

# Checklist for interstate applicants gaining registration

## 1. General information

Applications must be complete and include all necessary documentation and payment. Any application received that is not supported by all the correct documentary evidence and the correct fees cannot be processed and you will be requested in writing to provide the required information.

Council **cannot accept any faxed or emailed applications** or documents. Any application or document received in this format will not be processed.

Council can only accept payment in Australian dollars. Any application received with payment of a different currency cannot be processed.

Any use of correction fluid or correction tape on the application form or any documentary evidence cannot be accepted by Council. If you make an error, neatly cross out and initial the change.

## 2. Documentary evidence

All documentation must be photocopied and certified to be a true and correct copy of the original by a Justice of the Peace, Commissioner for Declarations, Solicitor or Public Notary.

**Do not forward original documents.**

**Please tick each of the following boxes to confirm you have submitted each document.**

### Evidence of identity

- Birth certificate or Birth extract
- Current Passport
- Official Change of name document
- Certificate of Australian Citizenship

Please note:

- Council does not accept drivers licence or student id cards.
- Passport evidence is only acceptable if all other documents are under the same name.

### Evidence of change of name (if applicable)

Council must be able to follow all links of change of names, e.g. Smith to Brown, Brown to Jones, etc.

- Marriage certificate
- Decree nisi
- Official Change of name document

### Graduation Certificate, Diploma or Hospital Certificate

This is the document issued by your course provider upon completion of your course.

### Initial Registration Certificate or Statement of Entry

This document is issued to you by the regulatory authority when you first gained registration, enrolment or authority to practice as a nurse or midwife.

### Evidence of practice within the last five (5) years

- Must be on official letterhead
- Must be signed by a **registered nurse**
- Must state the author's position and title
- Must indicate that you have demonstrated nursing or midwifery competence
- Must state the dates of employment
- Must state the functions and responsibilities of your nursing practice

### Verification of your current registration

A form is attached for verification or certificate of good standing of your current registration or enrolment. The verification must be sent directly from your most recent regulatory authority to QNC. The verification must have been issued within the last twelve (12) months, from where you are currently or have most recently practised, and state that you:

- are not subject to disciplinary proceedings
- have not had your licence cancelled or suspended due to disciplinary proceedings
- have not had your licence cancelled due to health concerns
- are not subject to any conditions or limitations.

Council cannot accept online or faxed verifications or letters of good standing.

## 3. Fees

**Please refer to the *Schedule of fees and charges for the amounts payable.***

**Fees must be in Australian dollars ONLY.**

Acceptable forms of payment

- **Credit card (e.g. Visa, Mastercard or American Express) is the preferred method of payment**
- Bank draft
- Cheque
- International money order
- Australian money order
- Cash – **at office counter only**, do not mail
- Eftpos – **at office counter only**, not available through mail or by phone.

Please note:

- Council will not accept any international personal cheques or traveller's cheques.
- International bank drafts or cheques must be payable to an Australian bank.

If you are paying by credit card, you **MUST** authorise the amount to be deducted from your account.



Please tick each of the following boxes to confirm you have paid the necessary fees.

Application fee - to be paid **with Application form**

**Your application will not be processed unless correct payment for this fee has been paid.** Refer to the *Schedule of fees and charges* for the amount payable.

Licence fee - to be paid **with Application form**

**Your application will not be processed unless correct payment for this fee has been paid.** Refer to the *Schedule of fees and charges* for the amount payable.

## 4. Application form

Please use the below boxes to check that you have correctly completed the items relevant to your application on the *Application form*.

Completed **item 1** on *Application form*

Completed **item 2** on *Application form*

Completed **item 3** on *Application form*

Completed **item 4** on *Application form*

Completed **item 5** on *Application form*

Completed **item 6** on *Application form*

Completed **item 9** on *Application form*

Completed **item 10** on *Application form*

Completed **item 11** on *Application form*

Completed **item 12** on *Application form*

Copyright protects this publication. However, the Queensland Nursing Council has no objection to this material being reproduced except for commercial purposes. For commercial purposes contact Council. © 2008 Queensland Nursing Council.



# REQUEST FOR VERIFICATION FORM OR CERTIFICATE OF GOOD STANDING

Form updated July 2008

You may send this form directly to your current or most recent registering authority and request that they complete it and post it directly to the Queensland Nursing Council.

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 To be completed by applicant

Registering authority name	<input type="text"/>		
Applicant's legal surname	<input type="text"/>		
Applicant's given names (all legal names)	<input type="text"/>		
All of applicant's previous family names	<input type="text"/>		
Date of birth (dd/mm/yyyy)	<input type="text"/>	<input type="checkbox"/> Female <input type="checkbox"/> Male	Queensland ID number <input type="text"/>

## Item 2 To be completed by regulatory authority

This is to confirm that the person named on this form holds, or has held, a licence to practice in the following areas of nursing or midwifery issued by this authority.

Registration  Enrolment  Endorsement as a midwife  Authority to practice as a midwife  Endorsement as a mental health nurse

Other (Please specify)

This licence is current to/was current to

It is also confirmed that the applicant holds the qualifications indicated and:

- Is not subject to disciplinary proceedings
- Has not had their licence cancelled or suspended as a result of disciplinary proceedings or health concerns
- Is not subject to any conditions or limitations in relation to their nursing or midwifery practice

Comments

Name

Title

Signature  Date (dd/mm/yyyy)

Official seal

Name of Registering Authority stamp