

**PUBLIC SECTOR DENTAL WORKFORCE SCHEME
APPLICATION FOR CONDITIONAL REGISTRATION**
Health Practitioners Act 2004

PERSONAL DETAILS

SURNAME:

Dr Mr Mrs Miss Ms (please tick as appropriate)

**GIVEN NAMES:
FORMER NAMES OR
ALIASES:**

(if applicable)

DATE OF BIRTH:

/ /

COUNTRY OF BIRTH:

GENDER:

Male Female (please tick as appropriate)

POSTAL ADDRESS:

BUSINESS ADDRESS:

TELEPHONE NO:

(bh)

MOBILE:

(ah)

EMAIL:

FAX NO:

I approve the Board using my Email address to distribute urgent information in relation to practice Yes No
I prefer the Board's Newsletter to be forwarded to me via Email Yes No

SUPPORTING DOCUMENTS & OTHER REQUIREMENTS FOR REGISTRATION

The following documentation **MUST** be provided with this application. Photocopies will only be accepted if they have been certified to be a true copy by: a Justice of the Peace, Commissioner for Oaths, Police Officer, Solicitor, Bank Manager, Postal Manager, Pharmacist, Australian Defence Force Commissioned Officer, Non-Commissioned Officer or Warrant Officer; or original sighted by an authorised Health Professions Licensing Authority staff member. It is not recommended that you send originals by post. Certified copies will be retained on file.

1. University qualification or a copy of course transcript.
2. Meet the Board's identification validation requirements.
3. Evidence of Name Change (eg. Marriage Certificate, Divorce Decree or Deed Poll (if applicable)).
4. A written reference from your last placement of employment, dated within the last 6 months.
5. A written character reference, dated within the last 6 months (see explanatory notes).
6. A certificate of good standing from a Dental Registration Board that the applicant currently holds registration with or most recently held registration with, **must be requested by you** to be sent directly to the Dental Board of the Northern Territory.
7. A non-refundable application fee of \$20 and refundable registration fee of \$160. Total fees payable \$180 (Australian dollars).

QUALIFICATIONS

Educational qualifications (include institution and year of graduation):

QUALIFICATION	INSTITUTION	COMPLETED YEAR

SUMMARY OF EXPERIENCE SINCE QUALIFYING (if insufficient space please set out in attachment):

PLACE OF PRACTICE	PERIOD OF PRACTICE	
	FROM	TO

OTHER INFORMATION

Date commencing practise in the Northern Territory: _____ / _____ / _____

Intended place of practice in the Northern Territory: _____

If yes, what was your registration number _____

Have you requested certificate of good standing to be forwarded direct to this Board? Yes No

PAYMENT OPTIONS (Fees are not subject to GST)

It is recommended that you do not send cash via postal mail. Cash will only be accepted at the Counter.

Bankcard/Visa/Mastercard are the **only** Credit Cards accepted.

Fee of \$180 is enclosed payable by Cheque Money Order

Card Type Visa MasterCard Bankcard

Card Number

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Expiry Date _____ / _____

Signature _____ Name (*print*) _____

INFORMATION ABOUT YOUR SUPERVISORS (any registered Dentist may act as primary or secondary supervisor)

Please provide information about the dentist who will act as your primary supervisor

NAME _____

ADDRESS _____

TELEPHONE _____

PLACE OF EMPLOYMENT _____

SIGNATURE _____

Please provide information about the dentist who will act as your secondary supervisor

NAME _____

ADDRESS _____

TELEPHONE _____

PLACE OF EMPLOYMENT _____

SIGNATURE _____

STATUTORY DECLARATION

Note: In order to apply for registration as a dentist you need to complete this declaration.

I do solemnly and sincerely declare that,

1. I am currently registered/ or have held registration in the following States/Territories/Countries:

- | | | |
|--|-------------------------------|--------------------------------|
| 2. I have practised as a dentist in the past 5 years. | True <input type="checkbox"/> | False <input type="checkbox"/> |
| 3. I do not suffer from any mental or physical disability such as to prevent me practising my profession efficiently. | True <input type="checkbox"/> | False <input type="checkbox"/> |
| 4. I will have professional indemnity arrangements in place if I practise in the Northern Territory. | True <input type="checkbox"/> | False <input type="checkbox"/> |
| 5. I am participating in continuing professional development activities. | True <input type="checkbox"/> | False <input type="checkbox"/> |
| 6. I have never had my name suspended or removed from a Register or been refused registration for any reasons relating to my professional conduct. | True <input type="checkbox"/> | False <input type="checkbox"/> |
| 7. I have never been prohibited from or had any special conditions imposed in carrying out the practise of physiotherapy in any State/Territory/Country as a result of criminal, civil or disciplinary proceedings in any State/Territory/Country. | True <input type="checkbox"/> | False <input type="checkbox"/> |
| 8. I have not, at any time, been found guilty and/or been convicted of any offence nor is any charge pending. | True <input type="checkbox"/> | False <input type="checkbox"/> |
| 9. I do not know of any outstanding matters relating to my registration in any state/territory/country. | True <input type="checkbox"/> | False <input type="checkbox"/> |
| 10. I am not currently practising in the Northern Territory. | True <input type="checkbox"/> | False <input type="checkbox"/> |

If "False" to any of the above, please provide full details on an attached signed sheet.

And I make this solemn declaration by virtue of the Oaths Act (Northern Territory) and conscientiously believing the statements contained in this declaration to be true in every particular.

And I hereby authorise the Dental Board of the Northern Territory, or it's delegates, to make enquires of, and exchange information with, any Physiotherapy Registering Authority or any other organisation or person concerning my registration practise of physiotherapy or other related matters.

Signature of person making declaration _____

Declared at: _____ on the _____ day of _____ 20 _____
before me,

Signature of person witnessing declaration* _____

Name of witness (printed) _____

Title of witness (printed) _____

Address or telephone of witness _____

See over for Explanatory Notes



EXPLANATORY NOTES

- If you are unable to answer any of these questions, you are asked to contact the Dental Board for further assistance/advice.
- Only the applicant is able to sign this declaration.
- *In the Northern Territory the declaration may be witnessed before any person who has attained the age of 18 (eighteen) years.
- Practising unregistered and or unlicensed in the northern Territory is an offence pursuant to section 101 of the *Health Practitioners Act 2004*.
- The Dental Board of the Northern Territory may from time to time allow organisations to access names and business addresses of physiotherapists registered in the Northern Territory if the organisation can demonstrate and satisfy the Board that the use of the data will, or has, the potential to contribute to the acquisition of knowledge that may improve the health of the community.
- A person wilfully making a false statement in a statutory declaration is liable to a penalty of \$2000 or imprisonment for 12 months, or both.
- Any documents provided with this application that are not in English, must be accompanied by a translated document.
- Continuing professional development activities are those activities undertaken by a professional which enables the professional to maintain the safety, quality and relevance of their professional practise. Examples of continuing professional development activities include, but are not limited to attending formal seminars and workshops, discussions with other physiotherapists or other professional colleagues, reading professional publications, systematic research on the Internet, lecturing, distance learning courses and reflecting on critical learning experiences.
- The Character Reference must be written within the previous 6 months, by a person who has attained the age of 18 years who is not related to you by birth, marriage or adoption. It should have the contact details of the referee and the length of time the referee has known you. The reference should refer to the applicants honesty, integrity, moral strength, standing in the community any other information that reflects on your character.

IDENTIFICATION VALIDATION REQUIREMENTS

All applicants must provide 100 points of identification with their application for registration as a dental practitioner in the Northern Territory. All documents must be an original or certified as a true copy of the original by a Board approved certifier.

All applicants must provide at least one document that includes a photograph.

No exemptions to the Identification Validation requirements will be accepted.

Category A document (70 points)

- Copy of current registration with an Australian Dental Board.

Category B document (70 points) Must provide only one from this category

- Front page of a current Australian passport;
- Front page of any other passport with copy of current visa;
- Birth Certificate/Birth Card (extract acceptable); or
- Citizenship certificate.

Category C documents (40 points)

- License or permit issued under a law of Australia;
- Identification card issued to a public service employee;
- Identification card issued by a government department as evidence of a person's entitlement to a financial benefit;
- Student card issued by an Australian tertiary education institution; or
- International English Language Testing System Test Report Form (IELTS-TRF) (with photograph only).

Category D documents (25 points)

- International Drivers Licence;
- Medicare card;
- Public utilities account (electricity bill, telephone bill);
- Rates notice;
- Credit card (maximum of two only), cash card or passbook issued by a financial institution;
- Certificate of Good Standing/Verification of Registration Status. The document must be from the immediate previous regulatory authority. The document must be received directly from that regulatory authority, not from the applicant; or
- Evidence of current dental registration with an overseas dental regulatory authority.

