Medical Board of Australia | AHPRA

Request for change in circumstances

for international medical graduates with limited or provisional registration

Profession: **Medical**

Health Practitioner Regulation National Law (the National Law)

This form is for international medical graduates who have limited or provisional registration and who wish to seek a variation in the circumstances of their registration. Practitioners can apply to the Medical Board of Australia (the Board) for a variation if there is a **minor** change to their circumstances using this form.

If you hold limited registration and your change is considered significant, you cannot use this form. You are required to submit a new application for limited registration. This form is available at **www.medicalboard.gov.au/Registration/Forms.aspx#Limited**

If you are unsure whether your change in circumstances is minor or requires a new application, please contact your local AHPRA office on 1300 419 495 or via email using AHPRA's webmail enquiry system at **www.ahpra.gov.au/About-AHPRA/Contact-Us/Make-an-Enquiry**.

It is important that you refer to the Board's registration guidelines before completing this application. Registration standards, codes and guidelines can be found at **www.medicalboard.gov.au**

This application will not be considered unless it is complete and all supporting documentation has been provided. Supporting documentation **must** be certified in accordance with the Australian Health Practitioner Regulation Agency (AHPRA) guidelines; see *Certifying documents* in the *Information and definitions* section of this form.

Privacy and confidentiality

The Board and AHPRA are committed to protecting your personal information in accordance with the *Privacy Act 1988* (Cth). The ways the Board and AHPRA may collect, use and disclose your information are set out in the collection statement relevant to this application, available at **www.ahpra.gov.au/privacy**.

By signing this form, you confirm that you have read the collection statement. AHPRA's privacy policy explains how you may access and seek correction of your personal information held by AHPRA and the Board, how to complain to AHPRA about a breach of your privacy and how your complaint will be dealt with. This policy can be accessed at **www.ahpra.gov.au/privacy**.

Symbols in this form

Additional information
Provides specific information about a question or section of the form.

Attention
Highlights important information about the form.

Attach document(s) to this form
Processing cannot occur until all required documents are received.

Signature required
Requests appropriate parties to sign the form where indicated.

Completing this form

- Read and **complete all questions**.
- Ensure that **all pages** and required **attachments** are returned to AHPRA.
- Use a **black** or **blue** pen only.
- Print clearly in BLOCK LETTERS
- Place X in **all** applicable boxes: ☒
- **DO NOT send original documents unless specified.**

Do not use staples or glue, or affix sticky notes to your application. Please ensure all supporting documents are on A4 size paper.

SECTION A: Personal details

The information items in this section of the application marked with an asterisk (*) will appear on the public register.

1. What is your name and date of birth?

If you have ever been formally known by another name, or you are providing documents in another name, you **must** attach proof of your name change unless this has been previously provided to the Board.

For more information see *Change of name* in the *Information and definitions* section of this form.

Title*
MR ☐ MRS ☐ MISS ☐ MS ☐ DR ☐ OTHER SPECIFY

Family name*

First given name*

Middle name(s)*

Previous names known by (e.g. maiden name)

Date of birth D D / M M / Y Y Y Y

2. What is your registration number?

Registration number
M E D

3. What are your contact details?

Provide your current contact details below – place an ☒ next to your preferred contact phone number.

Business hours

Mobile

After hours

Email

4. What is your mailing address?

Your mailing address is used for postal correspondence

Site/building and/or position/department (if applicable)

Address/PO Box (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET; or PO BOX 1234)

City/Suburb/Town

State or territory (e.g. VIC, ACT)**/International province**

Postcode/ZIP

Country (if other than Australia)

5. What is your registration pathway?

- ☒ Specialist pathway - specialist recognition
- ☒ Specialist pathway - area of need
- ☒ Specialist pathway - specialist recognition and area of need
- ☒ Specialist pathway - short term training
- ☒ Competent Authority Pathway
- ☒ Standard Pathway

6. Are you changing pathway?

YES ☒ NO ☒

You **must** attach evidence of eligibility of new pathway.

SECTION B: Third party to act on behalf of applicant

Under the *Privacy Act 1988* (Cth), the Board is generally not permitted to disclose personal information about an applicant to a third party. An applicant may authorise a third party (agent) to communicate with the Board and/or act on behalf of the applicant, by completing the following details.

7. Do you wish to appoint an agent to communicate/act on your behalf in relation to this application?

An agent can be an employer, sponsor, recruitment agent or any other individual authorised by the applicant to act on their behalf in relation to this application.

YES ☒ ▶ ***Complete applicant authorisation and arrange for agent to complete agent authorisation***

NO ☒

Applicant authorisation

I authorise my agent to (mark one or more as required):

☒ communicate with the Board on my behalf regarding the processing and progress of my application. (The agent and the Board may communicate by telephone, fax, email, or written correspondence)

☒ undertake any other action reasonably necessary for the processing of my application on my behalf (except signing and lodging applications forms, which must be completed by the applicant), and

☒ receive all formal correspondence from the Board in relation to this application.

Date D D / M M / Y Y Y Y

Signature of applicant SIGN HERE

Sponsor/Employer/Agent authorisation

AGENT TO COMPLETE: I consent to act as agent of the registrant named below.

Full name of agent

Full name of applicant

Agent contact details

Address/PO Box (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET; or PO BOX 1234)

City/Suburb/Town

State or territory (e.g. VIC, ACT)/International province

Postcode/ZIP

Country

Business hours

Mobile

Email

Date D D / M M / Y Y Y Y

Signature of agent SIGN HERE

SECTION C: Change in location of practice

8. Does your change of circumstances involve a change in location of practice?

YES ☐ ▶ *Go to the next question* NO ☐ ▶ *Go to Section D: Change in supervisor*

9. Does the change involve medical practice in additional sites to those previously approved by the Board?

YES ☐ NO ☐

If the Board views the change to be significant you may be required to submit a new application for limited registration.
Applicants on the standard pathway or competent authority pathway may require a new PESCI for additional sites.

Applicants on the specialist pathway may require college approval for additional sites.

Site 1

Site/building (if applicable)

Address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET; or PO BOX 1234)

Suburb/City/Town

State/Territory (e.g. VIC, ACT)

Postcode

Contact person

Opening hours H H : M M to H H : M M

Site 2

Site/building (if applicable)

Address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET; or PO BOX 1234)

Suburb/City/Town

State/Territory (e.g. VIC, ACT)

Postcode

Contact person

Opening hours H H : M M to H H : M M

If the applicant holds limited registration for an area of need under section 67 of the National Law and the change in location extends beyond the geographical area and/or type of health service stated in the area of need declaration from the Minister of Health or delegate as approved by the Board, you **must** attach a further area of need declaration relevant to the change in circumstance.

You **must** attach a separate sheet if the number of sites does not fit in the space provided.

10. Does the change involve removal of sites of practice approved by the Board?

If the Board views the change to be significant you may be required to submit a new application for limited registration

YES ☒ NO ☒

Site 1

Site/building (if applicable)

Address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET; or PO BOX 1234)

Suburb/City/Town

State/Territory (e.g. VIC, ACT)

Postcode

Site 2

Site/building (if applicable)

Address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET; or PO BOX 1234)

Suburb/City/Town

State/Territory (e.g. VIC, ACT)

Postcode

If you hold limited registration and the change in location will influence the original position description as approved by the Board, you **must** attach a revised position description written in accordance with the Board's standards for limited registration.

If you hold provisional registration and the change requested will influence the original position description as approved by the Board, you **must** attach a revised position description.

You **must** attach a separate sheet if the number of sites does not fit within the space provided.

11. Does the change influence the details of the principal place of practice currently listed by the Board?

Principal place of practice for a registered health practitioner is:

- the address at which you predominantly practise the profession, or
- your principal place of residence, if you are not practising the profession or are not practising the profession predominantly at one address.

Principal place of practice **cannot** be a PO Box.

The information items marked with an asterisk (*) will appear on the public register.

YES ☒ NO ☒

Site/building and/or position/department (if applicable)

Address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET)

City/Suburb/Town*

State/Territory* (e.g. VIC, ACT)

Postcode*

SECTION D: Change in supervisor

12. Does your change of circumstances involve a change in supervisor?

YES ☒ ***Go to the next question*** NO ☒ ***Go to Section E: Minor changes to the role***

13. What are the details of the updated supervision structure?

If the Board views the change to be significant you may be required to submit a new application for limited registration.
Nominated supervisors must demonstrate compliance with the Board's supervised practice guidelines, available online at **www.medicalboard.gov.au/Registration/International-Medical-Graduates/Supervision.aspx**

Name of principal supervisor

Registration number MED

Position

Email

Business contact phone number

Work address

Site/building (if applicable)

Address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET; or PO BOX 1234)

Suburb/City/Town

State/Territory (e.g. VIC, ACT)

Postcode

Co-supervisors details (if applicable)

Name of co-supervisor

Registration number MED

Position

If the requested change in supervision affects the registrant's supervised practice plan, as approved by the Board, you **must** complete and attach a revised supervised practice plan in accordance with the Board's supervised practice guidelines. **This includes any proposed change to the level of supervision previously approved by the Board.**

You **must** attach a separate sheet if the updated supervision structure details do not fit within the space provided.

Principal supervisor's undertaking – *To be completed and signed by the principal supervisor and co-supervisor*

I undertake to be the applicant's principal supervisor, to provide supervision in accordance with the Board's Guidelines and to provide a level of supervision as stated in accordance with the Board approved supervision plan and as otherwise determined from time to time by the Board.
I further agree to:

- ensure as far as possible, that the IMG is practising safely and is not placing the public at risk
- observe the IMG's work (or where applicable, delegate the observation of day-to-day work to appropriately qualified co-supervisors), conduct case reviews, periodically conduct performance reviews and address any problems that are identified
- ensure that any term co-supervisors that I appoint that are delegated the day-to-day supervision meet the requirements set in the Board's guidelines (this is only applicable to DMS or DCT (or equivalent) in a hospital setting)
- ensure before I delegate supervision to a temporary co-supervisor, that he/she has general and/or specialist registration and is appropriately experienced to provide the supervision
- notify the Board immediately if I have concerns about the IMG's clinical performance, health or conduct or if the IMG fails to comply with conditions, undertakings or requirements of registration
- ensure that the IMG practises in accordance with work arrangements approved by the Board
- ensure that Board approval has been obtained for any proposed changes to supervision or work arrangements before they are implemented
- inform the Board if I am no longer able or willing to undertake the role of the IMG's supervisor
- provide reports to the Board in a form approved by the Board including an orientation report and a work performance report after three months initial registration and work performance reports at renewal or new application or at subsequent intervals as determined by the Board
- complete the online education and assessment module (login details will be provided after the supervision arrangements have been approved).

Name of principal supervisor

Signature of principal supervisor

SIGN HERE

Date

D D / M M / Y Y Y Y

Name of co-supervisor

Signature of co-supervisor

SIGN HERE

Date

D D / M M / Y Y Y Y

SECTION E: Minor changes to the role

If you hold limited registration and the change in role is significant, the Board requires you to complete a new application for limited registration.

14. Does your change of circumstances involve minor changes to the role?

YES ☒ ***Go to the next question*** NO ☒ ***Go to question 17***

15. Provide details of the nature of the change in role:

In accordance with the Board's *Recency of practice registration standards*, if the change in role involves a change that peers might reasonably expect from a practitioner in their field of practice, the practitioner is required to undertake any training that peers would expect before taking up the new area of practice.

Change in position title, responsibilities, department structure

You **must** attach a revised position description and new training plan.
If you are registered via the specialist pathway, approval of the change by the relevant specialist college may be required.
You **must** attach a separate sheet with additional details that do not fit in the space provided.

16. Provide details of the reason for the change in role, including details of any training relevant to the requested role change:

Details of training relevant to role change and reason for the change

You **must** attach evidence of the training.

SECTION F: Commencement date

17. What is the proposed date for the change/variation to take effect?

Date
D D / M M / Y Y Y Y

SECTION G: Declarations

Before you sign and date this form, make sure that you have answered all the relevant questions correctly and read the statements below. An incomplete form may delay processing and you may be asked to complete a new form.

Applicant's declaration – *To be completed and signed by the applicant*

I confirm that I have read the privacy and confidentiality statement for this form.
I declare that the information provided in this document is true and correct.
I confirm that I am aware and approve of the requested change related to my medical registration.

Name of applicant

Date
D D / M M / Y Y Y Y

Signature of applicant
SIGN HERE

Employer sponsor declaration – *To be completed and signed by the employer sponsor*

18. What are the details of the employer sponsor?

The employer sponsor must be a medical practitioner.

Name of employer sponsor (must be a medical practitioner)

Email

Business contact phone number

Registration number
M E D

Site/building (if applicable)

Address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET; or PO BOX 1234)

Suburb/City/Town

State or territory (e.g. VIC, ACT)**/International province**

Postcode/ZIP

I declare that the information provided in this document is true and correct.
I confirm that the medical practitioner relevant to this application is aware and approves of the requested change in the circumstances of their medical registration.

Name of employer sponsor

Date
D D / M M / Y Y Y Y

Signature of employer sponsor
SIGN HERE

19. What are the details of the sponsor contact?

A sponsor contact person (e.g. the name of the human resource manager/practice manager) and email address must be provided for receipt of correspondence.

Name of sponsor organisation

Title of sponsor contact

MR ☒ MRS ☒ MISS ☒ MS ☒ DR ☒ OTHER SPECIFY

Family name of sponsor contact

First given name of sponsor contact

Position title of sponsor contact

Email

Business hours contact phone number

Site/building (if applicable)

Address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET; or PO BOX 1234)

Suburb/City/Town

State/Territory (e.g. VIC, ACT)

Postcode

SECTION H: Checklist

Have the following items been attached or arranged, if required?

Additional documentation		Attached
Question 1	Evidence of a change of name	☐
Question 6	Evidence of eligibility of new pathway	☐
Question 9	A further area of need declaration relevant to the change in circumstances	☐
Question 9	A separate sheet with additional site details	☐
Question 10	A revised position description	☐
Question 10	A separate sheet with additional site details	☐
Question 13	A revised supervised practice plan	☐
Question 13	A separate sheet with additional updated supervision structure details	☐
Question 15	A revised position description	☐
Question 15	A new training plan	☐
Question 15	Approval of the change by the relevant specialist college	☐
Question 15	A separate sheet with additional details of the nature of the change in role	☐
Question 16	Evidence of relevant training	☐

Information and definitions

CERTIFYING DOCUMENTS

DO NOT send original documents unless specified.
Copies of documents provided in support of an application, or other purpose required by the National Law, must be certified as true copies of the original documents. Each and every certified document **must**:

- be in English. If original documents are not in English, you must provide a certified copy of the original document and translation in accordance with AHPRA guidelines, which are available at **www.ahpra.gov.au/registration/registration-process**
- be initialled on every page by the authorised officer. For a list of people authorised to certify documents, visit **www.ahpra.gov.au/certify**
- be annotated on the last page as appropriate e.g. 'I have sighted the original document and certify this to be a true copy of the original' and signed by the authorised officer, and
- list the name, date of certification, and contact phone number, and position number (if relevant) and have the stamp or seal of the authorised officer (if relevant) applied.

Certified copies will only be accepted in hard copy by mail or in person (not by fax, email, etc). Photocopies of previously certified documents will not be accepted. For more information, AHPRA's guidelines for certifying documents can be found online at **www.ahpra.gov.au/certify**

CHANGE OF NAME

You must provide evidence of a change of name if you have ever been formally known by another name(s) or any of the documentation you are providing in support of your application is in another name(s).
Evidence must be a certified copy of one of the following documents:

- Standard marriage certificate (ceremonial certificates will not be accepted).
- Deed poll.
- Change of name certificate.

Faxed, scanned or emailed copies of certified documents will not be accepted.

PRACTICE

Practice means any role, whether remunerated or not, in which you use your skills and knowledge as a health practitioner in your profession. Practice is not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct non-clinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles and any other roles that impact on safe, effective delivery of services in the profession.

RECENCY OF PRACTICE

To ensure that you can practise competently and safely, you must have recent practice in the field in which you intend to work during the period of registration for which you are applying.
The specific requirements for recency depend on the field of practice, your level of experience and the length of absence from the field.
If you propose to change your field of practice, the Board will consider whether your peers would view the change as a normal extension or variation in a field of practice, or a change that would require specific training and demonstration of competence.
Practitioners who are unable to meet the Board's registration standard for recency of practice may be required to complete professional development activities, submit a plan for re-entry to practice or other training or assessments.
For more information, view the full registration standard online at **www.medicalboard.gov.au/Registration-Standards**

Please post this form with required attachments to:

AHPRA
GPO Box 9958
IN YOUR CAPITAL CITY *(refer below)*

You may contact AHPRA on 1300 419 495 or you can lodge an enquiry at **www.ahpra.gov.au**

Sydney NSW 2001	Canberra ACT 2601	Melbourne VIC 3001	Brisbane QLD 4001
Adelaide SA 5001	Perth WA 6001	Hobart TAS 7001	Darwin NT 0801