

PODIATRISTS REGISTRATION BOARD OF VICTORIA

Guidelines and Information for Applicants for Registration as podiatrists in the State of Victoria pursuant to Mutual Recognition Act 1992 (Commonwealth) (The Commonwealth Act).

Section 39 of the Act provides that each local registration authority is to facilitate the operation of the Commonwealth Act in relation to occupations for which the local registration authority (The Authority) is responsible.

The *Podiatrists Registration Board of Victoria* is the authority responsible for registration of podiatrists in Victoria. In order to facilitate and promote the principle of mutual recognition of podiatrists throughout Australia and New Zealand the authority hereby makes available the following guidelines and information.

MUTUAL RECOGNITION

1. The principle of mutual recognition means that person registered in a State or Territory of Australia or New Zealand, to carry out an occupation, may be registered in a second State provided the activities authorised to be carried out under such registration are substantially the same.
2. Persons applying for registration in accordance with the mutual recognition principle need to apply for registration and establish the equivalence of the occupation for which such registration is sought.

APPLICATION FOR REGISTRATION

1. The applicant for registration must complete an Application for Registration by way of statutory declaration in which the applicant sets out his or her name in full, address, date of birth, sex and qualifications.
2. The applicant shall specify the States or Territories or New Zealand in which he or she is registered and that he or she is seeking registration as a podiatrist in Victoria.
3. Notice must be given of any disciplinary proceedings pending or instituted against the applicant and whether the applicant's registration is currently cancelled or suspended. Further the applicant will be required to confirm that he or she is not prohibited from carrying on the occupation of podiatrist as a result of any criminal, civil or disciplinary proceedings or whether his or her registration is subject to any special condition.
4. The applicant will be required to authorise the authority to make inquiries and seek information relating to the applicant's occupation in the State or Territory or New Zealand in which the applicant is registered.
5. The applicant will further produce to the authority such document or documents as shall be appropriate to establish the applicants current registration and pay the prescribed fee presently \$A400.00.

GENERAL INFORMATION

1. *Deemed Registration* - After the lodgement of the application for registration with the appropriate documents and registration fee an applicant is “deemed registered” until the person registration is cancelled or suspended or otherwise ceases. Such deemed registration shall cease if the authority refuses registration or the applicant’s registration ceases in the State, Territory or New Zealand in which he or she is substantively registered.

2. *Activities permitted under deemed Registration*
 - a) An applicant deemed registered may only carry out the occupation for which he or she is deemed registered within the limits conferred by the applicants substantive registration state or deemed registration state.

 - b) Subject to any conditions or undertakings applying to the applicants substantive or deemed registration.

 - c) The applicant for registration:
 - (i) must comply with all requests regarding insurance fidelity funds and the like that are designed to protect the public in the State in which application for registration is lodged;

 - (ii) is subject to any disciplinary provisions and arrangements in the State in which registration is sought;

 - (iii) is subject to such conditions as apply to persons registered in the State or Territory or New Zealand in which registration is sought.

EQUIVALENT OCCUPATIONS

1. The authority shall determine whether an applicant for registration is entitled to registration as a podiatrist pursuant to the Podiatrists Act 1997 because the applicant is so registered in another State or Territory of Australia or New Zealand. If the authority refuses such registration the applicant may seek a declaration that he or she is entitled to be so registered from the Administrative Appeals Tribunal and the Tribunal may make an order that the applicant is or is not entitled to be registered as a podiatrist in Victoria. The *Podiatrists Registration Board* must give effect to the decision of the Tribunal and must thereafter act in conformity with the decision in relation to other persons seeking registration.

Dated the first day of January 2003

Administrative Officer
Podiatrists Registration Board of Victoria

8. I attach a document evidencing my current registration in
9. I attach original or certified copy of proof of identity.
10. I attach the prescribed fee of \$A400.00 (Page 5)

- *All documents must be originals or photocopies certified as a true copy of the original by a Justice of the Peace or a Solicitor.*

Made and declared at

this **Day of** **2009**

before me

.....

Signature of Applicant

.....

eg -Justice of the Peace/Pharmacist

- If you are unable to make a declaration in the required terms details of your circumstances should be provided. This will not necessarily delay your registration.

PO Box 70
Collins Street West
VICTORIA 8007

Rialto Towers
8/525 Collins Street
MELBOURNE 3000

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