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Request for change of personal details

Section 131 of the Health Practitioner Regulation National Law (the National Law)

This form is for requesting a change of personal details including change of name, address, contact details and sex.

You can change your contact information online by logging in to your Ahpra account at www.ahpra.gov.au/login

Symbols in this form



Additional information

Provides specific information about a question or section of the form.



Attention

Highlights important information about the form.



Attach document(s) to this form

Processing cannot occur until all required documents are received.



Signature required

Requests appropriate parties to sign the form where indicated.

Completing this form

- Read and complete all questions.
- Ensure that **all pages** and required **attachments** are returned to Ahpra.
- Use a black or blue pen only.
- Print clearly in BLOCK LETTERS
- Place X in **all** applicable boxes: 🗶
- DO NOT send original documents.



Do not use staples or glue, or affix sticky notes to your application. Please ensure all supporting documents are on A4 size paper.

SECTION A: Personal details

 What are your current personal details held by the Board?

Title		🔽		0050051	
	MISS MS	DR 🔀	OTHER	SPECIFY	
Family name					
First given name					
Middle name(s)					
Previous names known	by (e.g. maiden name)				
Date of birth					
DD/MM/	YYYY				
Sex MALE FEN	MALE NITER	CEY / INDETE	DMINIATE / I IN	NSPECIFIED X	
IVIALL FEIN	VIALL INTER	IOLA / INDETE	NIVIIIVATE / UI	NOF LUII IED	

2. What are your profession details?

Profession		
Registration number		

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3. Do you want to update your personal details?

ES 🔛	NO Go to Section B: Contact information													
Title MR	MRS 🔣	MISS	MS	X	DR	×	OTHER	3	SPE	CIFY				
Family na	me													
First give	n name													
Middle na	ıme(s)									,				
Previous	names know	n by (e.g.	maiden i	name)										
Date of bi	rth D D	/ M	M /	/ Y	YY									
Sex MALE	FE	MALE]	INTERS	SEX / IN	IDETEI	RMINATI	E / UNS	SPECIF	FIED	X			
If you have ever been formally known by another name, or you are providing documents in another name, you must attach proof of your name change unless this has been previously provided to the Board. If you are requesting a change of sex, you must attach sufficient evidence to support your request. For more information, see <i>Change of name</i> and <i>Change of sex</i> in the <i>Information and definitions</i> section of this form.														

4. Are you declaring a change of YES Go to the next question name, sex or date of birth?



For more information, refer to www.ahpra.gov.au/identity.

So to Section B: Contact information NO

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Proof of identity

You must provide proof of your identity with this form. Please refer to the *Proof of identity requirements* available at www.ahpra.gov.au/identity.

5. Which documents from each category will you provide for proof of identity?



You **must** only use each document once.

The documents provided **must** meet the following criteria:

- At least one document must be in your current name.
- Your category B document must have a recent photo.
- All documents must be officially translated into English. Please refer to *Translating documents* at www.ahpra.gov.au/translate for further information.
- If using your passport, a certified copy of the identity information page (the photo page) must be provided.
- For documents containing a photograph, the following certification statement must be included by the authorised officer, 'I certify that this is a true copy of the original and the photograph is a true likeness of the person presenting the document as sighted by me.'
- All documents must be true certified copies of the original.
 See Certifying documents in the Information and definitions section of this form for more information.

You must provide one document from each category A, B and C, and one document from category D if the document supplied for category B or C does not contain evidence of a current Australian residential ddress. (A document may only be used once for any category)											
Documents	Category used:	Documents	Category use								
Australian birth or adoption certificate	NA X	Australian financial institution account	NA NA								
Australian visa (Foreign passport must	N/4 N/4	Australian Medicare card	NA NA								
be selected as evidence for Category B)	NA 🔀	Australian PAYG payment summary	NA NA								
ImmiCard	NA	Australian motor vehicle registration	NA NA								
Australian citizenship certificate	X NA X	Australian Taxation Assessment Notice	NA NA								
Australian passport	\times \times	Australian insurance policy	NA NA								
Australian driver's licence	NA 🔀	Australian pension/healthcare card	NA NA								
Foreign passport	NA 🔀 🔀	Category D documents									
Australian Working with Children Check or Vulnerable People Check	NA 🔀	A document from Category D is only req Category B or C document does not prov									
Australian firearms or shooter's licence	NA 🔀	of your residential address.									
Australian student ID card	NA 🔀	I have used a Category B or C document	that has								
International or foreign driver's licence	NA 🔀 🔀	my current residential address									
Australian proof of age card	NA 🔀	Australian rate notice	×								
Australian government benefits	NA NA	Current Australian lease or tenancy agre	ement								
Australian academic transcript	NA NA	Australian utility account	×								
Australian registration certificate	NA NA										
You must attach a certified	copy of all pro	oof of identity documents that you hav	е								

SECTION B: Contact information



You can change your contact information at any time.

Please go to www.ahpra.gov.au/login to change your contact details using your online account.

indicated above.

6. What are your contact details?

Provide your current contact details below – place an 🔀 next to your preferred contact phone number.										
Business hours	Mobile									
After hours	International									
Email										
Ellidii										

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NO

7. Do you want to update your residential address details?



When you are not yet practising, or when you are not practising the profession predominantly at one address: YES

- your residential address will be recognised as your principal place of practice, and
- the information items marked with an asterisk (*) will appear on the public register as your principal place of practice.

Refer to the question below for the definition of principal place of practice.

Residential address cannot be a PO Box.

Site/buil	ding and	or po	sition	/depai	tmen	ıt (if a _l	pplica	able)								
							_					+				4
Address	(e.g. 123	JAMES	S AVE	NUE; or	UNIT	1A, 30) JAN	IES S	STREE	ET)						
City/Sub	urh/Tow	n*														
Oity/ Oub	uib/iow	"														
State or	territory	(e.g. VI	C, AC	T)/Inte	rnatio	onal p	rovino	ce*	-	Posto	code/	ZIP*				
Country	(if other	than A	ustra	lia)				_								

8. Do you want to update your principal place of practice details?



Principal place of practice for a registered health practitioner is:

- the address at which you will predominantly practise the profession; or
- · your principal place of residence, if you are not practising the profession or are not practising the profession predominantly at one address.

Principal place of practice cannot be a PO Box.

The information items marked with an asterisk (*) will appear on the public register.

ÆS 📉		NO 🔀		
Site/building and/or	position/depa	rtment (if applicable)		
Address (e.g. 123 JA	MES AVENUE; o	r UNIT 1A, 30 JAMES S	TREET)	
City/Suburb/Town*				
State/Territory* (e.g.	VIC, ACT)		Postcode*	

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9. Do you want to update your mailing address details?

E9										IN	U [\triangle													
Cho								tial a	ıddre	ess															
\times	I want to use my principal place of practice																								
×	I want to use the address below Site/building and/or position/department (if applicable)																								
Site	e/bl	IIICI	ing	an	a/o i	r po	SITIO	n/ae	par	tmei	nt (II	r app	olica	ible))										
Add	ires	ss/P	0 E	юх	(e.ç	j. 12	23 J <i>F</i>	MES	S AVE	ENUE	=; or	UNI	Г 1А	,30	JAN	IES S	STRE	ET;	or PO) B0	X 12	234)			
City	//Sı	ıbu	rb/1	Γον	/n																				
Sta	te c	r te	errit	ory	/ (e.	g. VI	C, A	CT) /I	nter	nati	ona	l pro	vino	е		Pos	tcod	le/ZI	P						
Cou	ıntr	y (i	f ot	her	r tha	n A	ustr	alia))																

SECTION C: Declaration

I declare that I am the registrant named in this document.

I confirm that I am authorised to provide the personal details contained in this form.

I consent to my personal details and information being checked by a third party system to verify and confirm my identity.

Name of registrant	Signature of registrant
Date / / / / / / / / / / / / / / / / / / /	SIGN HERE

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SECTION D: Checklist

Have the following items been attached, if required?

Additional doc	cumentation	Attached
Question 3	Evidence of a change of name (if required)	\times
Question 3	Evidence of a change of sex (if required)	\times
Question 5	Certified copies of all documents that provide sufficient evidence of your identity	\times



Do not email this form.

Please submit this completed form and supporting evidence using the Online Upload Service at **www.ahpra.gov.au/registration/online-upload**.

You may contact Ahpra on 1300 419 495

Information and definitions

CERTIFYING DOCUMENTS

DO NOT send original documents.

Copies of documents provided in support of an application, or other purpose required by the National Law, must be certified as true copies of the original documents. Each and every certified document **must**:

- be in English. If original documents are not in English, you must provide a certified copy of the original document and translation in accordance with Ahpra guidelines, which are available at www.ahpra.gov.au/ registration/registration-process
- be initialled on every page by the authorised officer. For a list of people authorised to certify documents, visit www.ahpra.gov.au/certify.aspx
- be annotated on the last page as appropriate e.g. 'I have sighted the original document and certify this to be a true copy of the original' and signed by the authorised officer,
- for documents containing a photograph, the following certification statement must be included by the authorised officer, 'I certify that this is a true copy of the original and the photograph is a true likeness of the person presenting the document as sighted by me', along with their signature, and
- list the name, date of certification, and contact phone number, and position number (if relevant) and have the stamp or seal of the authorised officer (if relevant) applied.

Certified copies will only be accepted via the Online Upload Service at www.ahpra.gov.au/registration/online-upload. Photocopies of previously certified documents will not be accepted. For more information, Ahpra's guidelines for certifying documents can be found online at

www.ahpra.gov.au/certify.aspx

CHANGE OF NAME

You must provide certified evidence of a change of name if you have ever been formally known by another name(s) or any of the documentation you are providing in support of your application is in another name(s).

Evidence must be a certified copy of one of the following documents:

- Standard marriage certificate (ceremonial certificates will not be accepted).
- Deed poll.
- Change of name certificate.

To revert to a maiden name, a certified copy of the full birth certificate is required. Faxed, scanned or emailed copies of certified documents will not be accepted.

CHANGE OF SEX

You must provide sufficient evidence if you are requesting a change of sex. Evidence must be a certified copy of one of the following documents:

- a statement from a registered medical practitioner or a registered psychologist
- valid Australian government travel document, such as a valid passport, which specifies your preferred sex, or
- an amended state or territory birth certificate, which specifies your
 preferred sex. A State or Territory Gender Recognition Certificate or
 recognised details certificate showing a State or Territory Registrar of Birth
 Deaths and Marriages has accepted a change in sex will also be seen as
 sufficient evidence.

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