



APPLICATION FOR REGISTRATION

To the Podiatrists Registration Board,

I apply for temporary registration (3 months) under the *Mutual Recognition Act 1992*.

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:

Date of commencement

Date of completion

REGISTRATION/INSURANCE DETAILS

I hold current registration in the State or Territory of -

Name of Professional Indemnity Insurer -
(Level of cover minimum \$5m)

I enclose -

- evidence of the current registration
- the fee of \$ 90.00

(Signed)

(Date)

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 \$90.00** 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"/>

