

PODIATRISTS REGISTRATION BOARD OF VICTORIA

**APPLICATION FOR GENERAL REGISTRATION AS A PODIATRIST
NOT MORE THAN TWO YEARS BEFORE THE APPLICATION WAS MADE
RESTORATION**

I hereby apply to have my name restored to the register of podiatrists under the *Health Professions Registration Act 2005* -

PERSONAL DETAILS

Title & Name:

Any other names (eg maiden name):

Address:

Tel: E-Mail

PUBLIC ADDRESS AUTHORIZATION

Do you authorize the above address to be placed on the public register Yes/No

REGISTRATION/INSURANCE DETAILS

Previous registration number in Victoria -

Date name first placed on register -

Date name removed from register -

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

DOCUMENTATION

- Payment fee of \$400.00 (Page 3)
- Copy of previous annual practising certificate

GENERAL INFORMATION

Original applications together with payment must 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

Signed

Date

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"/>		
	Bank	<input type="text"/>	Branch	<input type="text"/>
<input type="checkbox"/> Money Order	Number	<input type="text"/>	Australia Post Branch	<input type="text"/>