice in the field in which you intend to work during the period of registration for which you are applying.

To meet the standard, you must have practised within your scope of practice for a minimum total of:

- 450 hours over the previous 3 years, or
- 150 hours in the previous registration year (one month full time equivalent).

If you have been absent from practice, the specific requirements depend on the scope of practice, your level of experience and the length of absence from that scope, including any continuing professional development undertaken.

If you propose to change your scope of practice, the Board will consider whether your peers would view the change as a normal extension or variation in a scope of practice, or a change that would require specific training and demonstration of competence.

Practitioners who are unable to meet the Board's registration standard for recency of practice may be required to complete professional development activities, submit a plan for re-entry to practice or other training or assessments.

For more information, view the full registration standard online at www.physiotherapyboard.gov.au/Registration-Standards

REGISTRATION APPROVAL DATES

On the date of the Board's approval – this means your registration will start on the date all application requirements are received and you're assessed as eligible for registration.

On the date below or the date of the Board's approval, whichever is the latter – this means your registration will start on the date you nominated, providing it is after the date of the Board's approval. If not, then your registration will start on the date of the Board's approval.