


CHIROPRACTORS REGISTRATION BOARD OF VICTORIA
Health Professions Registration Act (Vic) 2005
APPLICATION FOR RENEWAL OF REGISTRATION 2009

**PLEASE ENSURE THAT YOU CAREFULLY READ AND COMPLETE
 THE ENTIRE FORM**

	Biller Code: 63396 Ref:
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Dear Practitioner,

In order to apply to renew your registration as a Chiropractor in Victoria it is necessary to complete all 4 pages of this form, attach any required documentation and return it with the fee for renewal of **\$350.00 (Aust) for General Registration** or **\$150.00 (Aust) for Non-Practising Registration**. There is **NO GST** associated with these fees. The fee covers your registration as a chiropractor for the 2009/2010 financial year or part thereof.

- **All renewals must be received by June 30th 2009.** Applications not received fully completed by June 30th will incur the \$150.00 late fee, any practitioner whose application is not finalised by September 30th will be removed from the Register.
- Payment options are either by cheque, money order, bank draft or BPay.
- Please note that your application will be processed and considered by the Board as soon as possible, but an application cannot be processed unless it is fully complete.

Payments should be made payable to:

“CHIROPRACTORS REGISTRATION BOARD OF VICTORIA”

and forwarded with a completed application to:

Renewals
Chiropractors Registration Board of Victoria
G.P.O. BOX 4831
MELBOURNE VIC 3001

YOUR DETAILS:

Family Name:.....Given Names.....

Date of Birth:.....(dd/mm/yyyy)Place of Birth:.....Gender:.....

BEFORE YOU RETURN YOUR FORM

**PLEASE ENSURE THAT YOU FULLY COMPLETE ALL RELEVANT SECTIONS,
 INCLUDE YOUR PAYMENT (OR PROOF OF PAYMENT) AND AN ORIGINAL OR A
 CERTIFIED COPY OF A DOCUMENT THAT PROVES THAT YOU HAVE
 P.I. INSURANCE OF AT LEAST \$10 MILLION (Aust).**

<i>Office Use Only:</i>	<i>Date Received</i>	
	<i>Details</i>	
	<i>Type</i>	
	<i>Fitness</i>	
	<i>PI Ins.</i>	
	<i>Currency</i>	
	<i>Endorsement</i>	
	<i>Payment</i>	
	<i>Declaration</i>	
	<i>Other:</i>	

NOMINATED CONTACT ADDRESSES

Please provide the address(es) from which you practise, your private address and your postal address. Only your practice address(es) will be put on the Register and be available to the public. The Board’s privacy policy can be viewed at <http://www.chiroreg.vic.gov.au/foi.asp>

Private Address	Phone
Postcode	
Practice Address/es 1.	Phone
Postcode	
2.	Phone
Postcode	
3.	Phone
Postcode	
Contact Email Address/es:	Mobile
Postal Address:	Postcode

TYPE OF REGISTRATION

There are several types of registration specified by the Health Professions Registrations Act 2005. For the purposes of this renewal you can apply for either ‘General’ or ‘Non-Practising’ registration. If you intend to practise as a Chiropractor in Victoria you should apply for General Registration. If you do not intend practising in Victoria you may apply for Non-Practising registration.

Please indicate the type of Registration you wish to apply for:.....

ENDORSEMENT

WRITE YES or NO

If you currently have an endorsement to practise Acupuncture and wish to renew this endorsement, please complete the following section.

Do you wish to renew your endorsement to practise Acupuncture?

.....

PROFESSIONAL INDEMNITY INSURANCE

WRITE YES or NO

This section does not apply to those applying for Non-Practising registration.

Do you have the recommended level (\$10 million dollars) of professional indemnity insurance as described in the Board’s guidelines?

If YES please provide a certified copy of the insurance policy or a certificate of currency from your insurer that specifies you as being covered (your insurer may fax this directly to us upon your request)

If NO please provide a brief explanation:

.....

<p>CURRENCY OF PRACTICE (<i>Penalties for non-disclosure apply</i>) <i>In order to satisfy the Board as to your currency and competence to practice, please indicate whether you have practiced in the past 2 years. If not then please provide, on a separate sheet of paper, a full history of your experience in Chiropractic, your past training and any proposed future training along with the names and contact details of at least two referees. This does not apply to those who wish to register as 'Non-Practising'.</i></p> <p>Have you practiced as a Chiropractor in the past 2 years?</p> <p>.....</p>	<p><u>WRITE YES or NO</u></p> <p>.....</p>
<p>FITNESS TO PRACTISE (<i>Penalties for non-disclosure may apply</i>)</p>	
<p>Do you have an alcohol or drug dependency problem that may affect your ability to practise? (If YES, please provide more information on a separate sheet of paper)</p>	<p><u>WRITE YES or NO</u></p> <p>.....</p>
<p>Do you have a physical or mental impairment that may affect your ability to practise? (If YES, please provide more information on a separate sheet of paper)</p>	<p><u>WRITE YES or NO</u></p> <p>.....</p>
<p>In the past 12 months, have you ever been committed for trial, convicted, or found guilty by a court or tribunal of an offence in Australia or overseas or are any such proceedings pending? (If YES, please provide more information on a separate sheet of paper)</p>	<p><u>WRITE YES or NO</u></p> <p>.....</p>
<p>In the past 12 months, have you ever been or are you due in the future to be, in Australia or overseas, subject to the disciplinary processes of either an employer, a professional body or a statutory authority (excluding this Board) with respect to your practise of Chiropractic or your conduct during a period of registration as a Chiropractor ? (this includes all Courts and Tribunals) (If YES, please provide more information on a separate sheet of paper)</p>	<p><u>WRITE YES or NO</u></p> <p>.....</p>
<p>Have you had your registration as a chiropractor refused, not restored, cancelled or suspended in any jurisdiction? (If YES, please provide more information on a separate sheet of paper)</p>	<p><u>WRITE YES or NO</u></p> <p>.....</p>
<p>Is your proficiency in English sufficient to practise competently and safely? (If NO, please provide more information on a separate sheet of paper) <i>(In certain circumstances, the Board may require you to prove that your English language competence is of an acceptable IELTS level)</i></p>	<p><u>WRITE YES or NO</u></p> <p>.....</p>
<p>Have you had any conditions or restrictions placed on your registration as a Chiropractor in any jurisdiction? (If YES, please provide more information on a separate sheet of paper)</p>	<p><u>WRITE YES or NO</u></p> <p>.....</p>
<p>Has your insurer ever paid damages or other compensation on your behalf to a person for alleged negligence in your practise as a Chiropractor or has a Court ever ordered such damages or compensation be paid ? (If YES, please provide more information on a separate sheet of paper)</p>	<p><u>WRITE YES or NO</u></p> <p>.....</p>
<p>Are you otherwise disqualified from applying for registration under this Act? (If YES, please provide more information on a separate sheet of paper)</p>	<p><u>WRITE YES or NO</u></p> <p>.....</p>

SELF DECLARATION AND CONSENT

I (*full name*).....

Of (*address*).....

1. **I consent** to the Chiropractors Registration Board of Victoria making enquiries of, and exchanging information with, the authorities of other jurisdictions charged with the regulation of chiropractors regarding my registration as a Chiropractor and other matters relating to my registration
2. **I declare** that all of the information in this my application for renewal of registration is true and correct and is made in the belief that a person making a false declaration is liable to the penalties of perjury.

Signed:.....Date:.....

Witness:.....Date:.....

Name of Witness:

Contact details of Witness:

Category of Witness:

Your witness must be a Justice of the Peace or other person specified by s107A of the Evidence Act 1958 (see below)

LIST OF PERSONS WHO MAY WITNESS THIS DECLARATION

s107A of the Evidence Act 1958—persons who can witness declarations are as follows:

- a Justice of the Peace or a Bail Justice;
- a Notary Public;
- a barrister and solicitor of the Supreme Court;
- a clerk to a barrister and solicitor of the Supreme Court;
- the Prothonotary or a Deputy Prothonotary of the Supreme Court;
- the Registrar or a Deputy Registrar of the County Court;
- the Principal Registrar, Registrar or Deputy Registrar of the Magistrates' Court;
- the Registrar of Probates or an Assistant Registrar of Probates;
- the Associate to a Judge of the Supreme Court or of the County Court;
- the Secretary of a Master of the Supreme Court or of the County Court;
- a registered Patent Attorney;
- a member of the police force;
- the sheriff or a deputy sheriff;
- a member or former member of either House of the Parliament of Victoria;
- a member or former member of either House of the Parliament of the Commonwealth;
- a councilor of a municipality;
- a senior officer of a Council;
- a registered medical practitioner;
- a registered dentist;
- a veterinary practitioner;
- a pharmacist;
- a principal in the Victorian government teaching service;
- the branch manager of a bank;
- a member of the Institute of Chartered Accountants in Australia or the Australian Society of Accountants or the National Institute of Accountants;
- the secretary of a building society;
- a minister of religion (not a civil celebrant);
- a Victorian public servant with authorisation to sign statutory declarations;
- a fellow of the Institute of Legal Executives (Victoria).