

CHIROPRACTORS AND OSTEOPATHS REGISTRATION BOARD (Tasmania)

APPLICATION FOR REGISTRATION

I hereby apply for registration and supply the following information in support of my application:-

Family name **Given Names** **Title**

.....
(Mr/Mrs/Miss/Ms/Dr/Other)

Present address & phone no. **Address & phone no. to be used while processing the application**

.....

Birth Details Male Female *(please circle one)*

Date Town

Country..... Are you an Australian Citizen/Resident?

Private address & phone no. in Tasmania **Business address & phone no. in Tasmania**

.....

Professional/company name to appear in register.....

I wish my registration as a chiropractor-/osteopath-/both to commence/...../.....

Professional Training	Place of Education (Institution and Campus)	Date Completed	Name of Qualification
1 st Chiro/Osteo Qual.			
2 nd Chiro/Osteo Qual.			
Additional qualifications or training			

I attach copies of the certificates listed. Details of my professional indemnity insurance are:

Policy No..... Insurers Name..... Limit of cover.....
(\$10 million minimum)

Personal Information Protection Statement

The Chiropractors and Osteopaths Registration Board (Tasmania) collects personal information from you for the purpose of processing this application. You are required to provide this information by the Chiropractors and Osteopaths Registration Act 1997. Failure to provide this information may result in your application not being processed.

Your personal information will be used for the primary purpose for which it is collected and may be disclosed to other authorised organisations. Some information will be recorded on *the Register of Chiropractors and Osteopaths*, which is a public document. Your basic personal information may be disclosed to other public bodies where necessary for the efficient storage and use of the information.

Personal information will be managed in accordance with the *Personal Information Protection Act 2004* and may be accessed by the individual to whom it relates on request to the *Chiropractors and Osteopaths Registration Board (Tasmania)*. Full details of *the Chiropractors and Osteopaths Registration Board (Tasmania)*. Privacy Policy may be obtained by writing to the Board or from the Board's website www.regboardstas.com/corb

REGISTRATION

Are you at present registered or licensed as a chiropractor or osteopath?

If 'Yes' give name of authority with which you are registered.

Yes..... No.....

.....

Have you ever been refused registration, or a licence to practice, as a chiropractor or osteopath in another Australian State or Territory or in a place outside Australia.

If 'Yes' give details.....

Yes..... No.....

.....

Have you ever had your registration, or your licence to practice, as a chiropractor or osteopath suspended, cancelled or had conditions applied.

If 'Yes' give details.....

Yes..... No.....

.....

EXPERIENCE SINCE COMPLETION OF TRAINING

Employer's name and address
(if self employed, state self)

From

To

Position Held

.....

Have you been convicted in the last 4 years -

- (a) in Tasmania of a crime or offence punishable by imprisonment for a period of 12 months or more; or
- (b) elsewhere than in Tasmania of a crime or offence which, if committed in Tasmania, would have been a crime or offence so punishable?

Yes..... No.....

If 'Yes' please provide details of conviction

.....

ATTACH PHOTO HERE

DECLARATION BY APPLICANT:

I Name.....of
Address.....
Occupation.....

do solemnly and sincerely declare that:

- (a) I am the person named in this application and that the statements made in this application and in the attached documents are to the best of my knowledge and belief true and correct.
(b) I am not the subject of disciplinary proceedings in any State or Territory (including any preliminary investigations or action that might lead to disciplinary proceedings) in relation to my occupation.
(c) my right to practise in another State or Territory or another Country has not been cancelled or suspended and not restored.
(d) I am not personally prohibited from practising in any State or Territory, nor am I subject to any special conditions in carrying on that practice as a result of criminal, civil or disciplinary proceedings in any State or Territory.
(e) I do not have any physical or mental impairment which would affect my ability to practise.
(f) I have not been found guilty of any criminal offence in Tasmania or any other jurisdiction.
(g) I have entered/intend to enter into, before practising, an approved professional indemnification agreement.

And I make this solemn declaration under the Oaths Act 2001

Declared at on the day of 200

Signature.....

Before me,

Commissioner of Declarations
Name.....
Address.....
Occupation.....

Statutory Declaration

The information provided in the application must be verified by Declaration under the Oaths Act 2001. The list of persons who may witness a Statutory Declaration are set out in that Act and include a Justice of the Peace, barrister and solicitor of the Supreme Court, member of the police force, registered medical practitioner, dentist, pharmacist and bank manager.

The application will be rejected unless it is properly witnessed and includes the full name, address and qualification of the witness.

NOTES:

- 1. This application form must be accompanied by:
(a) Original or certified copy of your primary qualification certificate
(b) A reference from a practicing chiropractor/osteopath attesting to your professional suitability.
(c) A reference attesting to your good name and character (must be an adult or non-relative)
(d) Certified copy of photographic ID (i.e. driver's licence) – photograph must be identifiable
(e) Two passport photographs
(f) If you are not an Australian citizen, a certified copy of your immigration visa
(g) Application fee (\$165)
(h) Registration fee (\$550 or 6 month/locum \$320)
(i) An original or certified copy of a current FULL National Police History Check (download application form from www.police.tas.gov.au)