



Application for Trans Tasman mutual recognition Profession: Chiropractic

Division 2 of Part 3 of the *Trans-Tasman Mutual Recognition Act*

This form is for registration as a chiropractor in Australia under the *Trans Tasman Mutual Recognition Act 1997*.

It is important that you refer to the Chiropractic Board of Australia's (the Board) guidelines before completing this application. Registration standards, codes and guidelines can be found at www.chiropracticboard.gov.au



This application will not be considered unless it is complete and all supporting documentation has been provided. Supporting documentation **must** be certified in accordance with the Australian Health Practitioner Regulation Agency (AHPRA) guidelines. For more information, see *Certifying documents* in the *Information and definitions* section of this form.

Privacy and confidentiality

The Board and AHPRA are committed to protecting your personal information in accordance with the *Privacy Act 1988* (Cth). The ways the Board and AHPRA may collect, use and disclose your information are set out in the collection statement relevant to this application, available at www.ahpra.gov.au/privacy.

By signing this form, you confirm that you have read the collection statement. AHPRA's privacy policy explains how you may access and seek correction of your personal information held by AHPRA and the Board, how to complain to AHPRA about a breach of your privacy and how your complaint will be dealt with. This policy can be accessed at www.ahpra.gov.au/privacy

Symbols in this form



Additional information

Provides specific information about a question or section of the form.



Attention

Highlights important information about the form.



Attach document(s) to this form

Processing cannot occur until all required documents are received.



Signature required

Requests appropriate parties to sign the form where indicated.



Mail document(s) directly to AHPRA

Requires delivery of documents by an organisation or the applicant.

Completing this form

- Read and **complete all questions**.
- Ensure that **all pages** and required **attachments** are returned to AHPRA.
- Use a **black** or **blue** pen only.
- Print clearly in **BLOCK LETTERS**
- Place X in **all** applicable boxes:
- **DO NOT send original documents unless specified.**



Do not use staples or glue, or affix sticky notes to your application. Please ensure all supporting documents are on A4 size paper.

SECTION A: Eligibility for Trans Tasman mutual recognition

1. Do you currently hold registration as a chiropractor in New Zealand?

YES



You **must** attach to your application evidence of your existing registration as a chiropractor in New Zealand, as required in *Section B: Registration type* of this application form.

NO



You are **not eligible for Trans Tasman mutual recognition**. Please use form AGEN-10 to apply for general registration as a chiropractor.

2. In Australia, New Zealand or another country:

- are you subject to disciplinary proceedings or any preliminary investigations or action that might lead to disciplinary proceedings
- is your registration cancelled or currently suspended as the result of disciplinary action
- are you personally prohibited from carrying on practice as a chiropractor, and/or
- are you subject to any special conditions in your practice as a chiropractor as a result of criminal, civil or disciplinary proceedings?

YES, in Australia and/or New Zealand



You are **not eligible for Trans Tasman mutual recognition**. Please use form AGEN-10 to apply for general registration as a chiropractor.

YES, in a country other than Australia or New Zealand



You **must** attach details to this application.

NO



3. In New Zealand, Australia or overseas, are you subject to any special conditions in carrying on practice as a chiropractor?

YES

NO

You **must** attach to this application details of any special conditions.

SECTION B: Registration type

4. What type of registration are you applying for in Australia?

The registration type you are applying for in Australia must correspond with the type of registration you hold in New Zealand. If you select general registration, you may not select non-practising registration.

Mark only one box

General registration

You **must** attach evidence of your existing registration as a chiropractor in New Zealand. This must include a complete and accurate copy of your current annual practising certificate.

Non-practising registration

You **must** attach evidence of your existing registration as a chiropractor in New Zealand. This must include a complete and accurate copy of your current registration certificate.

SECTION C: Personal details

The information items in this section of the application marked with an asterisk (*) will appear on the public register.

5. What is your name and date of birth?

Title*
MR MRS MISS MS DR OTHER

Family name*

First given name*

Middle name(s)*

Previous names known by (e.g. maiden name)

Date of birth / /

If you have ever been formally known by another name, or you are providing documents in another name, you **must** attach proof of your name change unless this has been previously provided to the Board. For more information, see *Change of name* in the *Information and definitions* section of this form.

6. What are your birth and personal details?

Country of birth

City/Suburb/Town of birth

State/Territory of birth (if within Australia)
VIC NSW QLD SA WA NT TAS ACT

Sex*
MALE FEMALE INTERSEX / INDETERMINATE

Languages spoken other than English (optional)*



SECTION D: Proof of identity



You must provide proof of your identity with this application. Please refer to the *Proof of identity requirements* available at www.ahpra.gov.au/identity.

You **must** provide one document from each category A, B and C, and one document from category D if the document supplied for category B or C does not contain evidence of a current Australian residential address.

7. Are you applying for registration from outside of Australia AND unable to provide evidence from each category?

YES

NO **Go to the next question**

Attachment required below – then go to Section E: Contact information



You **must** attach a certified copy of a foreign passport (an EU card is not acceptable).

Your certified copy **must** include:

- a certified copy of the identity information page (the photo page), and
- an official English translation of your passport (if your passport is in a language other than English). Please refer to *Translating documents* at www.ahpra.gov.au/translate for further information.



If you are applying for registration from outside of Australia and are unable to provide evidence from each category, you will be required to meet the minimum identity requirements. Refer to www.ahpra.gov.au/identity for further information.

8. Which documents from each category will you provide for proof of identity?



You **must** only use each document once.

The documents provided **must** meet the following criteria:

- At least **one** document must be in the applicant's current name.
- Your category B document **must** have a recent photo.
- All documents **must** be officially translated into English. Please refer to *Translating documents* at www.ahpra.gov.au/translate for further information.
- If using your passport, a certified copy of the identity information page (the photo page) **must** be provided.
- All documents **must** be true certified copies of the original. See *Certifying documents* in the *Information and definitions* section of this form for more information.

Choose proof of identity documents to submit: (A document may only be used once for any category)

Documents	Category used:			Documents	Category used:		
	A	B	C		A	B	C
Australian birth or adoption certificate	<input type="checkbox"/>	NA	<input type="checkbox"/>	Australian financial institution account	NA	NA	<input type="checkbox"/>
New Zealand passport	<input type="checkbox"/>	NA	<input type="checkbox"/>	Australian Medicare card	NA	NA	<input type="checkbox"/>
Australian visa (Foreign passport must be selected as evidence for Category B)	<input type="checkbox"/>	NA	<input type="checkbox"/>	Australian PAYG payment summary	NA	NA	<input type="checkbox"/>
ImmiCard	<input type="checkbox"/>	NA	<input type="checkbox"/>	Australian motor vehicle registration	NA	NA	<input type="checkbox"/>
Australian citizenship certificate	<input type="checkbox"/>	NA	<input type="checkbox"/>	Australian Taxation Assessment Notice	NA	NA	<input type="checkbox"/>
Australian passport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Australian insurance policy	NA	NA	<input type="checkbox"/>
Australian motor vehicle licence	NA	<input type="checkbox"/>	<input type="checkbox"/>	Australian pension/healthcare card	NA	NA	<input type="checkbox"/>
Foreign passport	NA	<input type="checkbox"/>	<input type="checkbox"/>	Category D documents			
Australian Working with Children/Vulnerable People Card	NA	<input type="checkbox"/>	<input type="checkbox"/>	A document from Category D is only required if your Category B or C document does not provide evidence of your residential address.			
Australian firearms or shooter's licence	NA	<input type="checkbox"/>	<input type="checkbox"/>	I have used a Category B or C document that has my current residential address			<input type="checkbox"/>
Australian student ID card	NA	<input type="checkbox"/>	<input type="checkbox"/>	Australian rate notice			<input type="checkbox"/>
Intl. or foreign motor vehicle licence	NA	<input type="checkbox"/>	<input type="checkbox"/>	Current Australian lease or tenancy agreement			<input type="checkbox"/>
Australian proof of age card	NA	<input type="checkbox"/>	<input type="checkbox"/>	Australian utility account			<input type="checkbox"/>
Australian government benefits	NA	NA	<input type="checkbox"/>	Australian electoral enrolment card			<input type="checkbox"/>
Australian academic transcript	NA	NA	<input type="checkbox"/>				
Australian registration certificate	NA	NA	<input type="checkbox"/>				



You **must** attach a certified copy of **all** proof of identity documents that you have indicated above.



SECTION E: Contact information



Once registered, you can change your contact information at any time. Please go to www.ahpra.gov.au and

- download and complete the change of address form *CHDT-00 – Request for change of address details on the register*, or
- log in to your AHPRA account to change your details online.

9. What are your contact details?

Provide your current contact details below – place an next to your preferred contact phone number.

Business hours **Mobile**

After hours

Email

10. What is your residential address?



When you are not yet practising, or when you are not practising the profession predominantly at one address:

- your residential address will be recognised as your principal place of practice, and
- the information items marked with an asterisk (*) will appear on the public register as your principal place of practice.

Refer to the question below for the definition of principal place of practice.

Residential address **cannot** be a PO Box.

Site/building and/or position/department (if applicable)

Address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET)

City/Suburb/Town*

State or territory (e.g. VIC, ACT)/**International province*** **Postcode/ZIP***

Country (if other than Australia)

11. Will the address of your principal place of practice be the same as your residential address?



Principal place of practice for a registered health practitioner is:

- the address at which you will predominantly practise the profession; or
- your principal place of residence, if you are not practising the profession or are not practising the profession predominantly at one address.

Principal place of practice **cannot** be a PO Box.

The information items marked with an asterisk (*) will appear on the public register.

YES NO *Provide your Australian principal place of practice below*

Site/building and/or position/department (if applicable)

Address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET)

City/Suburb/Town*

State or territory* (e.g. VIC, ACT) **Postcode***



12. What is your mailing address?



Your mailing address is used for postal correspondence.

- My residential address
- My principal place of practice
- Other (*Provide your mailing address below*)

Site/building and/or position/department (if applicable)

Address/PO Box (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET; or PO BOX 1234)

City/Suburb/Town

State or territory (e.g. VIC, ACT)/**International province** **Postcode/ZIP**

_____ _____

Country (if other than Australia)

SECTION F: Qualification for the profession

13. What are the details of the qualification or other method on which your registration in New Zealand is based?

Most recent qualification and examinations/assessments

Title of qualification

Name of institution (University/College/Examining body)

Country

Start date Completion date

MM / YYYY MM / YYYY

Additional qualification and examinations/assessments

Title of qualification

Name of institution (University/College/Examining Body)

Country

Start date Completion date

MM / YYYY MM / YYYY

Attach a separate sheet if all your qualification details do not fit in the space provided.



SECTION G: Suitability statements



Information required by the Board to assess your suitability for registration is detailed in the following questions. It is recommended that you provide as much information as possible to enable the Board to reach a timely and informed decision.

Please note that registration is dependent on suitability as defined in the National Law, and the requirements set out in the Board's registration standards. Refer to www.chiropracticboard.gov.au/Registration-Standards for further information.

14. Are you applying for non-practising registration? YES **Go to Section H: Obligations and consent**
NO **Go to the next question**

15. Do you commit to have appropriate professional indemnity insurance arrangements in place for all practice undertaken during the registration period? YES NO For more information see *Professional indemnity insurance* in the *Information and definitions* section of this form.

SECTION H: Obligations and consent



Before you sign and date this form, make sure that you have answered all of the relevant questions correctly and read the statements below.

An incomplete form may delay processing and you may be asked to complete a new form. For more information, see the *Information and definitions* section of this form.

Obligations of registered health practitioners

The National Law pt 7 div 11 sub-div 3 establishes the legislative obligations of registered health practitioners. A contravention of these obligations, as detailed at points 1, 2, 4, 5, 6 or 8 below does not constitute an offence but may constitute behaviour for which health, conduct or performance action may be taken by the Board. Registered health practitioners are also obligated to meet the requirements of their Board as established in registration standards, codes and guidelines.

Continuing professional development

1. A registered health practitioner must undertake the continuing professional development required by an approved registration standard for the health profession in which the practitioner is registered.

Professional indemnity insurance arrangements

2. A registered health practitioner must not practise the health profession in which the practitioner is registered unless appropriate professional indemnity insurance arrangements are in force in relation to the practitioner's practice of the profession.
3. A National Board may, at any time by written notice, require a registered health practitioner registered by the Board to give the Board evidence of the appropriate professional indemnity insurance arrangements that are in force in relation to the practitioner's practice of the profession.
4. A registered health practitioner must not, without reasonable excuse, fail to comply with a written notice given to the practitioner under point 3 above.

Notice of certain events

5. A registered health practitioner must, within 7 days after becoming aware that a relevant event has occurred in relation to the practitioner, give the National Board that registered the practitioner written notice of the event. *Relevant event* means—
 - a) the practitioner is charged, whether in a participating jurisdiction or elsewhere, with an offence punishable by 12 months imprisonment or more; or
 - b) the practitioner is convicted of or the subject of a finding of guilt for an offence, whether in a participating jurisdiction or elsewhere, punishable by imprisonment; or
 - c) appropriate professional indemnity insurance arrangements are no longer in place in relation to the practitioner's practice of the profession; or
 - d) the practitioner's right to practise at a hospital or another facility at which health services are provided is withdrawn or restricted because of the practitioner's conduct, professional performance or health; or
 - e) the practitioner's billing privileges are withdrawn or restricted under the *Human Services (Medicare) Act 1973* (Cth) because of the practitioner's conduct, professional performance or health; or
 - f) the practitioner's authority under a law of a State or Territory to administer, obtain, possess, prescribe, sell, supply or use a scheduled medicine or class of scheduled medicines is cancelled or restricted; or
 - g) a complaint is made about the practitioner to the following entities—
 - (i) the chief executive officer under the *Human Services (Medicare) Act 1973* (Cth);
 - (ii) an entity performing functions under the *Health Insurance Act 1973* (Cth);
 - (iii) the Secretary within the meaning of the *National Health Act 1953* (Cth);
 - (iv) the Secretary to the Department in which the *Migration Act 1958* (Cth) is administered;

- (v) another Commonwealth, State or Territory entity having functions relating to professional services provided by health practitioners or the regulation of health practitioners.
- h) the practitioner's registration under the law of another country that provides for the registration of health practitioners is suspended or cancelled or made subject to a condition or another restriction.

Change in principal place of practice, address or name

6. A registered health practitioner must, within 30 days of any of the following changes happening, give the National Board that registered the practitioner written notice of the change and any evidence providing proof of the change required by the Board—
 - a) a change in the practitioner's principal place of practice;
 - b) a change in the address provided by the registered health practitioner as the address the Board should use in corresponding with the practitioner;
 - c) a change in the practitioner's name.

Employer's details

7. A National Board may, at any time by written notice given to a health practitioner registered by the Board, ask the practitioner to give the Board the following information—
 - a) information about whether the practitioner is employed by another entity;
 - b) if the practitioner is employed by another entity—
 - (i) the name of the practitioner's employer; and
 - (ii) the address and other contact details of the practitioner's employer.
8. The registered health practitioner must not, without reasonable excuse, fail to comply with the notice.

Consent to nationally coordinated criminal history check

I authorise AHPRA and the Board to carry out a nationally coordinated criminal history check for the purpose of assessing this application.

I acknowledge that:

- a complete criminal history, including resolved and unresolved charges, spent convictions, and findings of guilt for which no conviction was recorded, will be released to AHPRA and the Board,
- my personal information will be extracted from this form and provided to the Australian Criminal Intelligence Commission (ACIC) and Australian police agencies for the purpose of conducting a nationally coordinated criminal history check, including all names under which I am or have been known
- my personal information may be used by police for general law enforcement purposes, including those purposes set out in the *Australian Crime Commission Act 2002* (Cth),
- my identity information provided with this application will be enrolled with AHPRA to allow for any subsequent criminal history checks during my period of registration
- if and when this application for registration is granted, AHPRA may check my criminal history at any time during my period of registration as required by the Board for the purpose of assessing my suitability to hold health practitioner registration; or in response to a Notice of Certain Events; or an application for Removal of Reprimand from the National Register,
- I may dispute the result of the nationally coordinated criminal history check by contacting AHPRA in the first instance.



Consent

I consent to the Board and AHPRA making enquiries of, and exchanging information with, the authorities of any Australian state or territory, or other country, regarding my practice as a health practitioner or otherwise regarding matters relevant to this application.

I acknowledge that:

- the Board may validate documents provided in support of this application as evidence of my identity
- failure to complete all relevant sections of this application and to enclose all supporting documentation may result in this application not being accepted
- notices required under the National Law and other correspondence relating to my application and registration (if granted) will be sent electronically to me via my nominated email address, and
- AHPRA uses overseas cloud service providers to hold, process and maintain personal information where this is reasonably necessary to enable AHPRA to perform its functions under the National Law. These providers include Salesforce, whose operations are located in Japan and the United States of America.

I undertake to comply with all relevant legislation and Board registration standards, codes and guidelines.

I confirm that I have read the privacy and confidentiality statement for this form.


I declare that:

- the above statements, and the documents provided in support of this application, are complete, true and correct, and
- I am the person named in this application and in the documents provided.

I make this declaration in the knowledge that a false statement is grounds for the Board to refuse registration.

I am aware that personal information that I provide may be given to a third party for regulatory purposes, consistent with the National Law.

Signature of applicant

 SIGN HERE

Name of applicant

Date

D

D

/

M

M

/

Y

Y

Y

Y



SECTION I: Payment

You are required to pay **both** an application fee and a registration fee.

Your required payment is detailed below

- Select your application fee and registration fee from the tables below.
- Your application fee depends on your registration type.
- Your registration fee depends on the registration type you are applying for and your principle place of practice, as applicants whose principal place of practice is New South Wales are entitled to a rebate from the NSW Government.

Application fee:	
\$ INSERT FEE	
Registration type	Fee
General registration	\$283
Non-practising registration	\$113

+

Registration fee:		
\$ INSERT FEE		
Registration type	National fee	NSW fee
General registration	\$566	\$526
Non-practising registration	\$113	\$102

=

Amount payable:
\$ INSERT FEE
Applicants must pay 100% of the stated fees at the time of submitting the application.

Registration period

The annual registration period for the chiropractic profession is from **1 December to 30 November**.
 If your application is made between **1 October and 30 November this year**, you will be registered until 30 November **next year**.

Refund rules

The application fee is non-refundable. The registration fee will be refunded if the application is not approved.

16. How are you paying your fees?

Payment by cheque, money order or bank draft must be in Australian currency, drawn on an Australian bank. A receipt will be provided.

Mark one box below only

- | | |
|---|--|
| <input type="checkbox"/> Visa or MasterCard
Complete credit/debit card payment slip below | <input type="checkbox"/> Cash/EFTPOS
(only available if paying in person) |
| <input type="checkbox"/> Cheque/Money order/Bank draft | |

You **must** attach cheque or money order payable to the **Australian Health Practitioner Regulation Agency**.

On the back of the cheque, money order or bank draft, you **must** write your:

- full name
- date of birth, and
- AHPRA registration number (if you have one).

Credit/Debit card payment slip – please fill out

Amount payable

\$

Visa or MasterCard number

Expiry date

M

M

/

Y

Y

Name on card

Cardholder's signature

SIGN HERE



SECTION J: Checklist

Have the following items been attached or arranged, if required?

<i>Additional documentation</i>		Attached
Question 2	Details of any disciplinary proceedings, preliminary investigations, action that may lead to disciplinary proceedings, cancellations, suspensions, prohibitions and/or special conditions	<input type="checkbox"/>
Question 3	Details of any special conditions	<input type="checkbox"/>
Question 4	Evidence of existing registration as a chiropractor in New Zealand	<input type="checkbox"/>
Question 5	Evidence of a change of name	<input type="checkbox"/>
Question 7	A certified copy of a foreign passport	<input type="checkbox"/>
Question 8	Certified copies of all documents that provide sufficient evidence of your identity	<input type="checkbox"/>
Question 13	A separate sheet with your qualification details	<input type="checkbox"/>
Payment		
	Application fee	<input type="checkbox"/>
	Registration fee	<input type="checkbox"/>
	If paying by cheque/money order/bank draft, your name is written on the back	<input type="checkbox"/>

Information and definitions

CERTIFYING DOCUMENTS

DO NOT send original documents unless specified.

Copies of documents provided in support of an application, or other purpose required by the National Law, must be certified as true copies of the original documents. Each and every certified document **must**:

- be in English. If original documents are not in English, you must provide a certified copy of the original document and translation in accordance with AHPRA guidelines, which are available at www.ahpra.gov.au/registration/registration-process
- be initialled on every page by the authorised officer. For a list of people authorised to certify documents, visit www.ahpra.gov.au/certify
- be annotated on the last page as appropriate e.g. 'I have sighted the original document and certify this to be a true copy of the original' and signed by the authorised officer, and
- list the name, date of certification, and contact phone number, and position number (if relevant) and have the stamp or seal of the authorised officer (if relevant) applied.

Certified copies will only be accepted in hard copy by mail or in person (not by fax, email, etc). Photocopies of previously certified documents will not be accepted. For more information, AHPRA's guidelines for certifying documents can be found online at www.ahpra.gov.au/certify

CHANGE OF NAME

You must provide evidence of a change of name if you have ever been formally known by another name(s) or any of the documentation you are providing in support of your application is in another name(s).

Evidence must be a certified copy of one of the following documents:

- Standard marriage certificate (ceremonial certificates will not be accepted).
- Deed poll.
- Change of name certificate.

Faxed, scanned or emailed copies of certified documents will not be accepted.

CRIMINAL HISTORY

Criminal history includes the following, whether in Australia or overseas, at any time:

- every conviction of a person for an offence
- every plea of guilty or finding of guilt by a court of the person for an offence, whether or not a conviction is recorded for the offence, and
- every charge made against the person for an offence.

Under the National Law, spent convictions legislation does not apply to criminal history disclosure requirements. Therefore, you must disclose your complete criminal history as detailed above, irrespective of the time that has lapsed since the charge was laid or the finding of guilt was made.

The Board will decide whether a health practitioner's criminal history is relevant to the practice of the profession.

You are not required to obtain or provide your Australian criminal history report, AHPRA will obtain this check on your behalf. You may be required to obtain international criminal history reports.

For more information, view the registration standard online at www.chiropracticboard.gov.au/Registration-Standards

IMPAIRMENT

Impairment means a physical or mental impairment, disability, condition, or disorder (including substance abuse or dependence) that **detrimentally affects or is likely to detrimentally affect your capacity to practise the profession**. The National Law requires you to declare any such impairments at the time of renewal, including details of the impairment and how it is managed.

PRACTICE

Practice means any role, whether remunerated or not, in which you use your skills and knowledge as a health practitioner in your profession. Practice is not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct non-clinical relationship with clients; working in management, administration, education, research, advisory, regulatory or policy development roles; and any other roles that impact on safe, effective delivery of services in the profession.

PROFESSIONAL INDEMNITY INSURANCE (PII)

You must have PII, or some alternative form of indemnity cover that complies with the Board's standard, for all aspects of your practice.

Initial registration and annual renewal of registration requires a declaration that you will be covered for all aspects of practice for the whole period of the registration. You may be covered by your Australian employer's PII - you will need to confirm this with your employer.

The Board requires that practitioners maintain a level of cover that is adequate and appropriate for the scope and nature of their practice. The cover must include civil liability cover, appropriate retroactive cover, automatic reinstatement and appropriate run-off cover for when they cease practice.

For more information, view the full registration standard online at www.chiropracticboard.gov.au/Registration-Standards

Please post this form with payment and required attachments to:

AHPRA
GPO Box 9958
Melbourne VIC 3001

You may contact AHPRA on 1300 419 495 or you can lodge an enquiry at www.ahpra.gov.au