

**DENTAL TECHNICIANS AND DENTAL PROSTHETISTS
BOARD OF QUEENSLAND**

APPLICATION FOR REGISTRATION

AS A

DENTAL TECHNICIAN

UNDER

MUTUAL RECOGNITION

MUTUAL RECOGNITION ACT 1992 (C'th), Section 19

Complete Form and Return with Accompanying Documents to:

The Executive Officer
Dental Technicians and Dental Prosthetists Board or deliver to
GPO Box 2438
BRISBANE QLD 4001

Office of Health Practitioner
Registration Boards
8th Level
Forestry House
160 Mary Street
BRISBANE QLD 4000

Telephone: (07) 3225 2508
Facsimile: (07) 3225 2527
Email: dentaltechnicians@healthregboards.qld.gov.au
Website: www.dtanddpboard.qld.gov.au

Form MR DT111 – May 2002 Version (revised May 2009)

APPLICATION DETAILS - Please tick the appropriate box and use **BLOCK LETTERS** to complete details

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

FAMILY NAME _____ **GIVEN NAMES** (in full) _____

PREVIOUS NAME(S) (if applicable) _____

LANGUAGES SPOKEN (other than English) _____

Date of Birth _____	Place of Birth _____	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
	Country of Birth _____	

REGISTRATION/POSTAL ADDRESS (For Inclusion in Public Register) All Changes must be notified to the Board	PROFESSIONAL/BUSINESS ADDRESS (If different from Registration Address)	RESIDENTIAL ADDRESS (If different from Registration Address)
_____ _____ _____ Postcode <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____ _____ _____ _____ Postcode <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____ _____ _____ _____ Postcode <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Is this your residential address? YES <input type="checkbox"/> NO <input type="checkbox"/>		
If Yes, do you agree that it be available for inspection on the Register? YES <input type="checkbox"/> NO <input type="checkbox"/>		
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.		

CONTACT TELEPHONE NUMBERS: Day _____ After Hours _____ Mobile _____

EMAIL ADDRESS: _____

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

Degree/Diploma/Certificate	University/College/Examining Body	Year Conferred
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you previously been registered in Queensland? YES NO YEAR _____

- Please check that you have completed all sections of this form and provided the following:**
- a certified copy of your Annual Practising Certificate (or equivalent) for the **current year**, as evidence of the legal authority you hold to currently practise in another Australian State or Territory; AND
 - 2 recent passport type photographs of yourself signed on the back by you the applicant and certified on the back by a Justice of the Peace or a Commissioner for Declarations, as a true likeness; AND
 - proof of identity to enable your existing registration to be verified - acceptable proof of identity includes a certified copy of a Drivers Licence, or Passport, or Birth Certificate or Certificate of Australian Citizenship; AND
 - evidence of any name change if applicable, e.g. certified copy of marriage certificate/decreed nisi/deed poll/ statutory declaration; AND
 - the prescribed fee (in Australian dollars) – see next page for appropriate amount.

Prescribed Fees for Registration (Australian dollars):

\$265.00 - if registering between 1 January and 31 March; OR
\$207.00 - if registering between 1 April and 30 June; OR
\$299.00 - if registering between 1 July and 31 December.

These fees are exempt from the Goods and Services Tax (GST) and comprise a non-refundable application fee of \$130.00 plus a pro-rata portion of the annual registration fee (currently \$269.00) and only cover registration until 30 June. 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.

The following refund entitlements are prescribed by law under the Registration Regulation. [In all cases the application fee component of the total fees payable is not refundable.]

- Should your application for registration be refused, or you withdraw your application before it is decided, you are entitled to a refund of the pro-rata registration fee you paid.
- If you are granted registration but decide to surrender it within 3 months of it being granted, you are entitled to a proportional refund [comprising the pro-rata registration fee paid less an amount equal to the prescribed fee for registration of not more than 3 months].
- If you choose to surrender registration more than 3 months after it is granted, you are not entitled to any refund.

Under section 19 of the *Mutual Recognition Act 1992 (C'th)*, you are required to provide the following information:

1. Where and when were you first registered as a Dental Technician?:

State/Territory/Country _____ Year _____

2. In which of the following Australian States or Territories do you hold registration that gives you legal authority to currently carry on the occupation of Dental Technician?:

ACT NT NSW SA WA TAS VIC

3. As documentary evidence of my legal authority to currently carry on the occupation of Dental Technician in the State/ Territory of _____ I attach from that State/Territory, my current Annual Practising Certificate which is:

- the original YES NO
- a complete and accurate copy of the original YES NO

4. Are you the subject of disciplinary proceedings in any State or Territory or any preliminary investigations or action that might lead to disciplinary proceedings in relation to your practice as a Health Practitioner?

YES NO

5. Is your registration cancelled or currently suspended as a result of disciplinary action in any State or Territory?

YES NO

6. Are you otherwise personally prohibited from carrying out practice as a Health Practitioner in any State or Territory?

YES NO

7. Are you subject to any special conditions in carrying out practice as a Health Practitioner as a result of criminal, civil or disciplinary proceedings in any State or Territory?

YES NO

8. Is your registration in another State or Territory subject to any other special conditions?

YES NO

If Yes, please specify the conditions: _____

STATUTORY DECLARATION

I Dental Technician
 Given Names Surname

of
 Address to be entered in the Register

hereby apply for registration as a Dental Technician with the Dental Technicians and Dental Prosthetists Board of Queensland pursuant to provisions of the *Mutual Recognition Act 1992 (C'th), Section 19* and do solemnly and sincerely declare that the information given in this application form is true and correct in every particular. I consent to the Dental Technicians and Dental Prosthetists Board of Queensland making enquiries of, and exchanging information with, the authorities of any Australian States or Territories regarding my practice as a Health Practitioner or otherwise regarding matters relevant to this application.

I make this solemn declaration by virtue of the *Statutory Declarations Act 1959*, as amended and subject to the penalties provided by the Act for the making of false statements in statutory declarations, conscientiously believing the statements contained in this declaration to be true in every particular.

Signature of person making the declaration

Declared at thisday of20

Before me

Signature of person before whom the declaration is made

Title of person before whom the declaration is made

Note: Under the *Statutory Declarations Act 1959*, of the Commonwealth, the declaration may be made before any of the following: Justice of the Peace/Commissioner for Declarations; Dentist, Legal Practitioner, Medical Practitioner, Pharmacist, Bank Officer with 5 or more years of continuous service, or a Police Officer.

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	
CARD HOLDER'S SIGNATURE			(print) AMOUNT \$