

APPLICATION FOR REGISTRATION AS A RADIOGRAPHER

Radiographers Act (NT) 1976

PERSONAL DETAILS

SURNAME: _____

Dr Mr Mrs Miss Ms (please tick appropriate box)

GIVEN NAMES: _____

FORMER NAMES OR ALIASES: *(if applicable)* _____

DATE OF BIRTH: _____ / _____ / _____ **COUNTRY OF BIRTH:** _____

GENDER: Male Female (please tick appropriate box)

POSTAL ADDRESS: _____

PROFESSIONAL ADDRESS: _____

TELEPHONE NO: (bh) _____ **MOBILE:** _____

(ah) _____ **EMAIL:** _____

FAX NO: _____

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. A current Certificate of Good Standing from the appropriate Registration Authority in the state or country in which you last practised must be **requested by you** to be forwarded direct to the Registration Board of the Northern Territory
2. Relevant documents verifying qualifications (eg. University Degree or Diploma).
3. Registration certificate and current practising certificate.
4. Statement of Accreditation from the Australian Institute of Radiography.
5. Proof of Identity (eg. Drivers Licence, Passport, Birth Certificate).
6. Evidence of Name Change (eg. Marriage Certificate, Divorce Decree or Deed Poll *(if applicable)*).
7. A reference from your last placement of employment.
8. A recent character reference, written within the last 6 months.
9. An application and registration fee (\$25.00) in Australian dollars (see Payment Options section of this form).

