



APPLICATION FOR REGISTRATION

To the Podiatrists Registration Board,

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

PERSONAL DETAILS

Title & Name:

Any other names (eg maiden name):

Address:

Telephone number: E-Mail Address

Date of Birth:

PROFESSIONAL QUALIFICATIONS

Qualifications or qualifications in podiatry:

Institution or institutions which awarded the qualification or qualifications:

.....

Length of time normally taken to complete the course on a full-time or part-time basis:

Date the course commenced: Date the course completed:

If previously registered as a podiatrist -

- date and place of initial registration:
- date and place of any other registrations:

Signed

Date

PODIATRISTS REGISTRATION BOARD OF VICTORIA

Statutory Declaration

I provide the following information under section 107 of the *Evidence Act 1958* and sincerely and solemnly declare that -

- I am the person named in this application;
- the details contained in this application form are true and correct;
- I *have/have not* been found guilty of an indictable offence in Victoria or an equivalent offence in any other State, Territory or country;
- I *have/have not* been refused registration or had my registration cancelled, suspended or not restored to the register in any other State, Territory or country;
- I *have/have not* been refused registration in any State, Territory or country due to a physical impairment that will impact on my ability to practise podiatry in any State, Territory or country;
- I will, at all times during practice, abide by the Board's 'Guidelines for Professional Indemnity Insurance';
- I will not commence practice as a podiatrist until I have professional indemnity insurance in place; AND
- At all times during practice, I will be covered by an approval level of professional indemnity insurance.
- Attached is proof of identity for the purposes of this application
(Passport photo or certified copy of Driver's licence)

I acknowledge that the above information is true and correct and is made in the belief that a person making a false declaration is liable to the penalties of perjury.

Declared at in the State)
of this day of)
2009.) (Applicant's signature)
)

Before me

Full Name of Witness

Address

Qualification (eg Justice of the Peace, Pharmacist)

DOCUMENTATION

- I attach evidence of the qualifications which entitle me to be registered;
- I attach character reference in support of this application, not more than **twelve** months old;
- I attach Certificate of Good Standing, if registration has been previously held in another State, Territory or country;
- I attach proof of identity for the purposes of this application (**Passport photo or certified copy of Driver's licence**) and
- fee of \$400.00.

GENERAL INFORMATION

Applications together with payment should be mailed to the address below.

Board Administrator
 Podiatrists Registration Board
 PO Box 70
 Collins Street West
 VICTORIA 8007

Tel: (03) 9286 1888
 Fax: (03) 9286 1880

PAYMENT OPTIONS

If paying by **CREDIT CARD**, please complete the following:

I authorise the Board to charge **AUD \$400.00** to my credit card.

Visa Mastercard Please tick type of card (*Note: only these credit cards accepted*)

For processing purposes, please print numbers clearly.

Card No: Expiry Date: /

Name of Cardholder: Signature of Cardholder: Date: / /

CHEQUE/MONEY ORDER payable to: **Podiatrists Registration Board of Victoria**

<input type="checkbox"/> Cheque	Account Name	<input type="text"/>		
	Cheque No.	<input type="text"/>		
<input type="checkbox"/> Money Order	Bank	<input type="text"/>	Branch	<input type="text"/>
	Number	<input type="text"/>	Australia Post Branch	<input type="text"/>

