



**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: \_\_\_\_\_

**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 \$25 is enclosed payable by  Cheque  Money Order  
 Visa  MasterCard  Bankcard

**Card Number**

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**Expiry Date** \_\_\_\_\_ / \_\_\_\_\_

**Signature** \_\_\_\_\_ **Name (print)** \_\_\_\_\_

## STATUTORY DECLARATION

**Note: In order to apply for authorisation to practise midwifery you need to complete this declaration.**

I solemnly and sincerely declare that,

- |     |   |                               |                                |
|-----|---|-------------------------------|--------------------------------|
| 1.  | I have practised as a midwife in the preceding 5 years (not applicable new graduates).  | True <input type="checkbox"/> | False <input type="checkbox"/> |
| 2.  | I adhere to the Australian College of Midwives Inc. Code of Ethics.   | True <input type="checkbox"/> | False <input type="checkbox"/> |
| 3.  | I practise in accordance with the Nursing and Midwifery Council Competency Standards.   | True <input type="checkbox"/> | False <input type="checkbox"/> |
| 4.  | I have reviewed my practise and I am a competent practitioner.  | True <input type="checkbox"/> | False <input type="checkbox"/> |
| 5.  | 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"/> |
| 6.  | I will have professional indemnity arrangements in place if I practise in the Northern Territory.   | True <input type="checkbox"/> | False <input type="checkbox"/> |
| 7.  | 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"/> |
| 8.  | I have never been prohibited from or had any special conditions imposed in carrying out the practise of nursing 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"/> |
| 9.  | 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"/> |
| 10. | I do not know of any outstanding matter relating to my registration in any state/territory/country.   | True <input type="checkbox"/> | False <input type="checkbox"/> |
| 11. | I am not currently practising as a midwife 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 Nursing and Midwifery Board of the Northern Territory, or its delegates, to make enquires of, and exchange information with, any nursing or midwifery registering authority or any other organisation or person concerning my registration practise of midwifery 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 Explanatory Notes over page*



## EXPLANATORY NOTES

- If you are unable to answer any of these questions, you are asked to contact the Nursing and Midwifery Board for further assistance/advice
- The Board will not issue an authorisation to practise midwifery if the applicant has not practised as a midwife in the preceding 5 years. Midwifery practise includes midwifery clinical practise, midwifery education practise, midwifery research practise and midwifery management practise.
- Only the applicant is able to sign the Statutory Declaration.
- \*If signed in the Northern Territory the Statutory 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 Nursing and Midwifery Board of the Northern Territory may from time to time allow organisations to access names and business addresses of nurses and midwives 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 the application that are not in English, must be accompanied by a translated document.

## IDENTIFICATION VALIDATION REQUIREMENTS

All applicants must provide 100 points of identification with their application for registration as a nurse or midwife 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 Nursing and Midwifery Board.

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

- Front page of a current Australian passport; or
- Front page of any other passport with copy of current visa; or
- 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.
- 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.
- Evidence of current registration with an overseas Nursing and Midwifery regulatory authority.

