## Registration of Medical Volunteers and Staff

Through arrangements set in place by the Council of Australian Governments (CoAG), both State and Federal governments have agreed to protect certain health professions by law and govern the practitioners of these professions through a single federal government agency, known as AHPRA.

The Australian Health Practitioner Regulation Agency, (AHPRA) is the key government agency responsible for ensuring that state and federal agreements on practicing medical professions within Australia are enforced to agreed standards. To do this AHPRA have set up a series of specialist Boards that oversee the regulation and practice of each main area of health service. Under federal and state laws certain professional titles have now become protected by law so that a person cannot claim to be a practitioner of a protected title unless they are first registered with and authorised by AHPRA. Penalties apply for people who falsely use these protected titles. (Box A of the medical worker registration sheet contains a complete list of protected titles.)

The Australian Mercy Board has carefully considered this matter and changed its volunteer registration procedures to align with AHPRA requirements. Medical staff and volunteers must declare their AHPRA registration No and verify it before they can practice with Australian Mercy.

Volunteers or staff who may have trained in the past but whose registration with AHPRA is not current may not be referred to by a protected title. For example, a retired unregistered Nurse may not be referred to as “Nurse”, or practice as a Nurse for them to do so is illegal, and there are penalties that can be incurred if that is found to have happened.

The Australian Mercy Board has decided that all unregistered medical staff and volunteers must be referred to by another title such as *Medical Assistants* and must be overseen by an AHPRA registered worker in that area of expertise.

Overseas medical workers will also need to declare the status of their professional registration in the country in which they are registered.

The attached forms are for use by medical volunteers and staff applicants seeking to practice their vocational skills within an Australian Mercy setting.

Please also review this video for an overview of Health Care Professionals as Volunteers https://youtu.be/j2bI55ws2MI

## Australian Registered Medical Worker

**BOX A**

**Health Professions Regulated By AHPRA**

* Chinese medicine practitioner
* Chinese herbal dispenser
* Chinese herbal medicine practitioner
* Acupuncturist
* Chiropractor
* Dentist
* Dental therapist
* Dental hygienist
* Dental prosthetist
* Oral health therapist
* Medical practitioner
* Medical Radiation Practice
* Medical radiation practitioner
* Diagnostic radiographer
* Medical imaging technologist
* Radiographer
* Nuclear medicine scientist
* Nuclear medicine technologist
* Radiation therapist
* Nurse
* Registered nurse
* Nurse practitioner
* Enrolled nurse
* Midwife
* Midwife practitioner
* Occupational therapist
* Optometrist
* Optician
* Osteopath
* Paramedic
* Pharmacist
* Pharmaceutical chemist
* Physiotherapist
* Physical therapist
* Podiatrist
* Chiropodist
* Psychologist

**Name: …………………………………………………………………………………………………………**

**Address: …………………………………………………………………………………………………….**

**…………………………………………………………………………………………………………………….**

**…………………………………………………………………………………………………………………….**

**Email: ………………………………………………………………………………………………………….**

**Phone No: …………………………………………………………………………………………………..**

**Capacity in which you are seeking to serve. (Medical Practioner, Nurse, Midwife, Dentist ... etc)**

**……………………………………………………………………………..……………………………………**

**……………………………………………………………………………………………………………………**

**Project you are seeking to serve on: …………………………………………………………..**

**…………………………………………………………………………………………………………………..**

**Are you registered to practice in Australia? Yes / No**

**Is your registration current? Yes / No**

**Expiry date: ………………….. / ………………….. /…………………..**

**Are you currently suspended from practicing in Australia? Yes / No**

**AHPRA Registration No: ………………………………………………………………………………**

***Information given in this document will be confirmed with information that is freely available on the AHPRA website (ahpra.gov.au)***

**Office Use Only**

**Date received: …………/…………../………….**

**Date Confirmed: …………/…………./…….…….**

**Status: ………………………… Initials: …………………….**

## Non-Australian Registered Medical Worker (Page 1)

**Commonwealth of Australia STATUTORY DECLARATION Statutory Declarations Act 1959**

I, *(Insert full legal name)*

Am a *(insert Occupation)*

Of *(Insert Address)*

make the following declaration under the Statutory Declarations Act 1959.

That I am seeking to work with Australian Mercy as a; **short term volunteer / full time / part time / temporary staff member** (*delete that which does not apply)*

During my time with Australian Mercy I want to use my professional training and skills on an Australian Mercy project.

I declare that, I am a medical worker who is fully trained and qualified to work as a (*Capacity in which you want to serve)*

Are you registered to practice in your field of medical training? Yes / No

Is your registration current? Yes / No

Are you currently suspended from practising? Yes / No

Country of medical registration:

Name of registering authority:

Address of registering authority:

Registering authority’s website:

Your registration no:

Your registration expiration date:

……………………/……………………/…………………….

I declare that I am not under any disciplinary action, suspension or have been disqualified by any medical authority, and that my training and professional skills are up to date.

I undertake that whilst working with Australian Mercy that I will not practice in any way that exceeds my training/skill sets.

*I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the Statutory Declarations Act 1959, and I believe that the statements in this declaration are true in every particular.*

Signed

Declaration made at

on the

*Day Month Year*

Signature of Witness

Name of Witness

Occupation of witness

Address of witness