



**APPLICATION FOR REINSTATEMENT
OF NAME TO THE REGISTER OR ROLL**

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I request reinstatement of my name to the following register or roll pursuant to the *Nurses Act 1999*:

- Registered Nurse Midwife Mental Health Nurse
 Enrolled Nurse Nurse Practitioner *Only tick if the **nbsa** has granted you authorisation as a Nurse Practitioner*

Section 1 : Applicant's Details

Family Name (*surname*): _____ Preferred Title: (*optional*) _____

Given Names: _____

All previous names (*including name before marriage*): _____

Date of Birth (*day/month/year*): _____ Male: Female:

Postal Address: _____

_____ Post Code: _____

Residential Address (*if different from above*): _____

_____ Post Code: _____

Phone (Wk) _____ (Hm) _____ Mobile _____

Fax (Wk) _____ (Hm) _____ Email: _____

Section 2 : Payment Details

Fee of \$ _____ is enclosed payable by: Cheque Money Order Credit Card

Please debit my credit card, details as follows:

Bankcard Visa MasterCard Amex Diners Club

Card Number

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Expiry Date

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 For the amount of \$ _____

Signature _____ Date _____

Name Printed _____

Please ensure details are CLEAR, ACCURATE AND COMPLETE

Section 3 : Declaration Questions

1. Do you suffer from any physical or mental disability or illness which could affect your ability to practise safely? Yes No
If YES, please attach a report from your treating medical practitioner
2. Have you ever pleaded guilty to, or been found guilty of any criminal offence? Yes No
(excluding minor traffic offences)
If YES, you must provide a record of your criminal conviction/s from the appropriate authority - in Australia you may request a National Police Certificate at any Police Station
3. Are you competent in the area/s in which you intend to practise? Yes No
4. Will you follow the accepted code of professional conduct and ethics in your practice? Yes No
5. Have you practised as a nurse or midwife OR completed the program leading to your registration or enrolment within the past five (5) years? Yes No
 Enrolled Nursing General Nursing Midwifery Mental Health Nursing
6. Have you worked as a nurse or midwife in South Australia since the expiry of your annual Certificate of Registration or Enrolment? Yes No
If YES, please give dates and include contact details of your employer
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7. Are you the subject of disciplinary proceedings or ever been issued conditional registration with a nursing/midwifery regulatory authority, or have you ever been refused registration/enrolment, or have you ever had your name removed from a nursing/midwifery register or roll maintained in Australia or any other country *(except for the expiry of your authorisation to practise)*? Yes No
8. Do you consent to the making of inquiries and exchange of information with outside agencies/authorities regarding matters relevant to your application? Yes No

If you answered "NO" to question/s 4 and/or 5, or "YES" to 7, you must attach details to this application.

I DECLARE THAT THE STATEMENTS MADE BY ME ON THIS FORM ARE TRUE AND CORRECT IN EVERY PARTICULAR. I FURTHER DECLARE THAT THE APPENDED DOCUMENT/S PROVIDED BY ME IN SUPPORT OF MY APPLICATION ARE AUTHENTIC ORIGINALS OR ACCURATE COPIES AND DO NOT CONTAIN ANY FALSE OR MISLEADING INFORMATION.

Signature of Applicant: _____ Date: _____

**CAUTION: Under section 58 Nurses Act 1999 it is an offence to make a false or misleading statement.
MAXIMUM PENALTY \$10 000**

Section 4 : Documentation Required

- identification which must indicate full legal name and date of birth
- documented legal evidence of change of name if you are seeking registration/enrolment in a name different than that which you previously held registration/enrolment with the Nurses Board of South Australia *(for example, marriage certificate)*

01/13169 Sept06