



APPLICATION FOR REGISTRATION

To the Podiatrists Registration Board,

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

PERSONAL DETAILS

Title & Name:

Any other names (eg maiden name):

Address:

Telephone number:

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:

I enclose –

- certified evidence of the qualifications which entitle me to be registered;
- certified copy of Proof of Identity;
- one character reference (originals or certified copies) not more than three months old;
- letter of confirmation of exchange with Australian podiatrists and
- fee of \$315.00

(Signed)

(Date)

SPECIFIC REGISTRATION LIMITATIONS

- This application is to enable the podiatrist to practice as a podiatrist while undertaking a course of supervised study at –
- The podiatrist to fill a teaching or research position at –
- The podiatrist involved in the practice of a registered Victorian podiatrist, on an exchange basis.

STATUTORY DECLARATION

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

- For identification purposes 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; AND
- ***I have/have not*** practised as a podiatrist in the State of Victoria whilst unregistered.
- 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.

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)

PAYMENT OPTIONS

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

I authorise the Board to charge **AUD \$315.00** 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"/>		
	Bank	<input type="text"/>	Branch	<input type="text"/>
<input type="checkbox"/> Money Order	Number	<input type="text"/>	Australia Post Branch	<input type="text"/>

Application should be mailed to:
Administrative Officer
Podiatrists Registration Board
PO Box 70
Collins Street West
VICTORIA 8007

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

