

# OCCUPATIONAL THERAPY BOARD OF SOUTH AUSTRALIA

ABN 79 664 434 632

## APPLICATION FOR STUDENT REGISTRATION UNDER THE OCCUPATIONAL THERAPY PRACTICE ACT 2005

**Please read the Guidelines on Registration before  
completing this application.**

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**Mailing Address:**

Occupational Therapy Board of South Australia  
PO Box 229  
TORRENSVILLE PLAZA SA 5031

**Location:**

16 Norma Street  
MILE END SA 5031

**Enquiries:**

Phone: 08 8443 9669  
Fax: 08 8443 9550  
Email: [regofficer@sboards.com.au](mailto:regofficer@sboards.com.au)  
Web: [www.otrb.sboards.com.au](http://www.otrb.sboards.com.au)

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**IMPORTANT:**

**Your application will not be processed without all the required documentation  
(refer Checklist for Applicants on page 6)**

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**PRIVACY STATEMENT:**

The Occupational Therapy Board of South Australia respects your privacy. The Board is collecting the information on this form in order to register you as an occupational therapy student, and to carry out other functions relevant to the administration of the Occupational Therapy Practice Act 2005. Your name, nominated contact address, qualifications, type of registration and any conditions of registration will be entered on the Register, which is available to the public for inspection. Please refer to notes under the various sections of "Contact Details" regarding use/publication of other details.

Relevant information can be released to other occupational therapy regulatory authorities to ensure effective national exchange of information, to CrimTrac to obtain a criminal record check, Universities to confirm academic results or in other circumstances as specified in the Act.

Requests for access to documents containing personal information held by the Board will be handled in accordance with the *Freedom of Information Act 1999* and *South Australian Government Cabinet Administrative Instruction Number 1, 1989* (Information Privacy Principles Instruction).

- ◆ **ALL QUESTIONS MUST BE ANSWERED**
- ◆ **WHERE APPLICABLE, PLEASE TICK THE CORRECT BOX TO INDICATE YOUR ANSWER**
- ◆ **IF THE QUESTION DOES NOT APPLY, PLEASE MARK "N/A"**
- ◆ **ALL ATTACHED DOCUMENTATION MUST BE EITHER ORIGINALS OR CERTIFIED COPIES (refer to Guidelines on Registration for explanation of "certified")**

**PERSONAL DETAILS**

**Surname or Family Name:** .....

**Given Names (in full):**.....

**Previous/Former Name(s):**.....  
*(original or certified copy of marriage certificate or other document verifying change of name must be provided)*


**Gender:**      Male       Female

**Date of Birth:** ...../...../.....

**Place of Birth:**.....

**Nationality:**.....  
*(if other than Australian nationality, a passport or certified copy of a passport must be provided)*

**Languages spoken fluently (other than English):**.....  
*(This information is not compulsory, but if completed will be published on the Board's website)*

 *Proof of Identity must be provided with this application.*

*The Board uses a 100 point system, similar to that used by banks and other financial institutions. Please refer to Appendix A of this application for full details on documents which you must provide.*

**CONTACT DETAILS**

**Nominated Contact Address:**

**(IMPORTANT – PLEASE NOTE:**

*In accordance with Section 25 of the Occupational Therapy Practice Act 2005 a nominated contact address must be provided, and must be made available to persons attending at the offices of the Board to inspect the Register. Your nominated contact address may be care of the University at which you are a student. Otherwise it can be a postal address, private or employment address, fax number or email address.)*

.....  
..... **Postcode:** .....

**OR**

**Fax Number:** .....

**OR**

**Email Address:** .....

**Postal Address:**

*(The Board will use this address for all its own mailing purposes and also for requests for address labels approved individually by the Board in accordance with its policy – refer “Publications – Other Guidelines/Policies” on the website. Your postal address may be a residential, employment or other postal address, ie. PO Box.)*

.....  
..... **Postcode:** .....

**Email Address:** .....

*(The Board will use this address to provide you with information on regular updates to the “What’s New” section of the website, and for its own mailing purposes. This email address is not released to the public.)*

**Residential Address:**

*(This address will be kept on file, not included on the Register, and not released to the public.)*

.....  
..... **Postcode:** .....

**Home Phone:** ..... **Mobile:** .....

*(This information is not released to the public.)*

**UNIVERSITY STUDY**

**I seek student registration to enable me to undertake the following course of study that provides qualifications for registration as an occupational therapist:**

.....

| Degree/Diploma<br>(abbreviated) | University or College, etc<br>(abbreviated) | Date of Commencement<br>(month/year) |
|---------------------------------|---|--------------------------------------|
|---------------------------------|---|--------------------------------------|

*Evidence of offer of enrolment in the above course must be provided. This should be a certified copy of your letter of offer from the University.*

**I hold the following tertiary qualifications which I wish to be taken into account for entry on the Register:**

.....

| Degree/Diploma<br>(abbreviated) | University or College, etc<br>(abbreviated) | Year Conferred/Awarded<br>(not necessarily year completed) |
|---------------------------------|---|--|
|---------------------------------|---|--|

*Evidence of all qualifications listed must be provided. This should be original or certified copy of the degree/diploma parchment certificate OR academic transcript showing completion/conferral of degree/diploma.*

**Names, addresses, occupations and telephone numbers of two professional persons of good repute and standing in the community (not relatives) to whom reference may be made as to my character:**

(1) .....

.....

.....

(2) .....


.....

.....

**FITNESS TO PRACTISE**

**Professional Discipline:**

- **Have you ever been refused registration or a licence to practise as an occupational therapist or occupational therapy student in any State or Territory of Australia or in any other country?**  
Yes  No
- **Have you ever been the subject of a disciplinary inquiry or action (including conditions placed on registration) by any authority legally constituted to discipline occupational therapists or occupational therapy students?**  
Yes  No
- **Are you currently subject to any preliminary investigations or action that might lead to disciplinary proceedings by any authority legally constituted to discipline occupational therapists or occupational therapy students?**  
Yes  No

 *If you have answered "Yes" to any of the 3 questions above under "Professional Discipline", please provide full details on a separate sheet attached to this application.*

**Criminal History:**

- **Are you the subject of any criminal or traffic charges (not including parking infringements) that are still to be determined or finalised?**  
Yes  No

**If "Yes" please provide the following details:**

| <u>Charge or Offence</u> | <u>Court or Place</u> | <u>Date next before Court</u> |
|--------------------------|-----------------------|-------------------------------|
| .....                    | .....                 | .....                         |
| .....                    | .....                 | .....                         |

- **Have you ever:**  
(a) **been convicted; or**  
(b) **had a finding of guilt recorded against you,**  
**in relation to any offence by any Court?**  
Yes  No

**If "Yes" please provide the following details:**

| <u>Charge or Offence</u> | <u>Court or Place</u> | <u>Date</u> |
|--------------------------|-----------------------|-------------|
| .....                    | .....                 | .....       |
| .....                    | .....                 | .....       |

**NOTE:** *Please note that you must still provide EITHER your consent for a Criminal History Record Check OR a National Police Certificate (refer pages 10 and 11 of this application form).*


**Medical Fitness:**

**Are you aware of any medical condition or potential medical condition (*whether physical or mental*) that may impact on your ability to provide occupational therapy treatment or may endanger a patient's health or safety?**

Yes  No

When answering this question, the following should be taken into account:

- whether you are taking medication/treatment on a regular basis
- whether you have an existing infectious disease or have been exposed to an infectious disease
- the "Infection Control Guidelines for the prevention of transmission of infectious diseases in the health care setting – Jan 2004" – [www.icg.health.gov.au](http://www.icg.health.gov.au) (Part 3, Section 24)

 *If you have answered "Yes" to the above question under "Medical Fitness", please provide full details and a report from your treating practitioner as to your medical fitness to provide occupational therapy as an occupational therapy student, by using Appendix C "Certificate regarding medical fitness to practise occupational therapy".*

**I have read the Board's Code of Professional Conduct & Practice and fully understand my obligations as a registered occupational therapy student**

Yes  No

*If you have answered "No" to this question you will be required to attend at the Board's office to be briefed on the provisions of the Code.*

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|                                 |
|---------------------------------|
| <b>CHECKLIST FOR APPLICANTS</b> |
|---------------------------------|

- Evidence of change of name, if applicable
- Passport or certified copy of passport if other than Australian nationality
- Proof of identity – refer to Appendix A of this application
- Evidence of offer of enrolment from the University
- Evidence of all tertiary qualifications listed – original or certified copy of degree/diploma parchment certificate OR academic transcript showing completion/conferral of degree/diploma
- Full details as requested if any questions under “Fitness to Practise” are answered “Yes”
- Declaration duly signed and witnessed by either a Justice of the Peace, Notary Public, Commissioner for Taking Affidavits (Solicitor, Barrister), Proclaimed Police Officer, or Proclaimed Manager of ADI (Authorised Depositing Institution, eg. Credit Union, Post Office, Bank). Justices of the Peace are available at the offices of the Board.
- Consent for Criminal History Record Check completed (refer Appendix B for general information). If you do not provide your consent for the Board to undertake this check then you must provide a National Police Certificate (at your expense)
- Read carefully the Board’s Code of Professional Conduct & Practice as you are asked to make a statement that you fully understand its contents
- It is recommended that you take a copy of this application for your own records

**NOTE: There is no fee payable to make this application for registration as an occupational therapy student.**

**DECLARATION AND CONSENT**

I consent to the Occupational Therapy Board of South Australia making enquiries of, and exchanging information with, the authorities of any Australian States or Territories, or other countries, regarding my practise as an occupational therapy student or otherwise regarding matters relevant to this application.

I undertake to comply with all relevant legislation, codes of conduct and practice, and policies of the Occupational Therapy Board of South Australia.

I solemnly and sincerely declare that the statements made in this application are true and correct in every particular to the best of my knowledge and belief, that I am the person named in the attached documents and that I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the Oaths Act 1936.

.....  
Print Full Name of Applicant

.....  
Signature of Applicant

Declared at.....

this ..... day of .....20 .....

Before me ..... (see below)

**Delete whichever is not applicable:**

A Justice of the Peace

A Notary Public

A Commissioner for Taking Affidavits (Barrister, Solicitor)

\* A Proclaimed Police Officer

\* A Proclaimed Manager of an ADI (Authorised Depositing Institution, eg. Credit Union, Post Office, Bank)

\* Refers to a Proclaimed Police Officer or Proclaimed Manager under the South Australian Oaths Act 1936. These persons must include the name of the town or place where situated.

**NOTE:**

- Any person who wilfully takes any declaration, not being lawfully authorised to do so, shall be guilty of a misdemeanour in accordance with Section 30 of the Oaths Act 1936.
- Pursuant to Section 56 of the Act – *A person who, by fraud or any other dishonest means, procures registration or reinstatement of registration under this Act (whether for himself or herself or for another person) is guilty of an offence – Maximum penalty: \$20,000 or imprisonment for 6 months*
- Pursuant to Section 58 of the Act – *A person must not make a statement that is false or misleading in a material particular (whether by reason of the inclusion or omission of any particular) in any information provided under this Act – Maximum penalty: \$20,000*
- Justices of the Peace are available at the offices of the Board.

**CRIMINAL RECORD CHECK CONSENT FORM**

**PERSONAL INFORMATION** – Please print and then sign at the bottom of the page where indicated

**NAMES** by which I am, or ever have been, known (including changes by Deed Poll)

Current Surname: ..... Given Names: .....

Prior Surname: ..... Given Names: .....

SEX: Male  Female  (please tick) DATE OF BIRTH: ..... / ..... / ..... (dd/mm/yy)

PLACE OF BIRTH: .....  
Town or City State Country

PASSPORT NUMBER: (if applicable) ..... COUNTRY of issue: .....

DRIVER'S LICENCE NUMBER: ..... STATE/TERRITORY of issue: .....

**RESIDENTIAL ADDRESS(S) OVER LAST TEN YEARS**

If full details of previous addresses are unavailable, details of town(s) and state(s) of residence will suffice

**Period of Residence**  
Details of year of residence will suffice, eg. 1999 to 2001

Current Address (Number, Street, Town/Suburb, State, Postcode, Country)

.....  
..... to .....

Other Addresses

.....  
..... to .....  
..... to .....  
..... to .....

**CRIMINAL CHARGES, CONVICTIONS OR PECUNIARY PENALTIES**

**A. Are you the subject of any criminal or traffic charges (not including parking infringements) that are still to be determined or finalised?**

Yes  No

If "Yes" please provide the following details:

Charge or Offence Court or Place Date next before Court  
.....  
.....

**B. Have you ever:**  
(a) been convicted; or  
(b) had a finding of guilt recorded against you,  
in relation to any offence by any Court?

Yes  No

If "Yes" please provide the following details:

Charge or Offence Court or Place Date  
.....  
.....

**NOTE:** You do not have to disclose any conviction or finding of guilt in relation to a "spent conviction". This is explained under the heading "Spent Convictions Scheme" on page 2 of Appendix B of this Form.

**PLEASE SIGN:** Signature: ..... Date: ..... / ..... / .....

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**CRIMINAL RECORD CHECK CONSENT FORM (cont.)**

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I hereby:

1. acknowledge that I have read the General Information Sheet appearing as Appendix B to this application form and understand that I am being considered for registration as an occupational therapist, in a category for which NO exclusion from “spent convictions” exists under the South Australia Police Release of Person History policy;
2. certify that the personal information I have provided on this Form relates to me and is correct;
3. consent to the Board forwarding details obtained from the Form to the CrimTrac Agency and/or to Australian police services or other relevant law enforcement agencies;
4. consent to Australian police services extracting from their records copies of criminal records relating to me pending before a Court, and/or details of convictions or findings of guilt which have been recorded against me and which are not “spent convictions”;
5. consent to the CrimTrac Agency making enquiries to Australian police services and those Australian police services extracting from their records details of criminal records relating to me pending before a Court, and/or details of convictions or findings of guilt which have been recorded against me, and forwarding relevant information to the CrimTrac Agency;
6. consent to the CrimTrac Agency providing the relevant information to the Board;
7. acknowledge that any information provided by me on this Form or by Australian police services as a result of the Criminal History Record Check may be taken into account by the Board in assessing my suitability for registration as an occupational therapist.

This Form shall remain active until I cease to be a registrant of the OCCUPATIONAL THERAPY BOARD OF SOUTH AUSTRALIA.

Applicant’s signature: ..... Date: .... / .... / .....

**Note:** *The information you provide in this Form, and which the CrimTrac Agency provides to the Board on receipt of the Form, will be used only for the purpose stated above unless statutory obligations require otherwise.*

## IDENTIFICATION VALIDATION STANDARD FOR OCCUPATIONAL THERAPY REGISTRATION APPLICANTS

### 1. Introduction

A high level of confidence in the personal identify of an occupational therapy student is essential to enable Boards to protect the public. Validation of identity provides public assurance that regulatory authorities are assessing only those persons properly qualified to practice by ensuring relevant documents are verified and matched to the applicant.

### 2. Requirements

All applicants for registration must satisfy the Board of their identity. Applicants will need to provide proof of personal identity by way of presentation of verifiable documentation.

Provided below (point 3) is a list of those documents that may be presented to the Board, along with their matched value.

Documents with a minimum value of 100 points must be submitted:

- At least ONE document from Category A must be submitted.
- Only ONE document submitted may be from Category A.
- ALL documents must be originals or certified copies.
- At least one document must include a recent photograph.
- ALL documents must be valid at the date of submission

### 3. Acceptable Documents

#### Category A (70 points)

- Passport and visa
- Birth Certificate/Birth Card (original or extract)
- Citizenship Certificate

#### Category B (40 points)

- Licence or permit issued under a law of the Commonwealth or State or Territory
- Identification Card issued to a public employee
- Identification Card issued by Commonwealth, State or Territory as evidence of a person's entitlement to a financial benefit
- Student ID Card issued from Australian tertiary education institution
- International English Language Testing System Test Report Form (IELTS – TRF) – original document must be provided **(with photograph only)**

#### Category C (25 points)

- International Drivers Licence
- Medicare Card/Public Utilities Accounts/Rates Notice
- Financial Institution Credit Card/Cash card or Passbook **(a maximum of two credit cards may be used)**
- Certificate of Good Standing/Verification of Registration Status document from an immediate previous occupational therapy Board **(only if received directly from that Board)**
- Evidence of current occupational therapy registration from overseas regulatory authority

### 4. Exemptions

There are no exemptions to this requirement.

**CONSENT FOR CRIMINAL HISTORY RECORD CHECK****General Information**

The *Occupational Therapy Practice Act 2005* (“the Act”) requires the Occupational Therapy Board of South Australia (“the Board”) to determine whether an applicant is a fit and proper person to be registered as an occupational therapist. To make this assessment, the Board requires a national criminal history record check to be conducted on an applicant to determine whether an applicant has been convicted or found guilty of an offence in South Australia or in another State or Territory.

This means that the Board will forward your name to the CrimTrac Agency and request that they conduct a national criminal history record check. The Board will be advised of all disclosable convictions and findings of guilt.

Information received through these processes will be stored in a secure personal file. This Form may be used to request further information at a later time. The information obtained by the Board will not be disclosed to any person unless required by law. The State Government Administrative Instruction No. 1 of 1989 known as the “Information Privacy Principles Instruction” will be complied with.

The Act also provides that a case for disciplinary action exists if a person is no longer a fit and proper person to be registered on the appropriate register. This process will also apply to all registered persons selected on a random basis.

Please note that there is no legal requirement for you to give your consent for the Board to conduct a criminal history record check. However, if you do not consent to the Board conducting such a check, then you must provide a National Police Certificate with your application for registration. The cost involved in obtaining the National Police Certificate will be your responsibility.

**Criminal History Record Check**

National Criminal History Record Checks are an integral part of the assessment of your suitability. On this Form you are asked to disclose whether you are the subject of any charge(s) still pending before a court, or whether you have been the subject of any findings of guilt before a court.

This Form may be forwarded by the Board to the CrimTrac Agency, other Australian police services or other law enforcement agencies. You are asked to consent to these agencies:

- (a) disclosing criminal history information from their own records to the Board; and/or
- (b) accessing the records of other law enforcement agencies, and obtaining criminal or traffic offence history information that will in turn be disclosed to the Board.

It is usual practice for an applicant’s personal information to be disclosed to Australian police services for them to use for their respective law enforcement purposes including the investigation of any outstanding criminal offences.

## Spent Conviction Schemes

Under various pieces of Commonwealth, State and Territory legislation and/or information release policies a person has the right, in particular circumstances or for a particular purpose, to not disclose certain convictions/findings of guilt over a certain age. The aim of the legislation is to prevent discrimination on the basis of certain old convictions, usually once a waiting period has passed and provided the individual has not re-offended. The legislation also covers convictions that have been “set aside” or “pardoned”.

Such convictions (widely referred to as “spent” or “rehabilitated” convictions) will be released to the Board provided that this is in accordance with relevant legislation (and/or information release policy). Any relevant legislation or release policy of each Australian police service will be applied to your consent to release before the criminal history information is released.

Under most schemes, disclosure of old conviction information is not undertaken EXCEPT where an “exclusion” applies.

### *South Australia*

Whilst there is no legislation “expunging” or creating “spent” or “inactive convictions” within South Australia, South Australia Police (SAPOL) has developed policy based on the Spent Convictions provisions of the *Crimes Act 1914 (Clth)*.

A conviction will be regarded as being “spent” or “inactive” and will not be released if:

- at the time of the offence being committed, the person was an adult (18 years or over) and 10 years have elapsed since the conviction for the offence, and no further convictions have been incurred;

OR

- in the case of a person who was a child (under 18 years) at the time the offence was committed and 5 years have elapsed since the conviction for the offence, and no further convictions have been incurred;

OR

- in the case of a conviction that has been quashed or set aside, a pardon was issued in respect of that conviction. The conviction will be disregarded from the date that it is quashed, set aside or a pardon issued.

If an individual re-offends within the above waiting period, all prior findings of guilt are released including juvenile convictions. Convictions recorded in other jurisdictions may be used to reactivate South Australian convictions. Convictions from other jurisdictions will be released in accordance with that jurisdiction’s spent conviction/rehabilitation legislation/policies.

A conviction for a serious offence can never be regarded as “spent” or “inactive” and will always remain on an offender’s criminal history unless quashed or pardoned. A serious offence is a nominated Major Indictable Offence where the penalty imposed for that offence was a fine exceeding \$10,000 or imprisonment for a period of more than 30 months.

Convictions for traffic offences are not considered for release unless they result in a prison sentence or suspended sentence.

“Spent” or “inactive” convictions are not released unless required by an Act, Registration Board, requested for court purposes, or the individual has largely unsupervised contact with vulnerable groups. SAPOL will release to the Board all findings of guilt and proven court outcomes. These include offences for which a “without conviction” was recorded.

### *Other States/Territories and Commonwealth*

Where a criminal history record with another Australian police service has been obtained, any relevant legislation (and/or release policy) affecting that police service will be applied before that record is released. Under various pieces of Commonwealth, State and Territory legislation a person has the right, in particular circumstances or for a particular purpose, to not disclose certain convictions/findings of guilt over a certain age.

Such convictions (widely referred to as “spent” or “rehabilitated” convictions) will not be released unless the records check is for the applicant’s personal information only and provided that this is in accordance with relevant legislation (and/or release policy). Please contact individual police services directly for further information about their release policies and any legislation that affects them.

### **Provision of False or Misleading Information**

You should note that the existence of a record does not mean that you will be assessed automatically as being unsuitable for registration. Each case will be assessed on its individual merits, hence it is in your interests to provide full and frank details on the form.

You are asked to certify that the personal information you have provided on the Form is correct. If it is subsequently discovered, for example as a result of a check of police records, that you have provided false or misleading information, you may be assessed as unsuitable for registration.

**OCCUPATIONAL THERAPY BOARD OF SOUTH AUSTRALIA**

**Certificate regarding medical fitness to practise occupational therapy**

Occupational therapists and occupational therapy students are required to be registered under the Occupational Therapy Practice Act 2005 and are required to satisfy the Occupational Therapy Board that they are medically fit to provide occupational therapy. Applicants for registration and renewal of registration are asked to advise the Board of any medical condition or potential medical condition (whether physical or mental) that *may impact on their ability to provide occupational therapy treatment or may endanger a client's health or safety.*

When answering this question, they are asked to take the following into account:

- whether they are taking medication/treatment on a regular basis;
- whether they have an existing infectious disease or have been exposed to an infectious disease;
- the “Infection Control Guidelines for the prevention of transmission of infectious diseases in the health care setting – Jan 2004” – [www.icg.health.gov.au](http://www.icg.health.gov.au) (Part 3, Section 24)

If applicants report a medical condition the following must be completed by the applicant and their treating medical practitioner or psychologist and returned to the offices of the Board.

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**TO BE COMPLETED BY THE APPLICANT**

Please provide further details of medical conditions or potential medical conditions (whether physical or mental) that may impact on your ability to provide occupational therapy treatment or may endanger a client's health or safety.

1. ....  
.....
2. ....  
.....
3. ....  
.....

.....  
Full Name of Applicant

.....  
Date

.....  
Signature

**TO BE COMPLETED BY THE TREATING MEDICAL PRACTITIONER OR PSYCHOLOGIST**

1. How long have you been this person’s treating practitioner? .....
2. Do you have an understanding of the context and circumstances of the work, or intending work, of the applicant as an occupational therapist?  
Yes  No

NOTE: You may find it useful to access the following example of an occupational therapist’s role – refer Department of Education, Science & Training <http://jobguide.thegoodguides.com.au> and then ‘Search the Job Guide’

3. Do the medical conditions listed by the applicant impact on his/her ability to perform the functions required of an occupational therapist and, if so, in what way?  
.....  
.....  
.....
4. Details of any other medical conditions which may affect the applicant providing occupational therapy.  
.....  
.....  
.....
5. What current strategies are in place to manage the medical conditions? (attach extra sheet or letter if needed)  
.....  
.....  
.....

I certify that the above applicant is / is not \* fit to provide occupational therapy without endangering a client’s health or safety.

\* Delete one or the other

Full Name of Medical Practitioner/Psychologist: .....

Signature: ..... Date: .....

Practice Address: .....

..... Phone:.....

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**Return to:** The Registrar  
Occupational Therapy Board of South Australia  
PO Box 229  
Torrensville Plaza SA 5031