

# APPLICATION FOR REGISTRATION BY MUTUAL RECOGNITION

For office use only	
Reg No:	

## Mutual Recognition Act 1992

### Application for General Registration/Specialist Registration

This form is to be used by doctors who currently hold full, unconditional registration/specialist registration in another State or Territory of Australia, and who are not the subject of any disciplinary proceedings.

**To: The Registration Manager  
Medical Practitioners Board of Victoria  
GPO Box 773  
MELBOURNE VIC 3001**

I hereby apply for Registration in Victoria in accordance with the principle of the *Mutual Recognition Act 1992*.

### SECTION 1: PERSONAL DETAILS

<b>IDENTITY</b>	
<p><b>1</b> Given Name(s): _____</p> <p>Surname: _____</p> <p>Any other names you have used: _____</p>	<p>Attach a passport-sized photograph here. (Only where you are applying for registration in Victoria for the first time.)</p>
<p><b>2</b> Date of Birth: ____ / ____ / ____ (dd/mm/yyyy)</p> <p>Country of Birth: _____</p> <p>Gender:    <input type="checkbox"/> Male    <input type="checkbox"/> Female</p>	
<b>RESIDENCY DETAILS</b>	
<p><b>3</b> In which country was your passport issued? _____</p> <p>In which country were you a resident immediately preceding your arrival in Australia? _____</p> <p>What is your residency status?    <input type="checkbox"/> Permanent    <input type="checkbox"/> Temporary – complete details of your visa status below.</p> <p>Visa Status:            (a) Type: _____            (b) Duration: _____</p> <p>                                  (c) Date approved: ____ / ____ / ____ (dd/mm/yyyy)</p>	
<b>ADDRESS DETAILS</b>	
<p><i>You <b>must</b> provide at least one address. You must also advise which address you wish to appear on the Public Register and which should be used for correspondence. If you provide only one address, that address will appear on the Public Register.</i></p>	
<p><b>4</b> Practice Address: _____</p> <p>                                  _____</p> <p>                                  _____</p> <p>Private Address: _____</p> <p>                                  _____</p> <p>                                  _____</p> <p>Postal Address: _____</p> <p>(If different to above.) _____</p> <p>                                  _____</p>	
<p>The address I wish to be placed on the Public Register is:</p>	<p><input type="checkbox"/> Practice    <input type="checkbox"/> Private    <input type="checkbox"/> Postal</p>
<p>The address I wish the Board to use for correspondence is:</p>	<p><input type="checkbox"/> Practice    <input type="checkbox"/> Private    <input type="checkbox"/> Postal</p>

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## CONTACT DETAILS

5	<p><i>These details will be used only for correspondence with the Board for receipt of notices concerning your application. You are encouraged to provide an email address to facilitate Board communication.</i></p> <p>Email address: _____</p> <p>Business hours telephone: _____ Mobile telephone: _____</p>
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## SECTION 2: APPLICATION DETAILS

### CURRENT REGISTRATION

1	<p>I am registered as a medical practitioner in (<i>tick all states or territories where registered</i>):</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Australian Capital Territory</td> <td><input type="checkbox"/> New South Wales</td> <td><input type="checkbox"/> Northern Territory</td> </tr> <tr> <td><input type="checkbox"/> Queensland</td> <td><input type="checkbox"/> South Australia</td> <td><input type="checkbox"/> Tasmania</td> </tr> <tr> <td><input type="checkbox"/> Western Australia</td> <td></td> <td></td> </tr> </table> <p>I attach a certified copy of my current practising certificate in..... (insert State or Territory)</p>	<input type="checkbox"/> Australian Capital Territory	<input type="checkbox"/> New South Wales	<input type="checkbox"/> Northern Territory	<input type="checkbox"/> Queensland	<input type="checkbox"/> South Australia	<input type="checkbox"/> Tasmania	<input type="checkbox"/> Western Australia		
<input type="checkbox"/> Australian Capital Territory	<input type="checkbox"/> New South Wales	<input type="checkbox"/> Northern Territory								
<input type="checkbox"/> Queensland	<input type="checkbox"/> South Australia	<input type="checkbox"/> Tasmania								
<input type="checkbox"/> Western Australia										

2	<p>My registration in another state <b>is / is not</b> (<i>delete as appropriate</i>) subject to any special conditions. Details of these conditions are detailed below or attached.</p> <p><input type="checkbox"/> Specialist Registration.....(insert specialty)</p> <p><input type="checkbox"/> Other (attach details)</p>
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### DECLARATIONS

3	<p>I declare that:</p> <ul style="list-style-type: none"> <li>• 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).</li> <li>• My registration is not cancelled or currently suspended as a result of disciplinary action.</li> <li>• I am not otherwise personally prohibited from carrying on the practice of medicine in any State or Territory and am not subject to any special conditions in carrying on that occupation as a result of criminal, civil or disciplinary conditions in any State or Territory.</li> </ul>
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4	<p>I consent to the Medical Practitioners Board of Victoria making inquiries of, and the exchange of information with, the authorities of any State or Territory regarding my activities in the practice of medicine or otherwise regarding matters relevant to the notice.</p>
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### PREVIOUS VICTORIAN REGISTRATION

5	<p>My Victorian registration status is (<i>tick one</i>):</p> <p><input type="checkbox"/> I have not held medical registration previously in Victoria.</p> <p><input type="checkbox"/> I have previously held Registration in Victoria</p> <p>My registration number in Victoria was _____</p>
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## SECTION 3: PROFESSIONAL QUALIFICATIONS

### PARTICULARS OF YOUR DEGREE IN MEDICINE

	Qualification	Institution	Country	Year
1	_____	_____	_____	_____

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## SECTION 4: MANDATORY DISCLOSURE STATEMENT

<b>1</b>	Have you ever been ordered by a court to pay damages or other compensation, of \$20,000 or more, to a person for negligence in the course of providing medical care, and the court did not order that the terms of the order should not be disclosed?
	<input type="checkbox"/> No <input type="checkbox"/> Yes (attach details)
<b>2</b>	Have you ever been committed for trial in respect of an indictable offence?
	<input type="checkbox"/> No <input type="checkbox"/> Yes (attach details)
<b>3</b>	Have you ever been convicted or found guilty of an indictable offence?
	<input type="checkbox"/> No <input type="checkbox"/> Yes (attach details)
<b>4</b>	Are you the subject of an investigation by a medical registration authority?
	<input type="checkbox"/> No <input type="checkbox"/> Yes (attach details)
<b>5</b>	Have you ever been prohibited from practising as a medical practitioner or had conditions, limitations, or restrictions placed on your registration by, or given an undertaking to, a medical regulation authority?
	<input type="checkbox"/> No <input type="checkbox"/> Yes (attach details)
<b>6</b>	Have you ever had any conditions or prescribing restrictions imposed on your medical registration outside the State of Victoria because of a problem with your health?
	<input type="checkbox"/> No <input type="checkbox"/> Yes (attach details)

## SECTION 5: PROFESSIONAL INDEMNITY INSURANCE

<b>1</b>	<p>My professional indemnity insurance status is (<i>tick one</i>):</p> <input type="checkbox"/> I currently hold Professional Indemnity Insurance in my own name: Approved Insurance Provider: _____ Membership or Policy No.: _____
	<input type="checkbox"/> I am indemnified by another scheme (such as an employer or by state insurance), where the cover is at least \$5 million for each claim or whatever greater amount is prescribed by section 16 of the <i>Medical Indemnity (Prudential Supervision and Product Standards) Act 2003</i> ("the Commonwealth Act"). This includes public hospital employees and rural doctors who are covered by the Victorian Managed Insurance Authority (VMIA).
	<input type="checkbox"/> I am in the process of applying for Professional Indemnity Insurance and I undertake to contact the medical practitioners Board of Victoria with details of my insurer when I have obtained employment. I understand that I cannot commence to practise until I have obtained relevant insurance.

## SECTION 6: PAYMENT INFORMATION

<b>INVOICE DETAILS</b>		<b>ABN 73879918284</b>
<b>1</b>	Payment for Dr. _____ <i>(Write name here.)</i>	
<b>2</b>	Registration fee for Registration: Applications received by the Board in the first half of any board year (01/10 – 31/03) attract the full year fee. Applications received by the Board in the second half of a board year (01/04 – 30/09) attract a partial fee.	
	<input type="checkbox"/> Full year fee	\$415.00
	<input type="checkbox"/> Partial fee	\$210.00
<b>3</b>	<b>Total Due (GST exempt):</b>	\$ _____

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**PAYMENT METHOD**

4  Cheque (payable to "Medical Practitioners Board of Victoria")  Credit Card (provide details below)

**CREDIT CARD DETAILS**

5 Card Type:  VISA  MasterCard (No other cards accepted)

Card No:     -     -     -

Expiry Date (mm/yy):   /

Name on Card: \_\_\_\_\_

**SECTION 10: DECLARATION**

1 I declare all the information provided in respect to this application is true and correct.

Signed: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ (dd/mm/yyyy)

2 **Made and declared at** \_\_\_\_\_

On \_\_\_\_\_ the \_\_\_\_\_ of \_\_\_\_\_ in the year 20\_\_\_\_\_

Before me \_\_\_\_\_ (sign)

Full Name \_\_\_\_\_

Profession \_\_\_\_\_

To be witnessed by a person authorised to witness declarations under the *Evidence Act 1958* in Victoria