

**REGISTRATION RENEWAL:**  
**1 January 2009 – 31 December 2009**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Address \_\_\_\_\_  
 Suburb \_\_\_\_\_

Please be advised that in accordance with Section 35(1) of the Podiatrists Act 2005, your 2009 annual registration fee is required to be paid to the Board by 31 December 2008.

The renewal process will again take the form of a Statutory Declaration and this is on the reverse of this renewal notice. Please be aware that the Board will be unable to accept your payment without the completed Statutory Declaration; therefore, if you elect to pay by BPay you will still need to complete the reverse of this form and return it to this office.

You will need to ensure that your payment is received before 31 December 2008 otherwise you will cease to be registered and the Board will, under Section 35(1) of the Podiatrists Act 2005, be required to remove your name from the Register.

If for any reason you misplace this registration renewal notice a generic version will be available on the Board's website. However, you will need to insert your registration number etc.

**PLEASE TURN OVER AND COMPLETE THE DECLARATION ON THE REVERSE**

**Reg No:** \_\_\_\_\_ **Category:** General **Amount Due:** **\$225.00**  
Please Insert

**Method of Payment:**

<b>Cheques/money orders</b> – please make payable to: The Podiatrists Registration Board of Western Australia.															
Credit card payments: <input type="checkbox"/> Visa Card <input type="checkbox"/> MasterCard ( <b>Please indicate</b> )															
Card Number															
Expiry Date: _____ / _____															
Name of Cardholder: _____															
Cardholder's Signature: _____															



**Bill Code:** 63347  
**Account Ref:** \_\_\_\_\_  
Please insert

When making payment by BPay, please tick this box before returning.

Please advise of any change of address/telephone number:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Telephone & Internet Banking – B Pay  
 Call your bank, credit union or building society to make this payment from your cheque, savings or credit card account.

More info: [www.bpay.com.au](http://www.bpay.com.au)

I hereby apply for renewal of my registration as a podiatrist under the Podiatrists Act 2005 and provide the following information in support of such:

Have you, at any time, been deprived of any qualification or diploma which you relied upon to obtain registration?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you during the past 12 months become insolvent (as defined in the Corporations Act Section 9)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been convicted of a criminal offence in any State, Territory or Country?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been the subject of an adverse finding as a result of a disciplinary inquiry or action by any authority legally constituted to discipline podiatrists?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has your right to practice podiatry in another State or Territory or another country been suspended or cancelled and not restored as a result of any proceeding into your professional conduct?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a physical or mental impairment, disability, condition or disorder which currently impacts upon your physical or mental capacity to practice podiatry? (Such impairment may include, but is not limited to, mental illness, neurological damage or deterioration, deleterious effect of alcohol or drugs.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**If the answer to the above is "YES" please attach further information for the Board's consideration**  
Please note this question is asked in response to Section 27(2)(d) of the Podiatrists Act 2005 which states:

The requirements for registration are that the applicant:

(d) has sufficient physical capacity, mental capacity and skill to practice podiatry."

If you have an impairment or disability and you answer **NO** to this question, it is understood that either:

(i) the condition does not impact on your capacity to practice podiatry; and/or,  
(ii) the condition is adequately controlled/managed in such a way that your podiatry practice is not compromised.

It is a requirement of continued registration that a registered podiatrist must hold professional indemnity insurance with an APRA approved insurer. The services provided by you must be covered by professional indemnity insurance; **or** you are specified or referred to in professional indemnity insurance as someone to whom the professional indemnity insurance extends even though you are not a party to the professional indemnity insurance. The professional indemnity insurance must have a minimum sum insured of \$2 million for each claim.

Do you hold professional indemnity insurance in accordance with the above? Yes  No

**If the answer to the above is "No" please attach an explanation**

It is a requirement of continued registration that a registered podiatrist has maintained their knowledge and skills in podiatry. Failure to do so can result in cancellation of registration.

Have you practiced as a podiatrist within the 5 years immediately preceding this application for registration? Yes  No

Have you maintained your current knowledge and skills in podiatry? Yes  No

**If the answer to any of the above is "No" please attach details of your employment history including the nature of the work undertaken**

AND I DO solemnly and sincerely declare that the above information is correct to the best of my knowledge and belief.

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

\_\_\_\_\_ In the presence of: \_\_\_\_\_  
Signature of Applicant Signature of Authorised Witness

\_\_\_\_\_  
Name of Authorised Witness Qualifications of Authorised Witness

# Please be aware that in accordance with Section 88(1)(a) of the Podiatrists Act 2005 it is an offence to provide false or misleading information in respect of this application. Penalty \$24,000 or imprisonment for 2 years.