**Department of Health**

**Re-entry to Practice**

**Application Form**

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| Clinical Quality, Regulation and AccreditationOffice 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       |
| NMBARegistration 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 applicationEvidence 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) |

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| **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 |

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| **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 applicationSignature  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). |
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