



**COMPULSORY DECLARATION**

**CONSIDERATION OF ELIGIBILITY FOR CONDITIONAL REGISTRATION**

**PLEASE NOTE: IT IS A REQUIREMENT FOR CONSIDERATION OF YOUR ELIGIBILITY FOR CONDITIONAL REGISTRATION THAT YOU COMPLETE AND SIGN THIS DECLARATION. IF THIS DECLARATION IS NOT COMPLETED AND SIGNED, THEN YOU WILL NOT BE CONSIDERED FOR CONDITIONAL REGISTRATION.**

**I SOLEMNLY DECLARE THAT:**

**Please tick appropriate box**

1. My state of health is such that it poses no significant risk to a patient or other person whilst I am engaged in medical practice.
- True     False
2. (a) I have not been convicted of any criminal offence excluding any minor traffic offence in the last 12 months in Australia or overseas.
- True     False
- (b) There is no criminal action excluding minor traffic offences pending against me in Australia or overseas.
- True     False
- (c) There are no civil proceedings pending against me for claims for alleged negligence by me in my practice of medicine in Australia or overseas.
- True     False

**I MAKE THIS DECLARATION, CONSCIENTIOUSLY BELIEVING THE STATEMENTS CONTAINED IN IT TO BE TRUE AND CORRECT IN EVERY PARTICULAR.**

.....  
Signature of Applicant

.....  
Date

**PLEASE RETURN THE COMPLETED FORM**

**BY POST TO:**                    The Medical Council of Tasmania  
   PO Box 8  
   SOUTH HOBART TASMANIA 7004

**OR BY FACSIMILE (IF PAYING THE APPLICATION FEE BY CREDIT CARD):**  
61.(0)3.6233.7986

***Please do not alter this form in any way or it cannot be accepted.***