



## Request for change in circumstances for Chinese medicine registrants with limited registration


Profession: **Chinese medicine**

Part 7 Division 6 of the Health Practitioner Regulation National Law (the National Law)

This form is for Chinese medicine registrant's who have limited registration, postgraduate training or supervised practice and who wish to seek a variation in the circumstances of their registration.

Practitioners can apply to the Chinese Medicine registrant Board of Australia (the Board) for a variation if there is a minor change to their circumstances. If the Board considers that the variation is significant, the practitioner will need to submit a new application. Additional information is available on the Board's website [www.chinesemedicineboard.gov.au](http://www.chinesemedicineboard.gov.au)

It is important that you refer to the Board's registration standards when completing the form. Registration standards, codes and guidelines can be found at [www.chinesemedicineboard.gov.au](http://www.chinesemedicineboard.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. For more information, 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](http://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](http://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.
-  **Mail document(s) directly to AHPRA**  
Requires delivery of documents by an organisation or the applicant.

### 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 that are marked with an asterisk (\*) will appear on the public register.

### 1. What is your name and date of birth?

**Title\***  
 MR  MRS  MISS  MS  DR  OTHER


**Family name\***

**First given name\***

**Middle name(s)\***

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

**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.



2. What is your registration number?

Registration number\*  
C M R

## SECTION B: Change in location of practice

3. Does your change of circumstances involve a change in location of practice? YES  *Go to the next question* NO  *Go to Section C: Change in supervisor*

4. Does the change involve Chinese medicine practice in additional sites to those previously approved by the Board? YES  NO

*Provide the names and address of all additional sites*

**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\***

**Business phone**    **Email**

**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\***

**Business phone**    **Email**

Attach a separate sheet if the additional site details do not fit in the space provided.



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

YES

NO

*Provide the names and address of all sites that will no longer be relevant to your registration*

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

[Grid for site/building details]

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

[Grid for address details]

**City/Suburb/Town\***

[Grid for City/Suburb/Town]

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

[Grid for State/Territory]

**Postcode\***

[Grid for Postcode]

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

[Grid for site/building details]

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

[Grid for address details]

**City/Suburb/Town\***

[Grid for City/Suburb/Town]

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

[Grid for State/Territory]

**Postcode\***

[Grid for Postcode]



Attach a separate sheet if the additional site details do not fit in the space provided.

**SECTION C: Change in supervisor**

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

YES

Go to the next question

NO

Go to Section D: Minor changes to the role



**7. What are the details of the updated supervision structure?**



Nominated supervisors must demonstrate compliance with the Board's supervision guidelines on the Board's website.

**Name of principal supervisor**

**Registration number\*** **Position**

C M R

**Email**

**Contact phone number**

**Work address**  
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\***

**Name of secondary supervisor (if applicable)**

**Registration number\*** **Position**

C M R

**Email**

**Contact phone number**

**Work address**  
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: Minor changes to the role

 If the change in role is significant, involves a change in sponsor organisation, field of practice, supervised practice plan, or if the Board considers that variation as being otherwise significant, you will be required to complete a new application for limited registration. For further information, see the Board's registration standards at [www.chinesemedicineboard.gov.au/Registration-Standards](http://www.chinesemedicineboard.gov.au/Registration-Standards)

8. Does your change of circumstances involve minor changes to the role? YES   *Go to the next question* NO   *Go to Section E: Declaration*


9. What is the nature of the role change?

**Nature of the change in role** (e.g. change in position title, responsibilities, departmental structure)

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.....

 Attach a separate sheet if the nature of the change details do not fit in the space provided.


10. What are the reasons for the change in role?

**Reason for the change in role** (e.g. organisation restructure, recognition of capabilities)

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 Attach a separate sheet if the reasons for the change in the role do not fit in the space provided.

## SECTION E: Declaration

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

I undertake to be the applicant's principal supervisor and to provide a level of supervision as stated in the Board-approved supervised practice plan and as otherwise determined from time to time by the Board.

I further undertake to:

- ensure that the Chinese medicine registrant is practising safely and is not placing the public at risk,
- notify the Board immediately if I have concerns about the Chinese medicine registrant's clinical performance, health or failure to comply with conditions or undertakings,
- ensure that the Chinese medicine registrant practises in accordance with work arrangements approved by the Board,
- obtain approval of the Board for any proposed changes to work arrangements before they are implemented,
- inform the Board if I am no longer able to undertake the role of the Chinese medicine registrant's supervisor, and
- provide work performance reports to the Board in a form approved by the Board at subsequent intervals as determined by the Board.

Name of principal supervisor <input style="width: 95%;" type="text"/>  Date <input style="width: 25%; border: 1px solid #ccc;" type="text"/> / <input style="width: 25%; border: 1px solid #ccc;" type="text"/> / <input style="width: 50%; border: 1px solid #ccc;" type="text"/>	Signature of principal supervisor <div style="border: 1px solid #ccc; padding: 10px; text-align: center;">  <span style="font-size: 2em; color: #0070C0; opacity: 0.5;">SIGN HERE</span> </div>
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### Sponsor employer's declaration – *To be completed and signed by the sponsor employer*

I declare that the information provided in this document is true and correct.  
 I confirm that the Chinese medicine registrant relevant to this application has been made aware, and approves of, the requested change in the circumstances of their Chinese medicine registration.

Name of sponsor employer <input style="width: 95%;" type="text"/>  Date <input style="width: 25%; border: 1px solid #ccc;" type="text"/> / <input style="width: 25%; border: 1px solid #ccc;" type="text"/> / <input style="width: 50%; border: 1px solid #ccc;" type="text"/>	Signature of sponsor employer <div style="border: 1px solid #ccc; padding: 10px; text-align: center;">  <span style="font-size: 2em; color: #0070C0; opacity: 0.5;">SIGN HERE</span> </div>
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**Applicant's declaration – To be completed and signed by the applicant**

I acknowledge that:

- the Board may validate documents provided in support of this application as evidence of my identity
- failure to complete all relevant sections of this application and to enclose all supporting documentation may result in this application not being accepted
- notices required under the National Law and other correspondence relating to my application and registration (if granted) will be sent electronically to me via my nominated email address, and
- AHPRA uses overseas cloud service providers to hold, process and maintain personal information where this is reasonably necessary to enable AHPRA to perform its functions under the National Law. These providers include Salesforce, whose operations are located in Japan and the United States of America.

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 Chinese medicine registration.

Name of applicant <input type="text"/> Date <input type="text"/> / <input type="text"/> / <input type="text"/>	Signature of applicant 
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**SECTION F: Checklist**

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

Additional documentation		Attached
Question 1	Evidence of a change of name	<input type="checkbox"/>
Question 4	A separate sheet with additional details of sites of practice to be added	<input type="checkbox"/>
Question 5	A separate sheet with additional details of sites of practice to be removed	<input type="checkbox"/>
Question 9	A separate sheet with additional details of the nature of the change in role	<input type="checkbox"/>
Question 10	A separate sheet with additional reasons for the change in the role	<input type="checkbox"/>

**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](http://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](http://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](http://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.

**Please post this form with required attachments to:**

<b>AHPRA</b> <b>GPO Box 9958</b> <b>IN YOUR CAPITAL CITY</b> (refer below)		You may contact AHPRA on 1300 419 495 or you can lodge an enquiry at <a href="http://www.ahpra.gov.au">www.ahpra.gov.au</a>	
Sydney NSW 2001	Canberra ACT 2601	Melbourne VIC 3001	Brisbane QLD 4001
Adelaide SA 5001	Perth WA 6001	Hobart TAS 7001	Darwin NT 0801