



# Application form

*Nursing Act 1992*

*Mutual Recognition (Queensland) Act 1992*

*Trans-Tasman Mutual Recognition (Queensland) Act 2003*

## **IMPORTANT – please note before completing your application form:**

- Applications require documentary evidence, to accompany the application form, as set out in the relevant checklist available at **[www.qnc.qld.gov.au](http://www.qnc.qld.gov.au)**
- It is essential you read the appropriate checklist for your application type, to ensure that you provide the correct documentation.
- Do not send original documents – please send certified copies as described on the checklists.
- Only the applicant is to complete the form. Any application that has been completed or amended by a third party will not be accepted.

## **Privacy and confidentiality**

The Queensland Nursing Council is committed to protecting the privacy, confidentiality and security of personal information held in its records. In accordance with the *Nursing Act 1992* and the *Privacy Principles (IS42)*, certain personal information we have collected may be used to support the responsibilities and functions of Council, including approved research activities. At no time will the Queensland Nursing Council give personal information to third parties, unless on the basis of individual consent or where we are required to do so by law.

Council's *Privacy policy* may be viewed through our website, at our office, or by requesting a copy by phone, fax or email.

This information is correct at time of printing. Please refer to the *Registration Policy* on Council's website for any changes.



**IMPORTANT. The following checklists are available as PDFs on our website ([www.qnc.qld.gov.au](http://www.qnc.qld.gov.au)). Please use the checklist, appropriate to your application, to ensure that you complete all of the required paperwork and supply the correct supporting documentation.**

- ▀ *Checklist for internationally qualified nurses*
- ▀ *Checklist for Queensland graduate*
- ▀ *Checklist for application of an endorsement for ENs*
- ▀ *Checklist for interstate applicants gaining registration*
- ▀ *Checklist for mutual recognition*
- ▀ *Checklist for application of an endorsement for RNs*
- ▀ *Checklist for application for restoration*
- ▀ *Schedule of fees*

# APPLICATION FORM

Nursing Act 1992, Mutual Recognition Act 1992 and Trans-Tasman Mutual Recognition Act 2003  
Form updated December 2008

Please print neatly in BLOCK LETTERS with a black or blue ballpoint pen only.

Print in appropriate boxes, as per sample:

JANE SMITH

## Item 1 - Application source All applicants must complete this item

Please tick one box only

- I hold a current practising certificate in another state or territory of Australia or New Zealand. Please enter each state, territory or New Zealand here \_\_\_\_\_
- I am applying as an applicant with international qualifications
- Other (e.g. new graduate)

## Item 2 - What are you applying for? All applicants must complete this item

Please tick all relevant boxes if you are applying for more than one item.

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Registration (RN)                       | <input type="checkbox"/> Restoration as a RN        | <input type="checkbox"/> Endorsement (RN) - mental health nurse       | <input type="checkbox"/> Endorsement (RN) - sexual and reproductive health |
| <input type="checkbox"/> Enrolment (EN)                          | <input type="checkbox"/> Restoration as an EN       | <input type="checkbox"/> Endorsement (RN) - nurse practitioner        | <input type="checkbox"/> Endorsement (RN) - rural and isolated practice    |
| <input type="checkbox"/> Authority to practice as a midwife only | <input type="checkbox"/> Endorsement (RN) - midwife | <input type="checkbox"/> Endorsement (EN) - medication administration | <input type="checkbox"/> Endorsement (RN) - immunisation program           |

## Item 3 - Personal details All applicants must complete this item

Title (please tick)  Ms  Mrs  Miss  Mr  Other (specify) \_\_\_\_\_

Surname (legal surname) \_\_\_\_\_

Given names (all legal names) \_\_\_\_\_

All previous surnames \_\_\_\_\_

Date of birth (dd/mm/yyyy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Country of birth \_\_\_\_\_

Postal address for all correspondence \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

State \_\_\_\_\_ Country \_\_\_\_\_

Work phone \_\_\_\_\_ Mobile \_\_\_\_\_

Home phone \_\_\_\_\_ Email \_\_\_\_\_

## Office use only

Date stamp	Payment amount	Nurse id number	Date approved doc sent
	Payment type	Receipt number	
	Initials	Initials	Initials



# APPLICATION FORM

Nursing Act 1992, Mutual Recognition Act 1992 and Trans-Tasman Mutual Recognition Act 2003

## Item 4 - Registration and enrolment All applicants, except endorsements, must complete this item

You cannot be registered and enrolled in Queensland at the same time.

In Queensland, are you currently, or have previously been, registered or enrolled?

Yes

No (go to item 5)

If yes,  Registered

Enrolled

Queensland ID number

Q L D

## Item 5 - Qualifications All applicants must complete this item

Please provide details of your nursing or midwifery qualification that relates to this application. For example Bachelor, Diploma, Certificate. This includes information regarding any qualification that will lead to endorsement.

If you require further space, please provide information on a separate sheet. Include **only** qualifications that support your application.

Qualification (in full)	Course provider (in full)	Country or state/ territory of Australia	Course commencement date	Course completion date

Are you currently registered/enrolled in Queensland and applying for an endorsement only?

Yes (go to item 10)

No (go to item 6)

## Item 6 - Most recent practice International, interstate and restoration applicants only

Have you practiced as a nurse or midwife since completing your qualification?

Yes

No (go to item 7)

When and where did you last practice as a nurse or midwife?

Dates From (dd/mm/yyyy) / /

To (dd/mm/yyyy) / /

Licensed as  Registered nurse

Enrolled nurse

Midwife

Employer

Employer's address

Suburb

Postcode

State

Country

**Item 7 - English language competence Applicants with international qualifications (A) and Queensland graduates (B or C)**

**(A) Applicants with international qualifications**

Language in which your course was conducted

Have you ever practiced as a nurse or midwife in an English speaking environment?  Yes  No (go to item 9)

If yes, please identify which country

Dates From (dd/mm/yyyy)  /  /  To (dd/mm/yyyy)  /  /

Were you employed full-time?  Yes  No **If no**, please specify average number of hours per fortnight

**Documentary evidence is required to support your answer.** For further information regarding Council's English language competence requirements, please refer to *English language proficiency requirements for international nurses and midwives information sheet* at [www.qnc.qld.gov.au](http://www.qnc.qld.gov.au)

**(B) Queensland university graduates**

Are you an international student from a country where English is **not** the first language?  Yes  No (go to item 9)

Have you completed a minimum four (4) full-time consecutive semesters **on campus** in Queensland?  Yes  No

**If no**, you will be required to meet Council's English language competency requirement. For further information regarding English language competence requirements, please refer to *English language proficiency requirements for international nurses and midwives information sheet* at [www.qnc.qld.gov.au](http://www.qnc.qld.gov.au)

Did you complete your pre-registration course in Queensland in the last five years?  Yes  No

**(C) Queensland graduates from the vocational sector (e.g TAFE)**

Are you an international student from a country where English is **not** the first language?  Yes  No (go to item 9)

Did you receive any recognition of prior learning (RPL) or advanced standing or credit for a course conducted **on campus** in Queensland?  Yes  No

**If yes**, you will be required to meet Council's English language competency requirement. For further information regarding English language competence requirements, please refer to *English language proficiency requirements for international nurses and midwives information sheet* at [www.qnc.qld.gov.au](http://www.qnc.qld.gov.au)

Did you complete your pre-enrolment in Queensland in the last five years?  Yes  No

**Item 8 - Competence declaration Only complete this section if you are restoring to the register**

Council must be satisfied you are competent to practice as a nurse or midwife. Please read the following statements and make the declaration below:

**a)** I have been employed within the last five years as a registered nurse, enrolled nurse or midwife

**OR**

I have been required within the last five years to use my nursing or midwifery knowledge and skills in my employment and to maintain my nursing or midwifery competence  True  False

**OR**

I have completed an accredited or approved pre-registration, pre-enrolment, midwifery, mental health nursing or re-entry program

**b)** My practice in the last five years is relevant to this application  True  False

**c)** I held a licence to practice in the appropriate jurisdiction when practicing as a nurse or midwife  True  False

**d)** I am competent to practice as a nurse or midwife  True  False

**e)** I follow the *Code of ethics for nurses in Australia* and *Code of professional conduct for nurses in Australia* or *Code of ethics for midwives in Australia* and *Code of professional conduct for midwives in Australia*  True  False

**f)** I continue to improve my knowledge, skills and judgement to ensure my practice is safe and competent  True  False



# APPLICATION FORM

Nursing Act 1992, Mutual Recognition Act 1992 and Trans-Tasman Mutual Recognition Act 2003

## Item 9 - Professional standards All applicants except endorsement applications

Council must be satisfied that you are a suitable person to practice nursing or midwifery and you are fit and competent to practice.

Any matter that may reasonably bear upon an assessment of your suitability, fitness or competence must be disclosed. Please read the following statements and make the declaration.

- a) I have never been, and am not currently, subject to disciplinary proceedings, any complaint, preliminary investigation or action that may lead to disciplinary proceedings or to compel me to undergo a health assessment  True  False
- b) My registration, enrolment or authorisation to practice as a nurse or midwife has never been cancelled, restricted, limited, suspended or made subject to conditions  True  False
- c) I have never been prohibited from practising as a nurse or midwife  True  False
- d) I have never given an undertaking or agreement to a nursing or midwifery regulatory authority in relation to disciplinary or health matters  True  False
- e) I have never been investigated or assessed on the basis of a concern or complaint about my health, conduct or competence  True  False
- f) My health allows me to practice safely and without endangering my clients  True  False
- g) I have never been subject to retirement from a workplace due to conduct, competence or health issues  True  False
- h) I am not currently subject to any preliminary investigation or action that may lead to criminal charges against me  True  False
- i) I have **never** been found guilty of an offence in Queensland or elsewhere  True  False
- j) I have **never** been charged with an offence in Queensland or elsewhere  True  False

**If you answered false to any of the above statements,** you will need to provide additional detailed information on a separate sheet for each of the items marked false.

## Item 10 - Personal declaration All applicants must complete this item

- I solemnly and sincerely declare that all the information I have given in this application is true and complete in every detail  True  False
- I am the person named in the attached documentation and the information in the documentation is true and correct and is an accurate copy of the original documentation  True  False
- I have **never** been found guilty of an offence or charged with an offence OR I have provided details of any findings of guilt or charges in Queensland or elsewhere with this application  True  False
- I consent to the Queensland Nursing Council exchanging information with the authorities in any country, state or territory on my practice as a nurse or midwife or any other matters that are relevant to this application  True  False
- I believe this declaration is true and by virtue of the provisions of the *Statutory Declaration Act 1959*  True  False

Signature of applicant \_\_\_\_\_

Declared at \_\_\_\_\_ on \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Witness \_\_\_\_\_

Qualification of witness \_\_\_\_\_

JP stamp

**Acceptable witnesses are: Justice of the Peace, Commissioner for Declarations, Solicitor, Notary Public or Conveyancer.**

(A pharmacist or police officer is not acceptable unless they are a Justice of the Peace, Commissioner for Declarations, Solicitor, Notary Public or Conveyancer. Signatories **must** indicate this.)

**Item 11 - Consent to a national criminal history check All applicants except mutual recognition and endorsement applicants**

I give my consent for the Queensland Nursing Council, its employees and agents, to seek a national criminal history check on me through the Queensland Police Service, and for the Queensland Police Service and the Australian Police Service to disclose any criminal history information, including charges laid against me awaiting determination, to the Queensland Nursing Council, its employees and agents.

I understand the disclosure of information about any criminal history I may have, will be subject to commonwealth, state or territory legislation where it applies, or the police service making the disclosure, or both. Please refer to Council's *Criminal history policy* and information sheet for further information at [www.qnc.qld.gov.au](http://www.qnc.qld.gov.au)

Full name

Signature \_\_\_\_\_

**Item 12 - Payment options ALL applicants must complete this item**

Please refer to the *Schedule of fees*, to find out the total of fees payable by you. The *Schedule of fees* is available at [www.qnc.qld.gov.au](http://www.qnc.qld.gov.au) **Important! Applications will not be processed unless correct payment is attached.**

Payment type  **Credit card**  **Cheque**  **Money order**  
 **Eftpos** (in person only)  **Cash** (in person only)

**Cheque or money orders** to be made payable to: Queensland Nursing Council.

If paying by **credit card**, please complete the following details:

I give consent for Queensland Nursing Council to deduct the amount of  .

Card type  **Visa**  **Mastercard**  **American Express (AMEX)**

Card number  Expiry date (mm/yy)

Name of cardholder

Signature of cardholder \_\_\_\_\_ Date (dd/mm/yyyy)

In the case of ineligibility, Council will refund the licence fee only. All application and assessment fees are non-refundable.

**Please note:**  
**Council can only accept payment in Australian dollars.**  
**Credit card is the preferred method of payment for international applicants.**  
**Cheques/drafts must be made payable through an Australian bank.**  
**Any international personal cheques or traveller's cheques will not be accepted.**



All correspondence to

The Executive Officer  
Queensland Nursing Council  
GPO Box 2928  
Brisbane Q 4001  
ABN 31 518 972 839

Level 14  
201 Charlotte Street  
Brisbane Q 4000  
Facsimile  
07 3223 5115

Registration Enquiries  
07 3223 5110  
Queensland callers  
outside Brisbane  
1300 139 993

[www.qnc.qld.gov.au](http://www.qnc.qld.gov.au)