



Reg. No:		GENERAL (UNCONDITIONAL) REGISTRATION <input type="checkbox"/>
Reg. Date		
Board Meeting		CONDITIONAL REGISTRATION <input type="checkbox"/>
Fee Paid	\$	
Documentation provided to the Medical Board in support of the Application for Registration:		
• Certificate of Good Standing (25 points)		<input type="checkbox"/>
• Primary Medical Degree		<input type="checkbox"/>
• Additional qualifications as specified in Question 8		<input type="checkbox"/>
• ELP Documents (or Exemption documents)		<input type="checkbox"/>
• EICS verification number		<input type="checkbox"/>
• ID Validation documents (100 points)		<input type="checkbox"/>
..... ( points)		
..... ( points)		
• Passport / current working visa valid to ..... (70 points)		<input type="checkbox"/>
• Two referee names		<input type="checkbox"/>

**THE MEDICAL BOARD OF WESTERN AUSTRALIA  
MEDICAL PRACTITIONERS ACT 2008**

**Application for Registration as a Medical Practitioner**

I, \_\_\_\_\_  
First Name
Middle Name(s)
Surname/ Last Name  
 (FULL NAME IN BLOCK LETTERS)

hereby apply to the Medical Board of Western Australia to be registered as a medical practitioner pursuant to the *Medical Practitioners Act 2008*.

I submit herewith the following:-

- (a) My answers to the following questions.
- (b) Degrees, primary qualifications, licences, diplomas or other proof of qualifications by virtue of which I claim to be registered and as mentioned in the following questionnaire.
- (c) The prescribed registration fee.
- (d) Photo ID as proof of identity.

**PRIVACY STATEMENT**

The Medical Board of Western Australia (“the Board”) collects information for the purpose of fulfilling its responsibilities pursuant to the *Medical Practitioners Act 2008* (“the Act”). In accordance with the Act the following registration information is provided to the general public on a doctor registered with the Board: name; business (or other) address; unique identification number; medical qualifications; registration status; date of registration; conditions applying to registration (eg sponsoring organisation and the locations where a doctor is registered to work); conditions imposed, or cancellation or suspension of registration by a regulatory authority of another State or Territory; voluntary conditions on registration; details of disciplinary, competency and impairment matters under Part 6 of the Act; convictions under the Act.

Registration information is published on the website of the Medical Board of Western Australia.

# QUESTIONS TO BE ANSWERED BY AN APPLICANT FOR REGISTRATION AS A MEDICAL PRACTITIONER

\* Current details in Western Australia

## PERSONAL DETAILS

1. Practice Address\* \_\_\_\_\_
2. Postal Address\* \_\_\_\_\_
3. Telephone (Home)\* \_\_\_\_\_ (Business)\* \_\_\_\_\_  
(Mobile)\* \_\_\_\_\_ (Email Address) \_\_\_\_\_
4. Date of Birth \_\_\_\_\_ 5. Place of Birth (*Town*) \_\_\_\_\_ (*Country*) \_\_\_\_\_
6. Proposed position as a medical practitioner (eg Intern, Registrar, Consultant (state specialty) \_\_\_\_\_
7. What is your residential status?
  - Australian Citizen / New Zealand Citizen
  - Permanent Resident; or
  - Temporary Visa. If so, what is the Visa Class? \_\_\_\_\_

## PRACTITIONER'S DECLARATION

### QUALIFICATIONS

8. State your medical qualifications:


9. Have you completed secondary schooling (min 5 yrs) in a country where English is the native or first language?  Yes  No
10. Have you undergone English Language Proficiency Testing (i.e. IELTS or OET) which meets the Board's requirements? (answer only if applicable to this application)  Yes  No
11. Are you at present legally qualified to practise Medicine in the country in which your qualifications were granted?  Yes  No
12. Have any of the qualifications upon which you rely for registration as a medical practitioner been withdrawn or cancelled by a college or other body by which they were conferred?  Yes  No
13. Have you completed a period of internship; or a term as a pre-registration house officer in a hospital or hospitals for a period of twelve months (or more) subsequent to graduation? If "YES", state particulars. (answer only if applicable to this application)  Yes  No

Hospital	Address	From	To

### HEALTH

14. Are you currently affected by the use of, or are you dependent on, a drug or alcohol to such an extent that your ability to practice medicine is, or is likely to be, affected adversely?  Yes  No

15. Have you in the past been affected by the use of, or were dependent on, a drug or alcohol to such an extent that your ability to practice medicine was affected adversely?  Yes  No
16. Do you currently, or have you in the past, had a significant illness that may affect your physical or mental capacity to practice medicine?  Yes  No

### REGISTRATION

17. Where are you currently registered as a medical practitioner? (tick all that apply)
- WA  ACT  NSW  NT  QLD  SA  TAS  VIC
- Overseas (please specify)  \_\_\_\_\_
18. Are you the subject of any criminal investigations; or convictions; or have you ever been convicted anywhere of a criminal offence?  Yes  No
19. Have you at any time been:
- (a) The subject of any disciplinary action by any body or authority providing for the registration of medical practitioners?  Yes  No
- (b) Found guilty of any professional misconduct or unprofessional conduct?  Yes  No
- (c) Have you ever had, at any time, restrictions or conditions placed on your registration by a registering authority; or have you ever entered into a voluntary undertaking concerning restriction or limitation regarding the practice of medicine?  Yes  No
20. Has your registration as a medical practitioner ever been withdrawn, cancelled or suspended by any registration body?  Yes  No
21. Have you ever been refused registration as a medical practitioner?  Yes  No
22. If you have answered "YES" to any of the **questions from 14 to 21 (inclusive)**, please provide details:
23. If you are applying only for Conditional Registration, please provide details below:

Hospital/Organisation	Period From	To

24. Give the names & addresses of two reputable persons (not related to you) to whom reference may be made as to your character:

Name	Address/Email	Telephone

### PROFESSIONAL INDEMNITY INSURANCE ("PII")

25. My PII cover details are as follows:
- Private sector**
- i) I confirm that I will be covered by PII from my employment commencement date  Yes  No
- ii) I will ensure that the Board is provided with proof of my PII arrangements (current insurance policy schedule or written advice from insurer) no later than 28 days after I receive my Certificate of Registration.  Yes  No

What is the name of your insurer? (e.g. MDA National, Avant, MIGA, MIPS) \_\_\_\_\_

What is your insurance policy number (if available)? \_\_\_\_\_

- Are there procedures/treatments/areas of medicine that your insurance company has declined to cover? If yes, please provide details.  Yes  No

**AND/OR**

## Western Australian Public Health System

I will be working **solely or partially** in the Western Australian Public Health System (e.g. tertiary hospital such as Fremantle Hospital; a health service; a country hospital).  Yes  No

### AND

i) I am a Salaried Medical Officer (e.g. intern, resident, registrar, consultant); and  Yes  No

I confirm that I will be covered for PII for all medical practise undertaken by me in the public health system, by reason of my employment at a public hospital/health service.  Yes  No

### OR

ii) I am a Non-Salaried Medical Practitioner (e.g. visiting medical practitioner); and  Yes  No

I confirm that I will ensure that the Board is provided with an executed copy of my "Application for the Non-Salaried Medical Practitioners' Indemnity" form no later than 2 months after I receive my Certificate of Registration  Yes  No

## PRIVACY

I consent to the Medical Board of Western Australia making necessary inquiries to verify the particulars disclosed in this application.

I acknowledge and accept that the information in this form is required to be collected under the *Medical Practitioners Act 2008* in order to provide registration. I understand and accept the Board will use and disclose information provided by me to the Board for the purposes necessary and related to the *Medical Practitioners Act 2008* and other related legislation.

## STATUTORY DECLARATION

I, \_\_\_\_\_  
Occupation, \_\_\_\_\_  
Of (address), \_\_\_\_\_

(FULL NAME, ADDRESS AND OCCUPATION OF PERSON MAKING THE DECLARATION- IN BLOCK LETTERS)

sincerely declare as follows:

- That the statements I have made in this document are true and correct in every particular to the best of my knowledge and that I am the person named in the medical qualifications and/or other documents or letters.

This declaration is true and I know that it is an offence to make a declaration knowing that it is false in material particular.

This declaration is made under the *Oaths, Affidavits and Statutory Declarations Act 2005* at:

Place \_\_\_\_\_ On this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
**Signature of person making the declaration**

In the presence of \_\_\_\_\_ Signature of authorised witness  
NAME \_\_\_\_\_ (BLOCK LETTERS) Name of authorised witness  
Qualification \_\_\_\_\_ Qualification as such a witness

- **Any person who makes a statement or provides information which the person knows is false or misleading; or with reckless disregard as to whether the statement is false or misleading, is in breach of Section 133 of Act. The penalty for such action is a fine of \$24,000 or imprisonment for 2 years.**
- **Please be aware that if you knowingly fail to disclose a matter which is relevant to your registration or make a false statement in an application for registration, then you may also be subject to disciplinary proceedings alleging improper conduct under the Act.**

### **DECLARATIONS WITNESSED IN WESTERN AUSTRALIA**

An authorised witness as described in section 12 (6) (a) of the *Oaths, Affidavits and Statutory Declarations Act 2005* must witness this declaration in Western Australia as follows:

- Any person described in the second column of Schedule 2 of the *Oaths, Affidavits and Statutory Declarations Act 2005* (eg. Justice of the Peace; Accountant with membership of CPA Australia; or Doctor, Lawyer, Chemist, Dentist, Optometrist, Physiotherapist, Nurse, Architect as defined by the *Oaths, Affidavits and Statutory Declarations Act 2005*).
- Any person before whom, under the *Statutory Declarations Act 1959* of the Commonwealth, a statutory declaration can be made.

### **DECLARATIONS WITNESSED IN PLACES IN AUSTRALIA (other than Western Australia)**

An authorised witness as described in section 12 (6) (b) of the *Oaths, Affidavits and Statutory Declarations Act 2005* must witness this declaration in places in Australia (other than Western Australia) as follows:

- Any person who, under the law of that place, has authority to take or receive a statutory, solemn or other declaration; or
- Any person before whom, under the *Statutory Declarations Act 1959* of the Commonwealth, a statutory declaration can be made.

### **DECLARATIONS WITNESSED OVERSEAS**

An authorised witness as described in section 12 (6) (c) of the *Oaths, Affidavits and Statutory Declarations Act 2005* must witness this declaration in countries other than Australia as follows:

- A prescribed consular official who is performing official functions at that place;
- A person who is a justice or notary public under the laws of that place;
- A person who has authority under the law of that place to administer an oath to another person or to take, receive or witness a statutory, solemn or other declaration.