



**Application for Initial Registration as a Nurse and/or Midwife
under the Mutual Recognition [WA] Act 2001 or the
Trans Tasman Mutual Recognition [WA] Act 2007**

Complete this form only if you are CURRENTLY registered in another State/Territory in Australia or New Zealand and have NOT been previously registered as a nurse or midwife in Western Australia

SECTION 1 – APPLICANT DETAILS

Surname:	Given Names:
Previous Names:	Date of Birth:
Contact Number:	Email:
Residential Address:	Postal Address:

SECTION 2 – EDUCATION

The qualification(s) on which initial registration was granted
eg. Bachelor of Nursing or Midwifery, Post graduate Diploma of Nursing or Midwifery

Qualification	Institution & Location	Duration [Years & Months]	Date Completed
		/	/ /
		/	/ /
		/	/ /

SECTION 3 – RECENCY OF PRACTICE
Please complete employment details

Details of my last [or] most recent employment as a nurse and/or midwife:

Category i.e. RN, EN, Midwife, Nurse Practitioner and Speciality (e.g. mental health, paediatric (as appropriate))	State/Territory or Country	Date of Last Practice
		/ /
		/ /

Current registration on which I base my application for registration:		
Registration Number	Regulatory Authority	Expiry Date
		/ /
		/ /
Other States/Territories of Australia where I am currently registered:		
Registration Number	Regulatory Authority	Expiry Date
		/ /
		/ /
SECTION 4 – FITNESS TO PRACTISE AS A NURSE or MIDWIFE <i>Please answer 'Yes' or 'No' to the following questions. If yes, refer to guidelines for process.</i>		
Are you the subject of any disciplinary proceedings, in any State or Territory in Australia or New Zealand [including any preliminary investigations or action that might lead to disciplinary proceedings] in relation to your registration as a nurse/midwife? <i>If you answered YES please attach an explanation with relevant dates and supporting documentation.</i>		
Has your registration as a nurse/midwife ever been cancelled, or is it currently suspended in any State or Territory or New Zealand as a result of disciplinary action? <i>If you answered YES please attach an explanation with relevant dates and supporting documentation.</i>		
Are you personally prohibited from carrying on the practice of nursing or midwifery in any State or Territory or New Zealand as a result of criminal, civil or disciplinary proceedings? <i>If you answered YES please attach an explanation with relevant dates and supporting documentation.</i>		
Are you subject to any special conditions in carrying on the practice of nursing and/or midwifery in any State or Territory or New Zealand as a result of criminal, civil or disciplinary proceedings? <i>If you answered YES please attach an explanation with relevant dates and supporting documentation.</i>		
Are you subject to any special conditions, limitations or restrictions in carrying on the practice of nursing/midwifery in any State or Territory or New Zealand in which you are, or have been, registered for reasons other than as a result of criminal, civil or disciplinary proceedings? <i>If you answered YES please attach an explanation with relevant dates and supporting documentation.</i>		
Has your name ever been removed or suspended from a register in Australia or overseas for a reason other than for non-payment of practising fees? <i>If you answered YES please attach an explanation with relevant dates and supporting documentation.</i>		
Have you any mental or physical incapacity which would prevent you practising nursing or midwifery, as the case may be? <i>If you answered YES please have the Capacity to practise Certificate completed by your treating doctor/care provider The certificate should also state whether an annual capacity to practise certificate is required.</i>		
Are you currently dependent on alcohol or any other drugs to an extent that affects your ability to practise as a nurse/midwife? <i>If you answered YES please have the Capacity to Practise Certificate completed by your treating doctor/care provider The certificate should also state whether an annual capacity to practise certificate is required.</i>		
Have you ever been convicted in this State or elsewhere of a civil or criminal offence? <i>If you answered YES please attach an explanation and a current police clearance.</i>		
Are there any charges for civil or criminal offences pending against you? <i>If you answered YES please attach an explanation with relevant dates and supporting documentation.</i>		

GUIDELINES FOR INITIAL REGISTRATION UNDER THE MUTUAL RECOGNITION [WA] ACT 2001 OR THE TRANS TASMAN MUTUAL RECOGNITION [WA] ACT 2007

Preamble

The above Mutual Recognition Acts provide for the mutual recognition of regulatory standards related to goods and occupations such as nursing and/or midwifery within each State and Territory of Australia or New Zealand. A person who is registered as a nurse and/or midwife in one State/Territory or New Zealand is eligible to register and carry on the equivalent occupation in a second State/Territory or New Zealand. This entitlement is subject to certain conditions, including lodgement of a written notice/application [Statutory Declaration] and the nurse having a current authority to practise in another State/Territory or New Zealand.

Documentary requirements

- Application form.
- Application fee [non-refundable] and a Registration fee (if you are eligible for registration)
- Birth Certificate [or] Passport
- Change of Name document [if applicable]
- Current Licence to practise from an Australian or New Zealand Regulatory Authority.

Note:

Please **do not send** originals, and faxed application forms are **not** accepted

Certification of copied documents

Certified copies of documents must be attached to the application form for registration. Applications that do not include the essential documentary evidence will be returned. Please **do not send** original documents. Persons authorised to certify copies of original documents are the Justice of the Peace, Notary Public and a Barrister or Solicitor. In Western Australia the names and locations of the Justices of the Peace can be found on the Internet at www.justice.wa.gov.au or per telephone service: 1902-291-012.

Capacity to Practise Questions

- A **current** police clearance means one that is obtained for the purposes of this application.
- A **Capacity to Practise Certificate** is available on the website and in hard copy from the Board.

The process of registration after a completed application is received

- Deemed Registration will be granted for a period not exceeding 28 days. Any requests for additional documentation/information supporting an application will need to be provided within this period. Failure to do so will result in the application being cancelled.
- If you do not hear from the Board within two weeks of applying for registration, please contact this office.

Expiry date of registration

The registration year in Western Australia is granted until 31 December of each year. Initial Registration with the Board will entitle you to practise nursing and/or midwifery in Western Australia until the expiry date of your registration. You will receive your renewal notice 42 days prior to the expiry date of your registration.

Recency of Practice

Section 42 of the Nurses and Midwives Act 2006 states that the Board can cancel registration and remove your name from the register if you have not practised nursing and/or midwifery in the previous 5 years and have not maintained current knowledge and skills in nursing and/or midwifery at an approved level.