



**MEDICAL BOARD OF WESTERN AUSTRALIA**

ABN: 25 271 541 367

**STATEMENT OF ACTIVITY**

A Statement of Activity is required to be completed if the medical practitioner seeks:

- Restoration of registration;
- A change in registration status from non-practising to practising; or
- A change in registration status from occasional practice to practising

Please include attendance at any educational institutions, and explain any periods where you were not practising medicine.

**Name of Applicant** \_\_\_\_\_

<i>Dates</i>	<i>Name and Address of Place of Employment/Practice</i>
<i>Duties</i>	
<i>Duties</i>	
<i>Duties</i>	
<i>Duties</i>	
<i>Further Explanation:</i> .....	
<i>Names and Contact Information for Two Referees:</i> .....	