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 UNDER APPLICATION FORM)

Tasmanian Government

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).