

# **APPLICATION FOR SPECIAL PURPOSE REGISTRATION AS A SPEECH PATHOLOGIST IN QUEENSLAND**

*Section 101, Speech Pathologists Registration Act 2001*

*Speech Pathologists Board of Queensland*

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**Please read the Accompanying Information sheets  
before completing this form.**

**Complete Form and Return with Accompanying Documents  
to address below.**

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**✉ Mailing Address:**

Speech Pathologists Board of Queensland  
GPO Box 2438  
BRISBANE QLD 4001

**? Enquiries:**

Telephone 07 3234 1164  
Facsimile 07 3225 2527  
Monday to Friday 9.00 am – 4.00 pm  
E-mail [speechpathology@healthregboards.qld.gov.au](mailto:speechpathology@healthregboards.qld.gov.au)  
Website [www.speechpathboard.qld.gov.au](http://www.speechpathboard.qld.gov.au)



**Location:**

8<sup>th</sup> Floor, Forestry House  
160 Mary Street  
BRISBANE QLD 4000

**YOUR APPLICATION WILL NOT BE  
PROCESSED WITHOUT ALL THE  
REQUIRED DOCUMENTATION,  
THE APPLICATION FEE AND THE  
REGISTRATION FEE.**

ABN: 18 893 353 793

**APPLICATION DETAILS** - Please ✓ Appropriate Box and Print Complete Information Requested as per Accompanying

**Guidelines. YOU MUST COMPLETE ALL SECTIONS OF THIS FORM.**

**TITLE:** (circle preferred title)      **MR    MRS    MS    MISS    DR    OTHER** \_\_\_\_\_  
(please specify)

**FAMILY NAME** \_\_\_\_\_

**GIVEN NAME/S** (in full) \_\_\_\_\_

**PREVIOUS NAME(S)** (if applicable) \_\_\_\_\_

**LANGUAGES SPOKEN** (other than English) \_\_\_\_\_

<b>Date of Birth*</b> _____	<b>Place of Birth *</b> _____ <b>Country of Birth *</b> _____	<b>Gender *</b> Male <input type="checkbox"/> Female <input type="checkbox"/>
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<p align="center"><b>REGISTRATION/POSTAL ADDRESS</b></p> <p align="center">(For inclusion in the public register)</p> <p><b>All Changes must be notified to the Board</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Postcode _____</p> <p>Is this your residential address? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If "Yes" do you agree that it be available for inspection on the Register?      YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If you do not tick any of these boxes, and the address above is not a P.O. Box, an address will NOT appear against your name in the register.</p>	<p align="center"><b>PROFESSIONAL / BUSINESS ADDRESS*</b></p> <p align="center">(if different from Registration address)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Postcode _____</p>	<p align="center"><b>RESIDENTIAL ADDRESS *</b></p> <p align="center">(if different from Registration address)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Postcode _____</p>
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**CONTACT TELEPHONE NUMBERS\*** Day \_\_\_\_\_ After Hours \_\_\_\_\_ Mobile \_\_\_\_\_

**EMAIL ADDRESS \*** \_\_\_\_\_

**QUALIFICATIONS ON WHICH APPLICATION IS BASED:** (earliest qualification first)

Degree /Examination and/or Assessment Certificate	University/College/Examining Body	Year Conferred	Language of Institution
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**REGISTRATION: (if not previously registered, write NA)**

1. Where did you first register as a **speech pathologist** ? \_\_\_\_\_ and year \_\_\_\_\_

2. Do you hold registration that gives you legal authority to currently practise as a **speech pathologist** elsewhere?

YES  NO

If Yes, give country \_\_\_\_\_

3. Have you ever been registered as a **health practitioner\*** in another State or Territory of Australia or another country

\* see definition on Page 4

YES  NO

If yes, give State/Territory/Country, year registered and indicate profession \_\_\_\_\_

4. Have you ever been registered as a **health practitioner\*** in Queensland?

YES  NO

If yes, give profession and year registered \_\_\_\_\_

**SPECIAL PURPOSE REGISTRATION (please tick the category for which you are applying)**

- study or train at postgraduate level
- teach
- engage in research
- give clinical demonstrations

Details of the special purpose activity

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**ADDITIONAL COMMENTS OR INFORMATION FROM APPLICANT IN SUPPORT OF REQUEST FOR SPECIAL PURPOSE REGISTRATION AS A SPEECH PATHOLOGIST (if insufficient space set out on separate page)**

**SUITABILITY TO BE A SPECIAL PURPOSE REGISTRANT:**

**If you answer "Yes" to any of the following, please provide full details on a separate sheet.**

- |   |   |
|---|---|
| 1. Have you ever been convicted of an indictable offence?   | Yes No<br><input type="checkbox"/> <input type="checkbox"/> |
| 2. Have you ever been convicted of an offence against the <i>Speech Pathologists Act 1979</i> (repealed), the <i>Speech Pathologists Registration Act 2001</i> , or the <i>Health Practitioners (Professional Standards) Act 1999</i> , or a corresponding law applying, or that applied, in another State, or territory, or another that provides or provided for the same matters?  | Yes No<br><input type="checkbox"/> <input type="checkbox"/> |
| 3. Have you been registered under the <i>Speech Pathologists Registration Act 2001</i> or the <i>Speech Pathologists Act 1979</i> (repealed), or are you or have you been registered under a corresponding law applying, or that applied, in another State, or territory, or another country, <b>and</b> the registration was affected either by an undertaking, the imposition of a condition, suspension or cancellation, or in any other way? (This includes being a party to proceedings in a court, brought by another party against you, claiming damages or other compensation for alleged negligence by you in the practice of your profession in which a judgement has been delivered, or in respect of which there has been a settlement of the proceedings or part of the proceedings {other than a settlement of proceedings under an agreement reached in conciliation under the <i>Health Quality and Complaints Commission Act 2006</i> or the <i>Health Rights Commission Act 1991</i> , or a relevant interstate law which provides for the same matter}). | Yes No<br><input type="checkbox"/> <input type="checkbox"/> |
| 4. Has your registration as a <b>health practitioner</b> ever been cancelled or is currently suspended as a result of disciplinary action in any Australian State or Territory or in a foreign country?   | Yes No<br><input type="checkbox"/> <input type="checkbox"/> |
| 5. Have you ever been refused registration as a <b>health practitioner</b> in any Australian State or Territory, or in a foreign country?   | Yes No<br><input type="checkbox"/> <input type="checkbox"/> |

**Note:**

- If you answered **Yes** to any of the above questions you must attach a full explanation (in a sealed envelope) of the circumstances and detail any condition or current disciplinary or other orders to which you are subject, and provide details of referees (see below).
- Please see accompanying guidelines for definitions of terms used.
- The term **'health practitioner'** includes any registered provider of services directed at maintaining, improving or restoring people's health and wellbeing or any functionary aspect thereof.
- The Board may enquire with relevant authorities regarding an applicant's criminal history.

**REFEREES:** If you answered "Yes" to any of the 'Suitability to be a Special Purpose Registrant' questions above, please give name, address, occupation and telephone number of two persons practising in your profession who have known you for at least the past twelve months.

Name _____	Name _____
Address _____	Address _____
_____	_____
_____	_____
Position _____	Position _____
Telephone _____	Postcode _____
Telephone _____	Postcode _____

I consent to the Speech Pathologists Board of Queensland making enquiries of, and exchanging information with, the authorities of any Australian States or Territories, or other countries, regarding my practice as a health practitioner or otherwise regarding matters relevant to this application. I also undertake not to engage in unsatisfactory professional conduct (see guidelines for definition).

I declare that the above statements are true and correct, that I am the person named in the attached documents and that I am the person in the attached photographs which bear my signature and are a recent likeness as certified on the back by

.....

.....  
Printed Name of Applicant

.....  
Signature of Applicant

.....  
Printed Name of Witness

.....  
Signature of Witness

Date: ..... day of .....20.....

## ITEMS TO BE ATTACHED WITH THIS APPLICATION

[All photocopies must be certified as true copies by a Justice of the Peace, a Commissioner for Declarations, or a Notary.]

1. APPLICATION FEE AND REGISTRATION FEES THIS IS A TAX INVOICE
  - The fees due with this application are GST exempt and are set out in the accompanying Information Sheet.
  - Please note: Fees due with this application only cover registration until 30 June (the end of the registration year). [Renewal of registration beyond 30 June is subject to you applying between 1 May and 30 June each year for registration renewal and paying the associated annual registration fee.]
2. PROOF OF IDENTITY:
  - certified copy of drivers licence, passport, or other official identification document which includes a recent photograph; OR certified copy of drivers licence, passport, or other official identification document which does not include a recent photograph and two recent passport type photographs with signature on the back and certified as a true likeness
  - certified copy of marriage certificate or other document evidencing change of name (if applicable)
  - statutory declaration for any name changes (if applicable)
3. PROOF OF QUALIFICATIONS:
  - certified copy of qualifications
  - TRANSLATIONS (where applicable) - English translation of any documents must be by a certified translator.
4. PROOF OF REGISTRATION STATUS ELSEWHERE (Only applicable if you hold legal authority to currently practise elsewhere.)
  - certified copy of current annual practising certificate from registration body elsewhere
5. A letter from the relevant university, association or body detailing the special activity for which registration

## ADDITIONAL DOCUMENTATION REQUIRED

If you are currently, or were recently, registered elsewhere, a Certificate of Good Standing must be provided directly to the Board from each registration body with whom you hold or recently held registration. It is your responsibility to arrange for the Certificate/s of Good Standing to be forwarded directly from the registration body to the Board. The date of issue of a Certificate of Good Standing must not pre-date your application by more than 3 months.

**Credit Card Payments** (Visa, Mastercard or Bankcard through mail or over counter only; not by fax or phone)

For this payment to be accepted you must complete all sections below.

VISA

MASTERCARD

BANKCARD

CARD NUMBER \_\_\_\_\_

EXPIRY DATE

CARD HOLDER'S NAME

(print)

CARD HOLDER'S SIGNATURE

AMOUNT \$

## PRIVACY STATEMENT

The Speech Pathologists Board respects your privacy. The Speech Pathologists Board is collecting the information on this form in order to register you as a Speech Pathologist and carry out other functions relevant to the administration of the *Speech Pathologists Registration Act 2001*. This is authorised by the *Speech Pathologists Registration Act 2001*. (The sections of the form marked with an asterisk (\*) may not be specifically or generally mandated by the Act, but have been included on the form in order to confirm your identity and expedite the processing of your application.)

Your name, registration address, qualifications, type of registration and any conditions of registration will be entered on the Register, which is available to the public for inspection, (with the exception that your residential address will only be available if you have given notice to the Board that you agree to the details being able to be inspected).