



# NSW Physiotherapists Registration Board

Level 6, 477 Pitt Street  
SYDNEY NSW 2000  
PO Box K599  
HAYMARKET NSW 1238  
Hours: 8.30am - 4.30pm

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## TEMPORARY REGISTRATION INFORMATION FOR OVERSEAS QUALIFIED PHYSIOTHERAPISTS

### 1. Physiotherapists Act 2001

The Physiotherapists Act 2001 provides for the registration of physiotherapists. The object of the Act is to protect the health and safety of members of the public by providing mechanisms to ensure that physiotherapists are fit to practise.

Pursuant to section 7 of the Act, a person who is not registered as a physiotherapist must not indicate that the person practises physiotherapy or is qualified to practise physiotherapy.

### 2. Temporary Registration in New South Wales

Temporary Registration may be granted to overseas trained physiotherapists for a total period of up to 12 months under conditions that include the requirement for appropriate supervision. Overseas trained physiotherapists who are granted temporary registration will be able to practise/work in an approved physiotherapy practice in New South Wales for a period of up to 12 months, without having to sit an examination conducted by the Australian Physiotherapy Council (APC).

### 3. Eligibility

There are two (2) categories of eligibility under which overseas trained physiotherapists may apply for temporary registration.

#### 3.1 Category A

**a) persons who qualified from the Republic of Ireland prior to 2003**

**OR**

**b) persons who qualified in Canada, Hong Kong, South Africa and United Kingdom prior to 2001**

These physiotherapists may apply under Category A because of previous approval for NSW registration that existed prior to the introduction of temporary registration in 2004.

**Physiotherapists applying under this category must fulfil all requirements detailed under sub headings 4 – 9 below.**

### **3.2 Category B**

**Persons who do not fall into the automatic eligibility category need to have completed a course in physiotherapy as follows:**

- The course content of the physiotherapy qualification should include both theoretical and practical components of cardio-respiratory, musculo-skeletal, neurological physiotherapy and electrotherapy taught at university or equivalent. There should also be clinical education training in a health setting requiring the treatment of patient/clients in cardio-respiratory, musculo-skeletal, and neurological modules. It would be expected that similar standards to that taught in Australia would be required for both the clinical and practical components, as well as the clinical education.
- Applicants are required to send in documentary evidence of the course content including the subjects completed, the learning objectives of each subject and also complete the attached sheet titled 'Breakdown of Course Contents'. Applicants must provide as much detail as possible about the about their qualification, including their academic transcript, in order for the Board to make an informed decision.
- The course length should be the equivalent of:
  - (1) *When an undergraduate degree is the basis of the physiotherapy qualification:*
    - Prior to 1984 graduation the course was 3 years
    - From 1984 graduation to 1993 graduation the course was 3.5 years
    - Since 1994 the course has been 4 years

(2) *When the entry level physiotherapy qualification is a masters degree then the course should be of at least 2 years duration.*

Some applicants, who do not fall into Category A and have been deemed satisfactory from previously assessed applications, will be deemed eligible for automatic eligibility. **Please contact the Board to determine whether your course has been previously approved.**

## **4. Where can you work?**

- You may work in either a **private practice, a hospital department, a government or a non government agency**. This work setting is known as your **host facility**. Temporary registration is only granted for you to work in the approved host facility. If you have temporary registration to work for a particular host facility then you cannot do a locum for another practice or work as a physiotherapist (voluntary or paid) for sporting teams, cultural events etc.
- You must register with the Board for each different host facility. The host facility is required to obtain the Board's approval before you can commence work. Further information about the role of a supervisor is found at the section on 'Information for the Host Facility'.
- This registration allows you to work as a physiotherapist in NSW without sitting the APC exam. You will be required to work in a practice which has two other experienced registered physiotherapists employed who can supervise your practice as a physiotherapist. If both physiotherapists are unable to supervise you must contact the Board.

- There must be a supervisor on site at least 75% of your work time. If you are required to work independently for any time (up to 25% of your work time) there needs to be defined procedures for contacting your supervisor should the need arise. Should you wish to work independently more than 25% of the time you will be required to sit the APC exam for full registration.
- The level of appointment is at the discretion of the employer and if it is in conflict with temporary registration requirements the registrant is required to advise the Board.

## 5. Application Requirements

- The applicant must be (or is entitled to be) registered or licensed to practise as a physiotherapist in the country of training.
- Comprehensive information about the course content, including a comprehensive outline of the learning objectives of each subject, and accurate completion of the '**Breakdown of Course Content**' page of the application form will help facilitate the approval process.
- The applicant must have completed a period of paid employment in clinical practice under conditions equivalent to practice in Australia for at least 12 months within the previous two years. Applicants with less than 12 months post graduate work experience will not be considered. Applicants must show that they have worked in health facilities/ practices of similar standards to that of Australian facilities / practices (especially relatively new graduates).
- Applicants must provide 2 referees to substantiate a reliable and competent work history since graduation and that the applicant is of good character. At least one of the referees must be a registered / licensed physiotherapist who has supervised the applicant during the previous 2 years. Where this is not possible (i.e. sole practice or no supervisors) then one of the referees must be another registered / licensed physiotherapist. Further information about character reference can be accessed towards the back of this form.
- Applicants from a country where English is not the first language must be able to demonstrate that they have a comprehensive knowledge and satisfactory level of skill in English. A pass of "B" or better in all four sections of the Occupational English Test (OET) or an overall score of Band 7 ( with a minimum of Band 6 in each of the 4 components) in the Academic module of the International English Language Testing System (IELTS) will satisfy this requirement if gained within 12 months before application.
- The application fee for temporary registration is **\$70.00**. The application fee is **not** refundable.

## 6. Professional Indemnity Insurance

In accordance with the provisions of the Health Care Liability Act 2001 and Regulations, the Board may not register a person to practise physiotherapy in New South Wales unless it is satisfied that the person will be covered by professional indemnity insurance or that the person is exempt from that requirement under the Regulation.

**Practising as a physiotherapist without being covered by professional indemnity insurance is, for the purpose of the Physiotherapists Act 2001, unsatisfactory professional conduct.**

Please refer to the back of this form for further information about Professional Indemnity Insurance.

## **7. Lodgement of Application**

The application may be lodged by mail or in person at the Board's office. **Faxed applications or documentation will not be accepted.**

## **8. Consideration of Applications**

An application will be considered at a Committee meeting of the Board meeting following receipt of required information from both the overseas trained physiotherapist and the host facility. Applications will take a minimum of 8 weeks to process. Incomplete applications will take longer. The Registrar will advise the applicant and the host facility of the Board's decision regarding an application. In certain circumstances applications may be assessed for the suitability of the qualifications prior to lodgement of host or visa requirements.

## **9. Compliance with the Privacy and Personal Information Protection Act 1998.**

Your personal information is required by the Board to complete this application. Limited personal information may be provided to or accessed by any interested party to determine the registration status of the individuals.

## **10. Other Relevant Sections of the NSW Physiotherapists Act 2001**

### **Competence (Section 9)**

For the purposes of this Act, a person is competent to practise physiotherapy only if the person has sufficient physical capacity, mental capacity and skill to practise physiotherapy and has sufficient communication skills for the practice of physiotherapy, including an adequate command of the English language.

### **Impairment (Section 10)**

- (1) For the purposes of this Act, a person suffers from an impairment if the person suffers from any physical or mental impairment, disability, condition or disorder that detrimentally affects or is likely to detrimentally affect the person's physical or mental capacity to practise physiotherapy.
- (2) For the purposes of this Act, a person who habitually abuses alcohol or is addicted to a deleterious drug is taken to suffer from an impairment.

## Information for the Host Physiotherapy Facility

- Applicants must be 'hosted' to work within a defined physiotherapy facility within NSW. The host can either be a private physiotherapy practice or a government/non government organisation. In all cases the applicant must report directly to a registered NSW physiotherapist. **The host facility should have supportive structures such as in-service training, quality improvement activities and supervision.**
- The overseas applicant can apply to work at one or more host facilities for up to a period of 12 consecutive months. It is the responsibility of the host facility to determine the status of the visa allowing the overseas trained applicant to work in Australia. Any period greater than 12 months will require the overseas applicant to complete the APC exam.
- Supervisors should read the following statement on clinical supervision that has been adapted from guidelines prepared by the Physiotherapists Board of South Australia.
  - ❖ Clinical Supervision is a process that ensures quality of patient care. Appropriate supervision enables a physiotherapist to make the best of his or her skills and improve his or her abilities. The nature and extent of supervision is dependant on the individual physiotherapist's knowledge and experience. The amount of input required by a supervisor of a physiotherapist with temporary registration must be determined by the supervisor as the process to determine eligibility for full registration and therefore achievement of a base level of competence has yet to be undertaken. The supervisor should undertake a period of assessment of the physiotherapist through strategies such as observation or mock exams and then consult with the individual about the ongoing supervision arrangements required to ensure adequate patient care. The absolute minimum expectation of adequate supervision is a weekly meeting between the supervisor/s and the physiotherapist. A greater level of supervision including regular meetings between the supervisor/s and the physiotherapist may be required due to individual differences in skill level.

## Obligations for the Host Physiotherapy Facility

- A separate application is required for each overseas trained physiotherapist. The application is attached to this document. There is no fee for the host facility.
- There must be two (2) registered NSW physiotherapists who agree to take on the role of supervisor for each host. These physiotherapists must be able to supervise the applicant. At least one of these physiotherapists must be able to demonstrate that they have had supervisory experience in clinical practice in Australia within the previous five years. Exemptions will only be given after assessment by the Board.
- The applicant must have direct access (on site) to either of the supervisor physiotherapists for at least 75% of the time that they are required to work. When there is no direct access (ie up to 25% of the time) there needs to be defined procedures for contacting the supervising physiotherapist(s).
- In the event that both registered physiotherapists are unable to supervise the applicant the host needs to contact the Board immediately. If there are no other registered physiotherapists on site that would be able to supervise the applicant then the applicant must cease working immediately until at least one other suitable registered physiotherapist can take on the role of supervision. The Board needs to be notified of any change of supervision.
- If there are any concerns regarding the competence of the overseas trained physiotherapist the Principal Physiotherapist needs to inform the Board immediately. The Board will then determine what procedures need to be followed. This may include withdrawing the Temporary Registration of the physiotherapist.
- All overseas temporary registered physiotherapists must hold valid professional indemnity insurance unless they are employed in the Public Health System or other Government Department. The host facility is responsible for checking this before employment.
- Host facilities must complete a survey on completion of the temporary registration period. Surveys can be downloaded from the Board's website.

**APPLICATION FOR APPROVAL AS HOST PHYSIOTHERAPY FACILITY**  
(TEMPORARY REGISTRATION)

*This form is to be completed by the host physiotherapy facility. Limited information may be provided to or accessed by any interested party to determine the eligibility of the host facility. **Supervisors must sight the Board's letter of approval prior to commencement of work.***

I, the undersigned, hereby apply for approval to act as a host physiotherapy facility. The following information is provided in support of the application.

**NAME OF HOST PHYSIOTHERAPY FACILITY:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Private Physiotherapy Practice	[ ]	Scope of practise: Musculoskeletal	[ ]
Non-Government	[ ]	Neurological / rehabilitation	[ ]
Government	[ ]	Cardiopulmonary	[ ]
Other Public Health Facility	[ ]	Mixed	[ ]

Other information re your practise \_\_\_\_\_

**NAME OF OVERSEAS APPLICANT:** \_\_\_\_\_

Country qualified: \_\_\_\_\_ Qualification: \_\_\_\_\_

Proposed dates to work at host facility \_\_\_\_\_

**PRINCIPAL / HEAD PHYSIOTHERAPIST:** \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

**SUPERVISORS:**

**Note: Two New South Wales fully registered physiotherapists need to agree to act as supervisors. One of these may be the Principal/Head of Department. Please read the attached eligibility criteria and statement on clinical supervision and obligations as detailed in the guidelines. Please sign below if you agree to provide appropriate supervision and liaise with the Registration Board as requested.**

**Name of Physiotherapy Supervisor (1)** \_\_\_\_\_

Relevant clinical supervision experience in last 5 years: \_\_\_\_\_

\_\_\_\_\_ Registration number: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Name of Physiotherapy Supervisor (2)** \_\_\_\_\_

Relevant clinical experience in last 5 years: \_\_\_\_\_

\_\_\_\_\_ Registration number: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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 Internet: [www.physioreg.health.nsw.gov.au](http://www.physioreg.health.nsw.gov.au)

## APPLICATION FOR TEMPORARY REGISTRATION AS A PHYSIOTHERAPIST

*Your personal information is required by the Board to complete this application. Limited personal information may be provided to or accessed by any interested party to determine the registration status of the individuals.*

<b>1. PERSONAL DETAILS</b>	
Title: _____	Family Name: _____
Given names: _____	
Previous name/s, aliases: (if applicable) _____	
Address: _____ _____	
Telephone: (H) _____	(W) _____ (Mob) _____
E-mail address: _____	Type of Visa _____
Date of birth: _____	Gender (M or F): _____

<b>2. QUALIFICATIONS</b>			
Qualification/s on which the application is based.			
<i>Degree/Diploma</i>	<i>University/Institution</i>	<i>Course Duration</i>	<i>Year conferred</i>

*A certified photocopy is required of the degree/s, diploma/s or other award/s listed above. Alternatively you may provide a letter from the University confirming that you have successfully completed all of the requirements of the physiotherapy program. If the qualification/s were issued in a previous name evidence of the change of name must be provided.*

<b>3 AUTOMATIC COURSE APPROVAL</b>
<p>Did you qualify from:</p> <ul style="list-style-type: none"> <li>➤ The Republic of Ireland prior to 2003 or</li> <li>➤ Canada, Hong Kong, South Africa or United Kingdom prior to 2001 (Category A)</li> <li>➤ Or have you been advised by the Board that your qualification has been deemed to have met the requirements.</li> </ul> <p style="text-align: center;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If 'yes' go to Section 5, if 'no' go to Section 4</p>

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

<b>4 ALTERNATIVE ELIGIBILITY REGISTRATION</b>
You will be required to send in documentary evidence of your course content including the subjects completed, the learning objectives of each subject and also complete the attached sheet titled <b>‘Breakdown of Course Content’</b> . Refer to 3.2 (Category B) in the information section about minimum requirements also see Section 5 for information required.

<b>5 POST GRADUATE WORKING EXPERIENCE</b>		
<i>FROM (Date)</i>	<i>TO (Date)</i>	<i>NAME OF INSTITUTION &amp; LOCATION</i>
<i>Documentary evidence of post-graduate work experience is required including specific areas of work (evidence of hospital work experience should be signed by a Physiotherapist-in-Charge and/or Medical Superintendent or Human Resource Manager). Evidence of a period of paid employment in clinical practice under conditions equivalent to practise in Australia for at least 12 months within the previous two years is required. Applications with less than 12 months post-graduate will not be considered (see section 6 in information section).</i>		

<b>6 REGISTRATION IN OTHER JURISDICTIONS</b>				
Do you hold registration in another jurisdiction? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>				
<b>Please provide the following information in respect of each such registration, certification or licence:</b>				
<i>Name of State/s, Territory/s or Country/s:</i>	<i>Name of registering, certifying or licensing authority/s:</i>	<i>Date of registration/s, certification/s or license/s</i>		<i>Registration number/s [if any]</i>
		<i>From</i>	<i>To</i>	
<b>Please provide evidence of current registration from your Registering Authority.</b> <i>If you do hold registration in another State, Territory or Country it is necessary for you to arrange for a Certificate of Good Standing to be forwarded to the Board by the registering authority in that State, Territory or Country. Certificates of Good Standing must be dated within three months of the date of the application.</i>				

<b>7 LANGUAGE</b>
<b>Is English your first language</b> <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
<p>If the answer is ‘NO’ please provide evidence of proficiency of English.</p> <p>Applicants from a country where English is not the first language must be able to demonstrate that they have a comprehensive knowledge and satisfactory level of skill in English. A pass of “B” or better in all four sections of the Occupational English Test (OET) or an overall score of Band 7 (with a minimum of Band 6 in each of the 4 components) in the Academic module of the International English Language Testing System (IELTS) will satisfy this requirement if gained within 12 months before application. <b>Applicants who do not meet these standards will not be considered.</b></p>

<b>8 IMPAIRMENT</b>
Do you suffer from any physical or mental impairment, disability, condition or disorder that detrimentally affects, or is likely to detrimentally affect, your physical or mental capacity to practise physiotherapy? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
<b>If the answer is “YES”, please supply full details.</b>

<b>9 VISA</b>
You must provide evidence of your visa status in Australia, including your permission to work arrangement.

**Applicant’s Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

<b>10 GOOD CHARACTER – IF YOU ANSWER YES TO ANY OF THE FOLLOWING QUESTIONS PLEASE SUPPLY FULL DETAILS.</b>			
<b>Refusal of registration</b>			
Has any application for registration, certification or licensing as a physiotherapist or as a provider of physiotherapy services been refused for any reason in another State, Territory or Country?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>De-registration, suspension etc</b>			
Has any registration been suspended, withdrawn, revoked, cancelled and/or removed for any reason?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any registration been made subject to any restrictions or conditions?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Current Complaints</b>			
Are you currently as a physiotherapist or as a registered care professional the subject of a complaint of lack of good character, professional misconduct or other matter?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently the subject of pending criminal proceedings in NSW or elsewhere for a sex/violence offence? <i>A sex/violence offence is an offence involving sexual activity, acts of indecency, child pornography, physical violence, or the threat of physical violence.</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Claims for damages</b>			
Have you ever been named as a defendant in any court action for negligence or other malpractice in the provision of physiotherapy services?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Academic Conduct</b>			
Have you ever been suspended or expelled/excluded from a tertiary education institution?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been found guilty of cheating or other dishonesty by a tertiary education institution?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Adverse findings of Courts etc.</b>			
Have you ever been the subject of an adverse finding relating to your conduct as a physiotherapist or as a provider of physiotherapy services or relating to your character by a court, royal commission, special commission of inquiry or by the NSW Independent Commission Against Corruption?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If the answer is "YES", please supply the following information in respect of each adverse finding</b>			
<i>Name of Court/s etc</i>	<i>Name of proceeding/s or inquiry/s</i>	<i>Details of adverse finding/s</i>	<i>Date of adverse finding/s</i>
<b>Convictions/Criminal Findings</b>			
Have you been convicted of any offence or made the subject of a criminal finding in this State or elsewhere? <i>Excludes any offence relating to the parking of motor vehicles or any offence under the road transport legislation (within the meaning of the Road Transport (General) Act 1999),</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If the answer is "YES", please supply the following information in respect of each offence:</b>			
<i>Date of offence/s</i>	<i>Nature of offence/s</i>	<i>Date of conviction/s</i>	<i>Court imposing conviction/s</i>

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_



**14 AUTHORISATION**

Applicants are required to complete the following authorisation for the Board to approach and request information from persons, institutions and organisations as the Board may consider appropriate in order to determine the applicant's eligibility for registration as a physiotherapist in New South Wales.

**Notes:**

- **If documents are in a language other than English you must supply an English translation undertaken by an accredited translator in addition to the original documentation**
- **A photocopy of any of the documents required to accompany this application may be provided if it is certified by a Justice of the Peace, solicitor or public notary as being a true copy of the original.**
- **Each page of the application (pages 6-9) must be signed by the applicant.**
- **Applications may be lodged by mail OR in person at the Board's office.**
- **Please note – faxed applications or documentation will NOT be accepted.**
  
- **Please complete the checklist at the back of this form before submitting your application.**

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Section 123****FALSE AND MISLEADING ENTRIES AND STATEMENTS**

A person must not:

- (a) make or cause to be made in the Register an entry that the person knows to be false or misleading, or alter an entry in the Register with intent to render the entry false or misleading, or
- (b) for the purposes of obtaining registration as a physiotherapist either for that person or for anyone else, make a statement, whether orally or in writing, that the person knows to be false or misleading.

Maximum penalty: 50 Penalty units or imprisonment for 12 months or both

**AUTHORISATION**

1. I authorise and consent to the Physiotherapists Registration Board of New South Wales and its Registrar, inspectors and employees to approach and request information from persons, institutions and organisations as the Board may consider appropriate in order to determine my eligibility for registration as a physiotherapist in New South Wales.
2. I indemnify the Physiotherapists Registration Board, its Registrar, inspectors and employees from any actions and claims by any person arising from any request for and supply of information and the consideration and processing of my application for registration as a physiotherapist in New South Wales.

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*Applicant's signature*

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*Date*

# NSW PHYSIOTHERAPISTS REGISTRATION BOARD

## CHARACTER REFERENCE

See notes for guidance of referees on reverse side

Full Name \_\_\_\_\_

Address \_\_\_\_\_ Tel. No \_\_\_\_\_

Occupation \_\_\_\_\_ Category No. \_\_\_\_\_  
Please insert category number – see notes over page.

I do sincerely declare that:

1. I have been personally acquainted with \_\_\_\_\_  
(name of applicant)  
for a period of \_\_\_\_\_ years. (Period of acquaintance must be a minimum of 1 year).

2. **Please comment on the qualities which are relevant to the applicant's character including, but not limited to, the following:**

- Honesty and integrity
- The strength of character to resist opportunities for exploitation, eg. financial or sexual exploitation
- Respect for the personal and religious beliefs of others

_____ Signature of referee	_____ Date
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**NB. This character reference should be dated within the last 6 months by a person who has known the applicant for 12 months or longer.**

## NSW PHYSIOTHERAPISTS REGISTRATION BOARD

### GUIDELINES FOR PERSONS PROVIDING CHARACTER REFERENCES

- The reference is to be from a person in the categories as listed below who has known you for at least 12 months (these should be dated within the past 6 months).
- The referee is requested to provide a daytime telephone number of their place of work, as well as an address, as follow-up contact may be required by the Board.
- The referee is required to comment on honesty, trustworthiness and good character.
- Applicants must provide 2 referees to substantiate a reliable and competent work history since graduation and that the applicant is of good character. At least one of the referees must be a registered / licensed physiotherapist who has supervised the applicant during the previous 2 years. Where this is not possible (i.e. sole practice or no supervisors) then one of the referees must be another registered / licensed physiotherapist.

### CHARACTER REFERENCES TO BE PROVIDED BY PERSONS IN THE FOLLOWING CATEGORIES

*Category  
Number*

- (1) Members of a profession which is regulated by an act of parliament in New South Wales or elsewhere, such as medical practitioners, physiotherapists, solicitors, architects.
- (2) Current employees of Commonwealth, State, and Territory governments (including area health services and public hospitals) in Australia or other countries, who have been employed continuously for at least three years by their current employer.
- (3) Current serving members of Area Health Boards and Health Professional Boards (except the Physiotherapists Registration Board).
- (4) Currently employed teachers who have been teaching for more than three years at schools or tertiary institutions in Australia or another country.
- (5) Elected representatives in an Australian parliament. (Commonwealth, State, or Territory).
- (6) Ministers of religion.

**NB. In future, it may be necessary for applicants to also undergo a criminal record security check.**

# NSW PHYSIOTHERAPISTS REGISTRATION BOARD

## CHARACTER REFERENCE

See notes for guidance of referees on reverse side

Full Name \_\_\_\_\_

Address \_\_\_\_\_ Tel. No \_\_\_\_\_

Occupation \_\_\_\_\_ Category No. \_\_\_\_\_  
Please insert category number – see notes over page.

I do sincerely declare that:

1. I have been personally acquainted with \_\_\_\_\_  
(name of applicant)  
for a period of \_\_\_\_\_ years. (Period of acquaintance must be a minimum of 1 year).
2. **Please comment on the qualities which are relevant to the applicant's character including, but not limited to, the following:**
  - Honesty and integrity
  - The strength of character to resist opportunities for exploitation, eg. financial or sexual exploitation
  - Respect for the personal and religious beliefs of others

_____ Signature of referee	_____ Date
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**NB. This character reference should be dated within the last 6 months by a person who has known the applicant for 12 months or longer.**

## NSW PHYSIOTHERAPISTS REGISTRATION BOARD

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- The referee is requested to provide a daytime telephone number of their place of work, as well as an address, as follow-up contact may be required by the Board.
- The referee is required to comment on honesty, trustworthiness and good character.
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#### *Category Number*

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- (2) Current employees of Commonwealth, State, and Territory governments (including area health services and public hospitals) in Australia or other countries, who have been employed continuously for at least three years by their current employer.
- (3) Current serving members of Area Health Boards and Health Professional Boards (except the Physiotherapists Registration Board).
- (4) Currently employed teachers who have been teaching for more than three years at schools or tertiary institutions in Australia or another country.
- (5) Elected representatives in an Australian parliament. (Commonwealth, State, or Territory).
- (6) Ministers of religion.

**NB. In future, it may be necessary for applicants to also undergo a criminal record security check.**

**PHYSIOTHERAPISTS REGISTRATION BOARD**

**BREAK DOWN OF COURSE INFORMATION**

NAME: \_\_\_\_\_

When completing this table **please indicate Course Code** (Subject) and hours taught for cross reference in each category, if possible identify the hours for both theory and practical. The practical hours do not refer to the clinical category.

	COURSE YEAR 1				COURSE YEAR 2				COURSE YEAR 3				COURSE YEAR 4			
	Theory		Practical		Theory		Practical		Theory		Practical		Theory		Practical	
CATEGORY	Course Code	Hours	Course Code	Hours	Course Code	Hour	Course Code	Hours	Course Code	Hours	Course Code	Hours	Course Code	Hours	Course Code	Hours
NEUROLOGY (do not include anatomy/physiology)	Phty 1111 See page 24	40	Phty 1111 See page 25	15												
MUSCULO-SKELETAL (do not include anatomy/physiology)					Phty 2222 See page 35	80	Phty 2222 See page 36	40					Phty 4444 See page 72	100	Phty 4444 See page 72	60
CARDIO PULMONARY (do not include anatomy/physiology)					Phty 2333 See page 41	20	Phty 2333 See page 43	10	Phty 3333 See page 60	40	Phty 3333 See page 62	20				
ELECTROPHYSICAL AGENTS					Phty 2414 See Appendix A	20	Phty 2414 See Appendix A	20	Phty 3424 See Appendix B	20	Phty 3424 See Appendix B	20				
CLINICAL EDUCATION PRACTICAL (must be in a health facility or similar)																

*Example*

**PHYSIOTHERAPISTS REGISTRATION BOARD  
BREAK DOWN OF COURSE INFORMATION**

(Important: This form **must** be completed. Do not leave blank or refer to other documents)

NAME: \_\_\_\_\_

When completing this table **please indicate Course Code** and hours taught for cross reference in each category, if possible identify the hours for both theory and practical. The practical hours do not refer to the clinical category.

	COURSE YEAR 1				COURSE YEAR 2				COURSE YEAR 3				COURSE YEAR 4			
	Theory		Practical		Theory		Practical		Theory		Practical		Theory		Practical	
CATEGORY	Course Code	Hours	Course Code	Hours	Course Code	Hour	Course Code	Hours	Course Code	Hours	Course Code	Hours	Course Code	Hours	Course Code	Hours
NEUROLOGY (do not include anatomy/physiology)																
MUSCULO-SKELETAL (do not include anatomy/physiology)																
CARDIO PULMONARY (do not include anatomy/physiology)																
ELECTROPHYSICAL AGENTS (include modalities studied)																
CLINICAL EDUCATION PRACTICAL (must be in a health facility or similar)																

Please give information on what manual therapy philosophy / approach you have been trained in (i.e. Maitland/Cyriax etc).

.....  
.....

Please give information on what cardio-pulmonary was taught in your course and particularly what clinical experience you undertook (i.e. basic chest / intensive care / suctioning / abdominal surgery etc)?

.....  
.....

Please give information on what neurology philosophy / approach was taught in your course (ie Motor Relearning, Bobath etc)

.....  
.....

Please list the electrophysical agents taught and refer to where these are reference in the course contents

.....  
.....

Please give information on where your clinical education practicals took place (e.g. acute teaching hospital, private practice etc)

.....  
.....  
.....  
.....

**Professional Indemnity Insurance Requirements**

The *Health Care Liability Regulation 2007* was implemented on 1 September 2007. The Regulation specifies the classes of health practitioners who are required under section 25 of *Health Care Liability Act* to be covered by approved professional indemnity insurance and the classes of health practitioners who are exempt from that requirement.

A copy of the relevant sections of the regulation plus a copy of section 25 of the *Health Care Liability Act 2001* (the Act) is enclosed for your information.

Section 25(2) of the Act provides that a person (declared by the regulation) is not entitled to practise as a health practitioner (in New South Wales) unless covered by professional indemnity insurance. Section 25(4) of the Act goes on to say that “Practising as a health professional without being covered by professional indemnity insurance is, for the purposes of the relevant health registration Act, (ie the *Physiotherapists Act 2001*), unsatisfactory professional conduct.”

Section 25(3) of the Act prescribes that the appropriate registration authority (ie the Physiotherapists Registration Board):

- a) must not register a person as a health practitioner unless the authority is satisfied that the person will, while practising as a health practitioner (in New South Wales), be covered by professional indemnity insurance, and
- b) may cancel or suspend the registration of a person as a health practitioner if the authority is satisfied that the person is not covered by professional indemnity insurance while the person is practising as a health practitioner (in New South Wales).

## Health Care Liability Regulation 2007

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### Part 3 Health practitioners

Clause 6 - Classes of health practitioner required to be covered by professional indemnity insurance

Section 25 of the Act applies to the following classes of health practitioner:

- (a) chiropractors,
- (b) dental auxiliaries,
- (c) dental prosthetists
- (d) dentists,
- (e) optometrists,
- (f) osteopaths,
- (g) pharmacists,
- (h) physiotherapists,
- (i) podiatrists,
- (j) psychologists.

### Clause 7 Exemption from insurance requirement

(1) In accordance with section 25 (5) of the Act, the following health practitioners are exempt from the requirement for professional indemnity insurance:

- (a) a person whose registration as a health practitioner is subject to the condition that the person does not practise,
- (b) a health practitioner who practises primarily outside New South Wales and who is covered by professional indemnity insurance of any kind while practising in New South Wales,
- (c) a health practitioner whose practice is limited to the rendering of assistance, in the practitioner's capacity as a health practitioner, on a voluntary basis in emergency situations,
- (d) a health practitioner who practises in the course of being:
  - (i) employed by another person, or
  - (ii) engaged by another person under some contractual arrangement,
- (e) a health practitioner whose practice does not include the provision of health care or of an opinion given in the practitioner's capacity as a health practitioner in respect of the physical or mental health of any person,
- (f) a health practitioner who, while practising, is covered by an indemnity arrangement established or entered into by the State or the Commonwealth to cover civil liability,
- (g) a health practitioner who, while practising in accordance with a function conferred or imposed by or under any State or Commonwealth Act or regulation, does not, under that Act or regulation, incur any personal liability.

(2) An exemption under subclause (1) (b)–(g) applies to a health practitioner only to the extent to which the health practitioner practises in the circumstances described in the exemption concerned.

(3) Without limiting subclause (2), the exemption under subclause (1) (d) applies only in relation to a health practitioner:

(a) to the extent that the health practitioner is practising as an employee of, or under contract to, the other person, and

(b) to the extent that the health practitioner is indemnified, under an insurance policy issued to the other person, for civil liability arising out of the provision of, or failure to provide, health care by the health practitioner, and

(c) if the other person is not the health practitioner's practice company.

### **Clause 8 Exemption for limited period after cessation of insurer's business**

(1) If a health practitioner ceases to be covered by professional indemnity insurance as a consequence of the cessation of business of the insurer who provided the insurance, the health practitioner is, in accordance with section 25 (5) of the Act, exempt from the requirement for professional indemnity insurance but only for a period of no more than 3 months (or such longer period as the Minister may specify by order published in the Gazette) commencing on the date on which the health practitioner ceased to be so covered.

(2) The reference in subclause (1) to the cessation of business of an insurer includes a reference to the appointment of a liquidator, administrator or controller (within the meaning of the [Corporations Act 2001](#) of the Commonwealth) in respect of the insurer's business.

**S. 25 Professional indemnity insurance for certain other health practitioners**

- (1) This section applies to or in respect of a person who is a health practitioner only if the regulations have declared that this section applies to the class of health practitioner of which the person is a member.
- (2) A person is not entitled to practise as a health practitioner unless the person is covered by professional indemnity insurance.
- (3) Accordingly, the appropriate registration authority:
  - (a) must not register a person as a health practitioner unless the authority is satisfied that the person will, while practising as a health practitioner, be covered by professional indemnity insurance, and
  - (b) may cancel or suspend the registration of a person as a health practitioner if the authority is satisfied that the person is not covered by professional indemnity insurance while the person is practising as a health practitioner.
- (4) Practising as a health practitioner without being covered by professional indemnity insurance is, for the purposes of the relevant health registration Act, unsatisfactory professional conduct.
- (5) This section does not apply in respect of a health practitioner who is exempt under the regulations from the requirement for professional indemnity insurance.
- (6) This section has effect despite the relevant health registration Act under which a health practitioner is registered.
- (7) In this section:

***appropriate registration authority***, in relation to a health practitioner, means the person or body who has the function, under the relevant health registration Act, of determining any matter relating to the registration of the health practitioner under the health registration Act.

***relevant health registration Act***, in relation to a health practitioner, means the Act under which the health practitioner is registered or is otherwise entitled to practise.

# APPLICATION FOR TEMPORARY REGISTRATION UNDER THE PHYSIOTHERAPISTS ACT 2001

## APPLICANT'S CHECKLIST

Before submitting your application you must check the following and include with your submission.

Approval as Host Physiotherapy Facility	YES/NO
Personal Details	YES/NO
Qualifications	YES/NO
Validated Course Documentation - (Only applies to Category B unless advised by the Board that it is not necessary)	
o Course document is verified as being for your graduating year	YES/NO
o Course information is validated by the institution	YES/NO
o Course document outlines subjects completed	YES/NO
o Course document outlines learning objectives	YES/NO
o Breakdown of Course Information	YES/NO
Evidence of Post Graduate Working Experience	YES/NO
Current evidence of registration in other Jurisdictions	YES/NO
Certificate of Good Standing, if required <i>Dated within 3 months of the date of application</i>	YES/NO
Good Character:	
o Refusal of Registration	YES/NO
• De- Registration, suspension etc	YES/NO
• Current Complaints	YES/NO
• Pending Criminal Proceedings	YES/NO
• Claims for damages	YES/NO
• Academic Conduct	YES/NO
• Adverse findings of Courts etc	YES/NO
Convictions/Criminal findings	YES/NO
Character References	YES/NO
Language	YES/NO
Impairment	YES/NO
Evidence of Identity	YES/NO
Visa	YES/NO
Passport styled photograph	YES/NO
Professional Indemnity Insurance Details	YES/NO
Application Fee	YES/NO
Application form signed on all pages	YES/NO

**N.B. A certified copy is a photocopy certified by a Justice of the Peace, Solicitor, or Notary Public, as a true copy of the original.**