

APPLICATION FOR REGISTRATION UNDER MUTUAL RECOGNITION

Notice under Section 19 of the Mutual Recognition (WA) Act 2001

STATUTORY DECLARATION

I,
Title Given Names Family Name
of
Address Postcode
and (.....) and hereby apply for
Telephone Number Date of Birth

registration as a psychologist in Western Australia and declare as follows in support of my application:

1. **Qualification**

My psychological qualification is
Degree/Diploma Full Description
which was awarded by
Institution
in in
State/Territory Year

2. **Basis of application**

I make application because of my existing registration as a psychologist in the State or Territory of in accordance with the provisions of the Mutual Recognition Act 2001. My registration in that State or Territory is current until
Date
and my registration number is
Registration No.

I have attached a document (current practising certificate) evidencing my existing registration in that State or Territory and the document is the original or a complete and accurate copy of the original.

3. **Current registrations**

I have current registration as a psychologist in the following additional States and Territories:

State/Territory	Date registered to	Registration No.
.....
.....
.....

4. **Disciplinary proceedings**

I am not the subject of disciplinary proceedings in any State or Territory (including any preliminary investigations or action that might lead to disciplinary proceedings) in relation to my occupation as a psychologist.

5. **Cancellation or suspension**

My registration has not been cancelled nor is it currently suspended in any State or Territory as a result of disciplinary action.

6. **Criminal or civil disciplinary proceedings**

I am not personally prohibited from practising as a psychologist in any State or Territory, nor am I subject to any special conditions in carrying on that practice, as a result of criminal, civil or disciplinary proceedings in any State or Territory.

7. **Special conditions**

No special conditions apply to my practice of psychology in any State or Territory. (If special conditions do apply, please tick this box and attach full details of those conditions.)

8. **Enquiries and information gathering**

I consent to the making of enquiries of, and the exchange of information with, the authorities in any State or Territory regarding my activities as a psychologist or otherwise regarding this Application for Registration.

9. **Registration fee**

I enclose a cheque or cash in payment of the registration fee of \$.....

10. **Professional Indemnity Insurance**

I confirm that I am aware of the Board's requirement that it is a condition of registration that I am covered by a Professional Indemnity Insurance Policy which meets the Boards requirements (as outlined in the guidelines) and herewith enclose evidence of that Insurance.

I sincerely declare that this declaration is true and I know that it is an offence to make a declaration knowing that it is false in a material particular.

This declaration is made under the *Oaths, Affidavits and Statutory Declarations Act 2005* at

_____ on _____
Place Date

Signature of Applicant

In the presence of: _____
Signature of Authorised Witness

Name of Authorised Witness Qualifications of Authorised Witness

NOTES

1. This application form must be accompanied by:
 - A cheque (or cash) for the appropriate fee payable to Psychologist Registration Board of Western Australia.
 - The original or a complete and accurate copy of your current practising certificate issued by the State or Territory specified in item 2 of the application. If that State or Territory does not issue an annual practising certificate, a letter or certificate of good standing will suffice.
 - Details of the special conditions (if any) applying to your registration in any State or Territory.
2. A Statutory Declaration may be witnessed by an authorised witness in accordance with the *Oaths, Affidavits and Statutory Declarations Act 2005*.

The application may be rejected unless it is properly witnessed and includes the full name, address and occupation of the witness.
3. All attachments to this application (other than your cheque or cash) must be clearly marked with the following words "This is the attachment referred to in the Statutory Declaration of [] declared on the [] day of [] 20[]."
4. A recent passport style photograph signed on the back and certified as a true likeness should be attached to this form. You must also provide proof of identity to enable your existing registration to be verified. Acceptable proof of identity includes a Driver's Licence, Passport, Birth Certificate or Certificate of Australian Citizenship.
5. An incomplete application may not be accepted by the Board and may result in deferral of the right to practise.
6. Statements or information given in this application which are materially false or misleading may result in postponement or refusal of registration.