



Waiver of registration fees — Limited practice of physiotherapy in Queensland — Form PHY222 v.Aug2008

To be used by persons applying for initial general registration in Queensland, or renewal of general registration, whose principal practice location is in another Australian State or Territory.

It is recommended the applicant read the Board's related policy (available at <http://www.physioboard.qld.gov.au>).

1 Personal details

Family name

First name

Date of birth

Gender

Postal address

Phone number

Facsimile number

Email address

2 Primary practice location — outside QLD

Postal address (NB: If same as Postal address above, write 'same as above')

Phone number

Facsimile number

Email address

Estimated hours of practice in primary practice location

3 Reason for application — QLD practice location

Name of QLD employer

Address of QLD practice location

Practice phone number

Practice facsimile number

Practice email address

Estimated hours of practice in QLD practice location

4 Required attachments

The items listed below must accompany this application before it will be assessed by the Physiotherapists Board.

If not currently registered in Queensland:

- Application for registration as a physiotherapist under Mutual Recognition; and
- relevant supporting documentation (as specified in application for registration).

Please note: If you submit an application requesting a waiver of fees, you will not be entitled to deemed registration until a decision has been made in relation to the waiver of fees.

If renewing General registration:

- Renewal of registration as a physiotherapist form;
- evidence of continued registration in original jurisdiction; and
- any other relevant supporting document required for renewal (as specified in the renewal of registration form).

5 QLD employer certification

I confirm that the hours indicated under section 3 of this form are an accurate representation of the terms of employment under which the applicant is engaged by my agency.

Employer's signature

Date

6 Applicant certification

This form must be signed by both applicant and QLD employer to be complete

Applicant's signature

Date

7 Submission to Board

Send the completed application and attachments by one of the following methods:

Mail to:

**Physiotherapists Board of Queensland
GPO Box 2438,
BRISBANE QLD 4001**

In person at the Board's offices:

**8th floor, Forestry House
160 Mary Street
Brisbane QLD 4000**

OFFICE USE ONLY

Waiver granted — the applicant meets the requirements of the *Policy*.

Waiver refused — the applicant is to be advised that they do not meet the requirements of the *Policy* and their application will not be progressed until the relevant fees are received by the Board.

Board/Board delegate

Date: