

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

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

Dear Student,

In order to apply for renewal of your student registration it is necessary to complete all sections of this form, attach any required documentation and return it by June 30th 2009. There is no fee for student registration.

- **All renewals must be received by June 30th 2009.** 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 complete.
- You will be unable to continue your studies unless you renew your registration by June 30th., 2009.

Please forward your completed application to:

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:.....

YOUR ENROLMENT:

What year of the course are you enrolled in?.....

In what year do your expect to complete your training?.....

Office Use Only:

<i>Date Received</i>	
<i>Details</i>	
<i>Type</i>	
<i>Fitness</i>	
<i>PI Ins.</i>	N/A
<i>Currency</i>	N/A
<i>Endorsement</i>	N/A
<i>Payment</i>	N/A
<i>Declaration</i>	
<i>Other:</i>	

NOMINATED CONTACT ADDRESSES

Please provide your private address and a reliable postal address. The Board's privacy policy can be viewed at <http://www.chiroreg.vic.gov.au/foi.asp>

Private Address	Phone
Postcode	
Contact Email Address/es:	Mobile
Postal Address:	
Postcode	

FITNESS TO PRACTISE (*Penalties for non-disclosure may apply*)

Do you have an alcohol or drug dependency problem that may affect your ability to undertake clinical training? (If YES, please provide more information on a separate sheet of paper)	<u>WRITE YES or NO</u>
Do you have a physical or mental impairment that may affect your ability to undertake clinical training? (If YES, please provide more information on a separate sheet of paper)	<u>WRITE YES or NO</u>
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)	<u>WRITE YES or NO</u>
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 student ? (this includes all Courts and Tribunals) (If YES, please provide more information on a separate sheet of paper)	<u>WRITE YES or NO</u>
Have you had your registration as a chiropractor or as a student refused, not restored, cancelled or suspended in any jurisdiction? (If YES, please provide more information on a separate sheet of paper)	<u>WRITE YES or NO</u>
Is your proficiency in English sufficient to undertake clinical training 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>	<u>WRITE YES or NO</u>
Have you had any conditions or restrictions placed on your registration as a student in any jurisdiction? (If YES, please provide more information on a separate sheet of paper)	<u>WRITE YES or NO</u>
Has your insurer ever paid damages or other compensation on your behalf to a person for alleged negligence in your practise as a student or has a Court ever ordered such damages or compensation be paid ? (If YES, please provide more information on a separate sheet of paper)	<u>WRITE YES or NO</u>
Are you otherwise disqualified from applying for registration under this Act? (If YES, please provide more information on a separate sheet of paper)	<u>WRITE YES or NO</u>

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 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).