**Department of Health**

**Re-entry to Practice**

**Application Form**

|  |  |  |
| --- | --- | --- |
| Clinical Quality, Regulation and Accreditation  Office of the Chief Nurse and Midwife | |  |
| **Application Form**  **Re-entry to practice via Pathway 1 or Pathway 2** | | |
| **Personal Details** | | |
| Applicant Name & Personal Details | Title (Mr /Ms /Mrs /Miss/Other) | |
| Family Name / Surname | |
| Given Name (s) | |
| Date of Birth: (dd/mm/year) | |
| Country of Birth | |
| Female  Male  Other | |
| Residential Address & Contact Details | Street Address | |
| Suburb/City/Town | |
| State & Postcode | |
| Phone | |
| Email Address | |
| NMBA  Registration number | NMW  (insert 10 digit number) | |
| **Residency Status – please complete all relevant sections** | | |
| Australian Citizen | Yes – continue with application  No – If no - are you a Permanent Resident? | |
| Permanent Resident | Yes – continue with application  No – you are not eligible | |
| Tasmanian Resident | Yes – Tasmanian resident for at least 12 months immediately prior to application  Evidence of Tasmanian residency attached  Yes – continue with application  No – you are not eligible  (refer to evidence of residency at the [Careers Page](https://www.dhhs.tas.gov.au/career/home/nurses2/re-entry_to_nursing_and_midwifery_practice) under application form) | |

|  |  |
| --- | --- |
| **NMBA Approval – Supervised Practice – Pathway 1** | |
| NMBA Approval to undertake – Supervised Practice – Pathway 1 | Copy of NMBA approval letter attached to this Form  Yes – Date approval received  Period of Approval (months)  No – you are not eligible |
| **NMBA Approval – re-entry to practice program – pathway 2** | |
| NMBA Approval to undertake  Re-entry to practice program – pathway 2 | Yes – Copy of NMBA approval letter attached to this application  Date approval received  Period of approval (months)  No – you are not eligible |
| **Re-entry to Practice Program - Pathway 2 - Details** | |
| confirmation of enrolment received  Yes (Please attach a copy to your application)  No (please do not submit your application without confirmation of enrolment) | |
| Program Title |  |
| Education Provider Name |  |
| Program Length (months |  |
| Start date |  |
| Finish Date |  |
| Clinical Practice Period (months) |  |
| Clinical Practice location |  |
| Program Contact Person | Name  Work Title  Phone / Email |
| **Previous Application** | |
| Have you previously applied for re-entry to practice support | |
| Yes  No | Please provide details |
| **Interview Availability** | |
| Yes | I am willing to attend an interview if required |

|  |
| --- |
| **Declaration –** please sign and date on completion |
| I have read and understand the requirements for registration with the NMBA  I have read and understand the NMBA requirements for re-entry to practice  I declare that the information I have submitted in this application has been written by me and is true and correct  I have completed the required Statement of Support (below)  I understand an interview may be required to complement this application  Signature  Date |
| **Statement Of Support – this section is mandatory**  Please outline how the available Support will benefit you in re-entering practice as a nurse or midwife, and your future professional intentions (max 350 words). |
|  |