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## Registration of medical volunteers and staff.

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The Australian Health Practitioner Regulation Agency, (AHPRA) is the key government agency that has responsibility to make sure that state and federal agreements on these matters are enforced.

As part of this process AHPRA have set up a series of specialist Boards that oversee the regulation and practice of each main area of health practice; also certain titles have now become protected by law so that a person cannot claim to be a practitioner of a protected title unless they are first registered with and authorized by AHPRA. Penalties apply for people who falsely use these protected titles.

Australian Mercy therefore requires medical workers to declare their AHPRA status and registration number as part of their volunteer / staff recruitment process. Once AHPRA status has been confirmed the person is free to practice in an Australian Mercy context.

Volunteers or staff who may have trained in the past but whose registration with AHPRA has expired will be referred to as Medical Assistants and must be oversighted by an AHPRA registered worker in that area of expertise.

Overseas medical workers will also need to declare the status of their professional registration in the country in which they are registered.

The attached forms are for use by medical volunteers and staff applicants who are seeking to practice their vocational skills within the context of an Australian Mercy setting.

## Australian Registered Medical Worker

### **BOX A**

#### **Health Professions Regulated By AHPRA**

- Chinese medicine practitioner
- Chinese herbal dispenser
- Chinese herbal medicine practitioner
- Acupuncturist
- Chiropractor
- Dentist
- Dental therapist
- Dental hygienist
- Dental prosthetist
- Oral health therapist
- Medical practitioner
- Medical Radiation Practice
- Medical radiation practitioner
- Diagnostic radiographer
- Medical imaging technologist
- Radiographer
- Nuclear medicine scientist
- Nuclear medicine technologist
- Radiation therapist
- Nurse
- Registered nurse
- Nurse practitioner
- Enrolled nurse
- Midwife
- Midwife practitioner
- Occupational therapist
- Optometrist
- Optician
- Osteopath
- Paramedic
- Pharmacist
- Pharmaceutical chemist
- Physiotherapist
- Physical therapist
- Podiatrist
- Chiropodist
- Psychologist

#### **Office Use Only**

Date received: ...../...../.....

Date Confirmed: ...../...../.....

Status: ..... Initials: .....

Name: .....

Address: .....

.....

.....

Email: .....

Phone No: .....

**Capacity in which you are seeking to serve. (Medical Practitioner, Nurse,  
Midwife, Dentist ... etc)**

.....

.....

**Project you are seeking to serve on:** .....

.....

**Are you registered to practice in Australia?** Yes / No

**Is your registration current?** Yes / No

**Expiry date:** ..... / ..... / .....

**Are you currently suspended from practicing in Australia?** Yes / No

**AHPRA Registration No:** .....

*Information given in this document will be confirmed with information that is freely  
available on the AHPRA site (ahpra.gov.au)*

**Commonwealth of Australia  
STATUTORY DECLARATION  
Statutory Declarations Act 1959**

I, .....  
*Insert full legal name*  
a .....  
*insert occupation*  
of .....  
*Insert full address*

make the following declaration under the Statutory Declarations Act 1959.

That I am seeking to work with Australian Mercy as a; **short term volunteer / full time / part time / temporary staff member**.  
*delete that which does not apply*

During my time with Australian Mercy I want to use my professional training and skills on an Australian Mercy project.

I declare that, I am a medical worker who is fully trained and qualified to work as a .....  
*Capacity in which you want to serve*

I am registered in .....  
*name of country*

my registration no is .....  
.....

I declare that I am not under any disciplinary action, suspension or have been disqualified by any medical authority, and that my training and professional skills are up to date.

I undertake that whilst working with Australian Mercy that I will not practice in any way that exceeds my training / skill sets.

*I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the Statutory Declarations Act 1959, and I believe that the statements in this declaration are true in every particular.*

Signed .....  
.....

Declaration made at .....  
*Place where declaration is made*

on the .....  
*Day Month Year*

Signature of Witness .....

Name of Witness .....

Occupation of witness .....

Address of witness .....

## Non-Australian Medical Registration Details (Page 2)

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Name:

.....

Address:

.....

.....

Email:

Phone No

.....

Capacity in which you are seeking to serve. (Medical Practitioner, Nurse, Midwife, Dentist etc)

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Project you are seeking to serve on:

.....

Are you registered to practice in your field of medical training?

Yes / No

Is your registration current?

Yes / No

Are you currently suspended from practicing?

Yes / No

Country of medical Registration:

.....

Name of registering authority:

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Address of registering authority:

.....

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Registering authority's website:

.....

Your registration no:

.....

Your registration expiration date:

...../...../.....