



Guide to Completing ALPS-96

- 1 Download the form from Ahpra website [here](#) or from the registration page on [TogetherUp's website](#).
- 2 Complete your form following the guide below, which provides assistance for all questions.
- 3 Check that you have answered all questions, as incomplete documents may delay your approval process.
- 4 Email your completed form to hello@togetherup.com.au for review.
- 5 Once finalised, TogetherUp will send the form to your employer and supervisor for their signatures. Once signed, they will return it to you for submission to Ahpra.

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Application for limited registration for supervised practice

Profession: Occupational therapy

Part 7 Division 6 of the Health Practitioner Regulation National Law (the National Law)

This form is for applicants who do not qualify for general registration and who wish to apply for limited registration to undertake a period of supervised practice in Australia for the first time.

Applicants should also note that where registration is granted under this category of registration, it will only be granted for a specific purpose and for a limited time. It is important that you refer to the Occupational Therapy Board of Australia's (the Board) registration standards, codes and guidelines when completing the form. Registration standards, codes and guidelines can be found at www.occupationaltherapyboard.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: **X**
- **DO NOT** send original documents.

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

 **PART A – To be completed by the applicant**

SECTION A: Personal details

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

1. What is your name and date of birth?

Fill in your details here.

Title* MR ☐ MRS ☐ MISS ☐ MS ☐ DR ☐ OTHER SPECIFY


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.

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2. 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 fluently other than English (optional)*

SECTION B: Proof of identity

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

3. Are you applying for registration from within Australia?
YES ☐ NO ☐ Go to the next question

Choose proof of identity documents to submit – then go to Section C: Contact information

- 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.
- A document may only be used once for any category.

| Documents | Category used: A B C | Documents | Category used: A B C |
|--|--|---|--------------------------------|
| Australian birth or adoption certificate | <input type="checkbox"/> NA <input type="checkbox"/> | Australian financial institution account | 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 Medicare card | NA NA <input type="checkbox"/> |
| ImmiCard | <input type="checkbox"/> NA <input type="checkbox"/> | Australian PAYG payment summary | NA NA <input type="checkbox"/> |
| Australian citizenship certificate | <input type="checkbox"/> NA <input type="checkbox"/> | Australian motor vehicle registration | NA NA <input type="checkbox"/> |
| Australian passport | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Australian Taxation Assessment Notice | NA NA <input type="checkbox"/> |
| Australian driver's licence | NA <input type="checkbox"/> <input type="checkbox"/> | Australian insurance policy | NA NA <input type="checkbox"/> |
| Foreign passport | NA <input type="checkbox"/> <input type="checkbox"/> | Australian pension/healthcare card | NA NA <input type="checkbox"/> |
| Australian Working with Children Check or Vulnerable People Check | NA <input type="checkbox"/> <input type="checkbox"/> | Category D documents | |
| Australian firearms or shooter's licence | 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 student ID card | 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"/> |
| International or foreign driver's licence | NA <input type="checkbox"/> <input type="checkbox"/> | Australian rate notice | <input type="checkbox"/> |
| Australian proof of age card | NA <input type="checkbox"/> <input type="checkbox"/> | Current Australian lease or tenancy agreement | <input type="checkbox"/> |
| Australian government benefits | NA NA <input type="checkbox"/> | Australian utility account | <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.

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Tick NO if you are outside of Australia and cannot provide any of the supporting documents.

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i Once registered and living in Australia, you need to become identity enrolled. Please download and complete the proof of identity requirements form: Within 90 days of becoming identity enrolled.

4. Are you applying for registration from outside Australia? YES ☐ Go to the next question NO ☐ Go back to question 3 to nominate the proof of identity you will provide with your application

5. Can you meet the proof of identity requirements for applicants applying for registration within Australia? NO ☐ YES ☐ Go back to question 3 to nominate the proof of identity you will provide with your application

i You must only use each document once.

The documents provided must meet the following criteria:

- At least one document must be in your current name.
- Your category B document must have a recent photo.
- All documents must be officially translated into English. Please refer to [Translating documents](http://www.ahpra.gov.au/translate) at www.ahpra.gov.au/translate for further information.

Choose proof of identity documents to submit – then go to Section C: Contact information

- You must provide one category B document and two category C documents.
- A document may only be used once for any category.

| Documents | Category used: | Documents | Category used: |
|---|---|-----------------------------------|-----------------------------|
| | B C | | B C |
| Passport or travel document (Certificate of Identity, Document of Identity, ImmiCard, Laissez Passer and Titre de Voyage) | <input type="checkbox"/> <input type="checkbox"/> | Birth certificate | NA <input type="checkbox"/> |
| Australian passport | <input type="checkbox"/> <input type="checkbox"/> | Driver's licence | NA <input type="checkbox"/> |
| Australian visa (must be provided in conjunction with a foreign passport of travel document) | NA <input type="checkbox"/> | Marriage certificate | NA <input type="checkbox"/> |
| | | Identity card | NA <input type="checkbox"/> |
| | | Australia citizenship certificate | NA <input type="checkbox"/> |

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

i **Certifying documents**

- If using your passport, a certified copy of the identity information page (the photo page) must be provided.
- For documents containing a photograph, the following certification statement must be included by the authorised officer, 'I certify that this is a true copy of the original and the photograph is a true likeness of the person presenting the document as sighted by me.'
- 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.

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Tick YES if you are outside of Australia

Tick off documents that you can provide for proof of identity.

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SECTION C: Contact information

i Once registered, you can change your contact information at any time.
Please go to www.ahpra.gov.au/login to change your contact details using your online account.

6. 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

7. What is your residential address?

i 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)

8. Is the address of your principal place of practice the same as your residential address?

i Principal place of practice for a registered health practitioner is:

- the address at which you 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/Territory* (e.g. VIC, ACT) **Postcode***

Your principal place of practice is the place where you will be working as an OT.

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9. What is your mailing address?

☐ 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 D: Qualification for the profession

In accordance with section 66 of the National Law, to be eligible for limited registration you must demonstrate to the Board that you qualify to practise occupational therapy under limited registration in the health profession.

To qualify, you must be able to provide evidence that you have completed a qualification that is relevant to, and suitable for, supervised practice in occupational therapy.

10. What are the details of your qualification(s)?

For more information, see *Certifying documents* in the *Information and definitions* section of this form.

Most recent qualification

Title of qualification

Name of institution (University/College)

Country

Start date

Completion date


You must attach a certified copy of your original academic transcript and a certificate that indicates completion of the qualification mentioned within this form.

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Add your qualifications here.

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Additional qualification
 Title of qualification

 Name of institution (University/College)

 Country

 Start date / / --
 Completion date / / --

You **must** attach a certified copy of your original academic transcript and a certificate that indicates completion of the qualification mentioned within this form.

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

SECTION E: Registration history

11. Do you have current registration or have you previously held registration as a health practitioner in any state, territory or under the National Regulation and Accreditation Scheme (the National Scheme) or other country within the past five years?

YES ☒
NO ☐

Where you hold current or previous registration within or outside of Australia you **must** arrange for original Certificates of Registration Status or Certificates of Good Standing to be forwarded directly from the registration authority to your Ahpra state office. Refer to **page 17** of this form for your Ahpra state office address.

Most recent registration
 State/Territory/Country

 Profession

 Period of registration
/ / -- to / / --

Additional registration
 State/Territory/Country

 Profession

 Period of registration
/ / -- to / / --

Attach a separate sheet if all your registration history does not fit in the space provided.

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If you have other qualifications, add them here

i For a list of the professions regulated under the National scheme, please refer to www.ahpra.gov.au.
If you have been registered outside of Australia, the Board requires a Certificate of Registration Status or Certificate of Good Standing from **every** jurisdiction outside of Australia in which you are currently, or have previously been registered as a health practitioner **during the past five years**.
Certificates **must** be dated within three months of your application being received by Ahpra.

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SECTION F: Registration period

i There is no set registration period for limited registration. We'll grant you registration for 12 months from the date of the Board's approval or the date you select, whichever is the latter. If it takes more than 12 months to complete the limited requirements, you'll need to renew your registration.

12. If this application is approved, when would you like your limited registration to begin?

You can opt to have your registration start on the date of the Board's approval or a date nominated by you, up to 30 days into the future, as long as the date is later than the Board's approval. For more information, see *Registration approval dates* in the *Information and definitions* section of the form.

☒ On the date of the Board's approval

☒ On the date below, or the date of the Board's approval, whichever is the latter

DD / MM / YYYY

i You can't start practising until registration has been granted. Please consider if the date you have nominated gives you time to complete any pre-employment or pre-training program requirements. You can update this date by contacting your Regulatory Officer at any time until we finalise your application. Once your registration has been granted, you cannot change your registration start date.

SECTION G: Suitability statements

i 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.occupationaltherapyboard.gov.au/registration-standards for further information.

13. Do you have any criminal history in Australia?

i It is important that you have a clear understanding of the definition of criminal history. For more information, see *Criminal history* in the *Information and definitions* section of this form.

YES ☒ NO ☐

i You **must** attach a signed and dated written statement with details of your criminal history in Australia and an explanation of the circumstances.

14. Do you have any criminal history in one or more countries other than Australia?

NO ☐ Go to the next question

YES ☒ You are required to:

- obtain an international criminal history check from an approved vendor for each country and provide details below, and
- provide details of your criminal history in a signed and dated written statement.

i For more information, see *Criminal history* in the *Information and definitions* section of this form. If you answer Yes to this question, you are required to obtain an international criminal history check (IHC) from an approved vendor, who will provide a check reference number and IHC reference page. For a list of approved vendors and further information about international criminal history checks, refer to www.ahpra.gov.au/internationalcriminalhistory.

| Country | Check reference number |
|---------|------------------------|
| | |
| | |
| | |

i You **must** attach a separate sheet if the list of overseas countries and corresponding check reference number does not fit in the space provided.

i You **must** attach the international criminal history check (IHC) reference page provided by the approved vendor.

i You **must** attach a signed and dated written statement with details of your criminal history in each of the countries listed and an explanation of the circumstances.

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Tick the second option and provide a proposed commencement date as indicated by your employer.

DON'T FORGET TO ANSWER THESE QUESTIONS.

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15. Are there any countries other than Australia in which you have lived, or been primarily based, for six consecutive months or longer, when aged 18 years or more?

NO ☐ Go to the next question

YES ☐ You are required to obtain an international criminal history check from an approved vendor for each country and provide details below

Country

| Country | Check reference number |
|---------|------------------------|
| | |
| | |
| | |

Check reference number

You **must** attach a separate sheet if the list of overseas countries and corresponding check reference number does not fit in the space provided.

You **must** attach the international criminal history check (IHC) reference page provided by the approved vendor.

Information: If you answer Yes to this question, you are required to obtain an international criminal history check (IHC) from an approved vendor, who will provide a check reference number and IHC reference page. For a list of approved vendors and further information about international criminal history checks, refer to www.ahpra.gov.au/internationalcriminalhistory.

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You must provide an IHC reference number from approved vendors.

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All applicants must demonstrate English language competency via one of the following pathways:

i An evidence requirements guide is available at www.ahpra.gov.au/Registration/Registration-Standards/English-language-skills.
Recognised country means one of the following countries:

- Australia
- New Zealand
- South Africa
- United States of America.
- Canada
- Republic of Ireland
- United Kingdom

Combined secondary and tertiary education pathway

You have undertaken and satisfactorily completed:

- at least two years of secondary education that was taught and assessed solely in English in a recognised country, **and**
- tertiary qualifications on which you are relying to support your eligibility for registration under the National Law, which were taught and assessed solely in English in a recognised country.

Extended education pathway

You have undertaken and satisfactorily completed at least six years' (full time equivalent) continuous education taught and assessed solely in English, in any of the recognised countries, which includes tertiary qualifications in the profession on which you are relying to support your eligibility for registration under the National Law.

Primary language pathway

With overseas qualification in a non-recognised country

English is your primary language and you have undertaken and satisfactorily completed:

- all of your primary and secondary education taught and assessed solely in English in a recognised country, **and**
- tertiary qualifications on which you are relying to support your eligibility for registration under the National Law, which were taught and assessed solely in English.

English language test pathway

You have achieved the required minimum scores in one of the approved English language tests and meet the requirements for test results specified in the Board's *English language skills registration standard*.

16. Which one of the English language competency pathways do you meet?

i Ahpra may verify the information you provide below.

For more information, see *English language skills* in the *Information and definitions* section of this form.

i If a qualification that was relied on for registration is not an approved program of study, you must provide confirmation that the course was taught and assessed solely in English. A list of approved programs of study is available at www.ahpra.gov.au/Accreditation/Approved-Programs-of-Study.

Combined secondary and tertiary education pathway

☐ Provide details of secondary and tertiary education in the table below, then go to question 20

Extended education pathway

☐ Provide details of secondary, vocational and tertiary education in the table below, then go to question 20

Primary language pathway

☐ This is a declaration that English is your primary language. Provide details of primary, secondary and tertiary education in the table below, then go to question 20

English language test pathway

☐ Go to question 17

DON'T FORGET TO ANSWER THIS QUESTION.

Complete the following table of education undertaken in chronological order (earliest to most recent):

| Timeframe | Level of education | Program name If applicable | Education institution Specify name and address | Recognised country If applicable | Study status |
|-----------------------------|-------------------------------------|-------------------------------|---|---|------------------------------------|
| Study commenced: MM/YYYY | <input type="checkbox"/> Primary | | | <input type="checkbox"/> Australia <input type="checkbox"/> Canada | <input type="checkbox"/> Full time |
| | <input type="checkbox"/> Secondary | | | <input type="checkbox"/> New Zealand <input type="checkbox"/> Republic of Ireland | <input type="checkbox"/> Part time |
| Study completed: MM/YYYY | <input type="checkbox"/> Vocational | | | <input type="checkbox"/> South Africa <input type="checkbox"/> United Kingdom | |
| | <input type="checkbox"/> Tertiary | | | <input type="checkbox"/> United States | |
| Study commenced: MM/YYYY | <input type="checkbox"/> Primary | | | <input type="checkbox"/> Australia <input type="checkbox"/> Canada | <input type="checkbox"/> Full time |
| | <input type="checkbox"/> Secondary | | | <input type="checkbox"/> New Zealand <input type="checkbox"/> Republic of Ireland | <input type="checkbox"/> Part time |
| Study completed: MM/YYYY | <input type="checkbox"/> Vocational | | | <input type="checkbox"/> South Africa <input type="checkbox"/> United Kingdom | |
| | <input type="checkbox"/> Tertiary | | | <input type="checkbox"/> United States | |
| Study commenced: MM/YYYY | <input type="checkbox"/> Primary | | | <input type="checkbox"/> Australia <input type="checkbox"/> Canada | <input type="checkbox"/> Full time |
| | <input type="checkbox"/> Secondary | | | <input type="checkbox"/> New Zealand <input type="checkbox"/> Republic of Ireland | <input type="checkbox"/> Part time |
| Study completed: MM/YYYY | <input type="checkbox"/> Vocational | | | <input type="checkbox"/> South Africa <input type="checkbox"/> United Kingdom | |
| | <input type="checkbox"/> Tertiary | | | <input type="checkbox"/> United States | |



Please attach a separate sheet with any additional details that do not fit in the space provided above.

If a qualification specified above was relied on for registration and is **not** an approved program of study, you **must** provide a certified copy of your academic transcript confirming that the course was taught and assessed solely in English.

If the transcript does not confirm that the course was taught and assessed solely in English, you **must** arrange for a letter in the required form to be provided directly to Ahpra by the education provider confirming that the course was taught and assessed solely in English.

17. Were your results from the English language tests obtained in one or two sittings?

i In certain circumstances, you can use English language test results from a maximum of two test sittings in a six month period. For more information, refer to the Board's *English language skills registration standard*.

One sitting ☐ Provide date of test below, then go to the next question and complete details for one sitting

Two sittings ☐ Provide dates below, then go to the next question and complete details for both sittings

Sitting one DD/MM/YYYY Sitting two DD/MM/YYYY

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This question was removed from the test.

18. Which of these English language tests have you successfully completed?
Provide reference number(s) for the test(s) you are relying on and attach a copy of your test results.

☒ **International English Language Test System (IELTS) Academic module**

Test report form number – sitting one:
A

Test report form number – sitting two (if applicable):

The Board requires the IELTS (academic module) with a minimum overall score of 7 and a minimum score of 7 in each of the four components (listening, reading, writing and speaking).

☒ **Occupational English Test (OET)**

Candidate number – sitting one:
- -

Candidate number – sitting two (if applicable):
- -

The Board requires the OET with a minimum score of B or 350 in each of the four components (listening, reading, writing and speaking).

☒ **Pearson Test of English Academic (PTE Academic)**

Registration ID – sitting one:

Registration ID – sitting two (if applicable):

The Board requires the PTE Academic with a minimum overall score of 65 and a minimum score of 65 in each of the four communicative skills (listening, reading, writing and speaking).

☒ **Test of English as a Foreign Language internet-based test (TOEFL iBT)**

Registration number – sitting one:

Registration number – sitting two (if applicable):

The Board requires the TOEFL iBT with a minimum total score of 94 and the minimum scores of 24 for listening, 24 for reading, 27 for writing, and 23 for speaking.

If your English language test(s) were completed within the past two years, you **must** provide a copy of your test results, including the reference number(s), so that Ahpra can verify your results.
If your English language test(s) were not completed within the past two years, you **must** provide a certified copy of your results.

19. Were your results from the above-mentioned English language tests obtained in the past two years?

YES ☒

NO ☐

In order for your results to be accepted, within 12 months of completing your test(s) you **must** have commenced:

- continuous employment as a registered health practitioner in a recognised country where English was the primary language of practice, **and/or**
- continuous enrolment in an approved program of study.

You **must** lodge this application within 12 months of completing the employment and/or program of study.

You **must** attach a certified copy of your English language test results, **and:**

- your CV and a letter from employer(s) or a professional referee in the required form confirming continuous employment as a registered health practitioner in a recognised country (if you are relying on continuous employment over two years in duration, only two years is required), **and/or**
- an academic transcript evidencing that you were enrolled continuously in a Board-approved program of study that commenced within 12 months of sitting the English language test, and that you completed your study no longer than 12 months before lodging your application.

20. Have you read the Board's Professional indemnity insurance arrangements registration standard?

YES ☒

NO ☐


You **must** read the Board's registration standard prior to answering the next question.

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21. In the coming year, do you commit to meet the Board's Professional indemnity insurance registration standard?

Information: When practising, you must have appropriate professional indemnity arrangements in place that meet the Board's registration standard. For more information, see *Professional indemnity insurance* in the *Information and definitions* section of this form or the full registration standard online at www.occupationaltherapyboard.gov.au/registration-standards/professional-indemnity-insurance.

YES ☒ NO ☐

Provide details of your circumstances below

Attachment: You **must** attach a separate sheet with additional details that do not fit in the space provided. Following the assessment of your application, you may be requested to provide further information.

22. Have you graduated from a course relevant to the profession more than two years ago?

YES ☒ **Go to the next question** NO ☐ **Go to question 24**

23. Do you meet the Board's recency of practice requirements?

Information: To meet the Board's *Recency of practice registration standard*, you must complete a minimum of:

- 750 hours of practice in the previous five years
- 450 hours of practice in the previous three years, or
- 150 hours of practice in the previous 12 months.

If you don't meet the standard, you will be required to provide information to help the Board make a decision about your application. For more information, see *Recency of practice* in the *Information and definitions* section of this form or the full registration standard online at www.occupationaltherapyboard.gov.au/registration-standards/recency-of-practice.

YES ☒ NO ☐

Attachment: You **must** attach evidence of your practice history that includes:

- your detailed practice history, including your previous scope(s) of practice and when you last practised
- your intended practice, and
- activities carried out since you last practised including any continuing professional development you may have done.

You **must** also attach to your application the *Supplementary information form* available online at www.occupationaltherapyboard.gov.au/Registration-Standards/Recency-of-practice. For more information, see *Recency of practice* in the *Information and definitions* section of this form.

24. Do you have an impairment that detrimentally affects, or is likely to detrimentally affect, your capacity to practise the profession?

Information: For more information, see *Impairment* in the *Information and definitions* section of this form.

YES ☒ NO ☐

Attachment: You **must** attach to this application details of any impairments and how they are managed.

25. Is your registration in any profession currently suspended or cancelled in Australia (under the National Law or a corresponding prior Act) or overseas?

YES ☒ NO ☐


Attachment: You **must** attach to this application details of any registration suspension or cancellation.


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[]


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Answer YES to this question.


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26. Have you previously had your registration cancelled, refused or suspended in Australia (under the National Law or a corresponding prior Act) or overseas? YES ☒ NO ☐
 You **must** attach to this application details of any cancellation, refusal or suspension.


27. Has your registration ever been subject to conditions, undertakings or limitations in Australia (under the National Law or a corresponding prior Act) or overseas? YES ☒ NO ☐
 You **must** attach to this application details of any conditions, undertakings or limitations.


28. Are you disqualified from applying for registration, or being registered, in any profession in Australia (under the National Law, a corresponding prior Act or a law of a co-regulatory jurisdiction), or overseas? YES ☒ NO ☐
 You **must** attach to this application details of any disqualifications.
Co-regulatory jurisdiction means a participating jurisdiction (of the National Law) in which the Act applying (the National Law) declares that the jurisdiction is not participating in the health, performance and conduct process provided by Divisions 3 to 12 of Part 8 (of the National Law).


29. Have you been, or are you currently, the subject of conduct, performance or health proceedings whilst registered under the National Law, a corresponding prior Act, or the law of another jurisdiction in Australia or overseas, where those proceedings were not finalised? YES ☒ NO ☐
 You **must** attach to this application details of any conduct, performance or health proceedings.


SECTION H: Details of supervised practice

 Your supervised practice program can only commence once this application has been approved by the Board.

30. Why are you applying for limited registration? Choose appropriate option
☒ To undertake a period of supervised practice in Australia for the first time 
☐ Other
 Other reason for applying for limited registration

31. When will your limited registration period need to begin? ☒ On the date of the Board's approval
☐ On the date below, or the date of the Board's approval, whichever is the latter 
 Commencement date / /

32. What is the proposed commencement date of your supervised practice program? / / 
 Indicate the date you start working (it is advised to consult with your employer on this).

33. What is the proposed completion date of your supervised practice? / / 
 Indicate the date 6 months after start date.

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Registration cannot be granted for more than 12 months and registrants who are eligible are only able to renew their registration three times.

34. How many months of registration is required to complete the proposed supervised practice?

Months

SPECIFY

Answer: 6 months

35. How many hours of supervised practice are you seeking approval for?

Hours

SPECIFY

Answer: 14 hours

36. Please list any other periods of supervised practice undertaken prior to the period covered by this application:

Additional supervised practice

Hours completed

SPECIFY

Date completed

DD / MM / YYY

Leave this item blank.

Additional supervised practice

Hours completed

SPECIFY

Date completed

DD / MM / YYY

Leave this item blank.

37. What is the title of the position for which limited registration is being sought?

You must maintain your employment in the designated position. If there is any change to the position in which you are working you will be required to submit a new application for registration to the Board.

Title of the position

SPECIFY

Answer: Occupational Therapist

You must attach a position description including:

- key selection criteria addressing clinical responsibilities, and
- qualifications and experience required (this should be obtained from your employer).

You must also submit a *Supervised practice plan* for approval by the Board. This plan must be submitted no longer than **two weeks** after commencing practice. This form is available at www.occupationaltherapyboard.gov.au

Please obtain a position description from your employer & attach to this application.

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PART B – To be completed by the employer, host employer, sponsor employer

SECTION I: Principle place of practice details*

*Principal place of practice relates to the information provided by the applicant at question 8.

38. What are the details of the employer contact?

Provide contact details below

Name of employing organisation

MR ☐ MRS ☐ MISS ☐ MS ☐ DR ☐ OTHER

Family (legal) name of contact

First given name

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

City/Suburb/Town

State/Territory (e.g. VIC, ACT)

Postcode

Business hours (phone)

Mobile

Email

39. What is the name of the occupational therapist in charge, or director of the workplace?

Title*

MR ☐ MRS ☐ MISS ☐ MS ☐ DR ☐ OTHER

First given name*

Family name*

Preferred name

Sex*

MALE ☐ FEMALE ☐

40. What type of site is the workplace?

Mark all applicable

☐ Public hospital or rehabilitation ☐ Private hospital or rehabilitation ☐ Private practice

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Fill in your employer's details.

Even if the Director of your workplace is not an OT, add their details here.

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41. What are the names and addresses of all sites of practice for which registration is being sought?

Site/Building (if applicable)

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

City/Suburb/Town

State/Territory (e.g. VIC, ACT) Postcode

Site/Building (if applicable)

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

City/Suburb/Town

State/Territory (e.g. VIC, ACT) Postcode

Attach a separate sheet of the names and addresses of additional sites that do not fit within the spaces provided.

SECTION J: Employer's declaration

I declare that the information provided in this document (including supervision and training details) is true and correct.

Name of applicant

Date DD / MM / YYYY

Name of employer contact

Signature of employer contact

SIGN HERE

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If you are going to be working in more than one location, add the additional location here

Insert your name and the date here.

TogetherUp will coordinate signatures with your employer.

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PART C – To be completed by the applicant's nominated supervisor

SECTION K: Nominated supervisor details

42. What are the supervisor's details?

Applicants granted limited registration for supervised practice must practice only under supervision.

Provide supervisor details below

MR ☐ MRS ☐ MISS ☐ MS ☐ DR ☐ OTHER

Family (legal) name of supervisor

First given name

Registration number Position

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

City/Suburb/Town

State/Territory (e.g. VIC, ACT) Postcode

Business hours (phone) Mobile

Email

43. On the proposed date of commencement of supervised practice detailed on this application, will you hold registration as health practitioner and have practised for at least two years?

YES ☐ Provide the year of your initial registration below

NO ☐ You must attach a separate sheet with your reasons for why this criteria should not be applied.

In conjunction with the applicant you must complete a *Supervised practice plan* for approval by the Board. The applicant must submit this plan no longer than **two weeks** after commencing practice. This form is available at www.occupationaltherapyboard.gov.au

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Leave this section blank.

TogetherUp will arrange for you supervisor to complete this section

TogetherUp will provide your supervisor's CV.

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SECTION L: Nominated supervisor's undertaking and declaration

Undertaking

I undertake to be the applicant's primary supervisor and to provide a level of supervision as described in the Supervised Practice Framework and as otherwise determined from time to time by the Board.

I further undertake to:

- ensure that the applicant is practising safely and is not placing the public at risk
- notify the Board immediately if I have concerns about the applicant's clinical performance, health or failure to comply with conditions or undertakings
- ensure that the applicant practises in accordance with work arrangements approved by the Board
- inform the Board if I am no longer able to undertake the role of the applicant's supervisor, and
- assess, monitor and report to the Board about the performance of the practitioner undertaking the supervision.

Declaration

I declare that the:

- information provided in this document (including supervision and training details) is true and correct.
- occupational therapist (applicant) named below will be supervised at all times while undertaking trainee practice in occupational therapy in accordance with the Supervised Practice Framework.


Name of applicant

Date

DD / MM / YYYY

Name of supervisor

Signature of supervisor

 SIGN HERE

TogetherUp will coordinate signatures with your supervisor.

Insert your name and the date.

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Declaration

I declare that:

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

I make this declaration in the knowledge that a false declaration amounts to a contravention of the National Law and may lead to refusal of registration or health, conduct or performance action under the National Law.

I confirm that if I advertise any of my services or my business, the advertising* complies with section 133 of the National Law and the National Board's Advertising Guidelines as it:

- is not false, misleading or deceptive or likely to be misleading or deceptive
- does not offer a gift, discount or other inducement without stating the terms and conditions of the offer
- does not use testimonials or purported testimonials about the service or business
- does not create an unreasonable expectation of beneficial treatment, and
- does not directly or indirectly encourage the indiscriminate or unnecessary use of my services.

*For information about advertising obligations please see the advertising resources page on:
<https://www.ahpra.gov.au/Publications/Advertising-hub.aspx>


I acknowledge that:

- the National Board may validate documents provided in support of this application as evidence of my identity
- failure to complete all relevant sections of this application for renewal of registration 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 for renewal of registration will be sent to me electronically to me via my nominated email address
- 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 the all relevant legislation and National Board registration standards, codes and guidelines.

I understand that personal information that I provide may be given to a third party for regulatory purposes, as authorised or required by the National Law.

Signature of applicant



SIGN HERE

Name of applicant

Date

DD

/

MM


/

YYYY

**Insert your signature,
name and the date.**

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SECTION N: Payment

You are required to pay BOTH an application fee and a registration fee.
Use the table below to select your registration fee. Your registration fee depends your principal 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: | | Registration fee: | | Amount payable: |
|------------------|---|--------------------------------------|-------|---|
| \$127 | + | \$ INSERT FEE | = | \$ INSERT FEE |
| | | Registration fee | \$127 | Applicants must pay 100% of the stated fees at the time of submitting the application. |
| | | Registration fee for NSW registrants | \$122 | |

Registration period
Registration is granted for a period of no more than 12 months. Limited registrants may only apply to renew their registration up to three times.


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

44. Please complete the credit/debit card payment slip below.

Do not add your credit care details until you are ready to upload all of your documents the upload button on the AHPRA website.

DO NOT SHARE YOUR CREDIT CARD DETAILS WITH US!

Credit/Debit card payment slip – please fill out

| | |
|---|---|
| <p>Amount payable</p> <div style="border: 1px solid #ccc; padding: 5px; display: flex; align-items: center;">\$</div> <p>Visa or Mastercard number</p> <div style="border: 1px solid #ccc; padding: 5px; display: flex; gap: 5px;"> <div style="border: 1px solid #ccc; width: 20px; height: 20px;"></div> <div style="border: 1px solid #ccc; width: 20px; height: 20px;"></div> <div style="border: 1px solid #ccc; width: 20px; height: 20px;"></div> <div style="border: 1px solid #ccc; width: 20px; height: 20px;"></div> <div style="border: 1px solid #ccc; width: 20px; height: 20px;"></div> <div style="border: 1px solid #ccc; width: 20px; height: 20px;"></div> <div style="border: 1px solid #ccc; width: 20px; height: 20px;"></div> <div style="border: 1px solid #ccc; width: 20px; height: 20px;"></div> <div style="border: 1px solid #ccc; width: 20px; height: 20px;"></div> <div style="border: 1px solid #ccc; width: 20px; height: 20px;"></div> <div style="border: 1px solid #ccc; width: 20px; height: 20px;"></div> <div style="border: 1px solid #ccc; width: 20px; height: 20px;"></div> <div style="border: 1px solid #ccc; width: 20px; height: 20px;"></div> <div style="border: 1px solid #ccc; width: 20px; height: 20px;"></div> </div> <p>Expiry date</p> <div style="border: 1px solid #ccc; padding: 5px; display: flex; gap: 5px;"> <div style="border: 1px solid #ccc; width: 20px; height: 20px; text-align: center;">MM</div> <div style="border: 1px solid #ccc; width: 20px; height: 20px; text-align: center;">/</div> <div style="border: 1px solid #ccc; width: 20px; height: 20px; text-align: center;">YY</div> </div> | <p>Name on card</p> <div style="border: 1px solid #ccc; height: 20px;"></div> <p>Cardholder's signature</p> <div style="border: 1px solid #ccc; height: 40px; display: flex; align-items: center; justify-content: center;">  <div style="margin-left: 10px;">SIGN HERE</div> </div> |
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