

PODIATRY PRACTICE ACT 2005
ANNUAL RETURN
SPECIALIST REGISTER OF PODIATRIC SURGEONS

PODIATRY BOARD OF SOUTH AUSTRALIA
ABN 30 292 089 469

Postal Address: PO Box 229, Torrensville Plaza SA 5031
Street Address: 16 Norma Street, Mile End SA 5031
Phone: 08 8443 9669 **Fax:** 08 8443 9550
Email: pbsa@sboards.com.au **Web:** www.pbsa.sboards.com.au

Name: **Registration Number:**

1 JULY 2009 – 31 DECEMBER 2010
Application must be lodged with the Registrar *before 31 May 2009*

- In order for your annual return to be processed you must submit a duly completed and signed annual return plus the annual return fee of \$75.
- Failure to provide the above will mean that your registration will not be processed and the Board may lapse your specialist registration on 30 June 2009. . If your registration lapses you will no longer be able to practise as a podiatric surgeon in South Australia.
- All questions must be answered – if the question does not apply, please mark “N/A”
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- Where applicable, please tick the correct box to indicate your answer

Do you wish to renew your registration as a podiatric surgeon in South Australia? Yes No

If “Yes”, please continue to complete this form.

If “No”, please advise the Finance Officer that you wish your registration to lapse
(email: finance@sboards.com.au or phone: 08 8443 9669 (extension 224))

1. Nominated Contact Address:

(IMPORTANT – PLEASE NOTE: In accordance with Section 25 of the Podiatry Practice Act 2005 a nominated contact address must be provided, and must be made available to persons attending at the offices of the Board to inspect the Register. Your nominated contact address can be a postal address, private or employment address, fax number or email address.)

Please provide only ONE nominated contact: either an address, or a fax number, or an e-mail address

.....
..... **Postcode:**

OR
Fax Number:

OR
Email Address:

2. Postal Address:

(The Board will use this address for all its own mailing purposes and also for requests for address labels approved individually by the Board in accordance with its policy – refer “Publications – Other Guidelines/Policies” on the website. Your postal address may be a residential, employment or other postal address, ie. PO Box.)

.....
..... **Postcode:**

3. Primary Professional Address (including business name)

.....
..... **Postcode:**

Work Phone:..... **Work Fax:**

Do you authorise the Board to make the above professional details (ie. work address and phone) available to the public via the website search and phone enquiries?

Yes No

(This information is of assistance to the public when searching for a podiatric surgeon in a specific location, or when trying to contact a specific podiatric surgeon. Your choice whether to have your details available for release to the public or not may be changed at any time by contacting the office of the Board and proving your identity.)

4. E-mail Address:

(The Board will use this address to contact you and provide you with information. This e-mail address is not released to the public.)

5. Residential Address:

(This address will be kept on file, not included on the Register, and not released to the public.)

.....
..... **Postcode:**

Home Phone:..... **Mobile:**

(Your telephone numbers are not released to the public.)

6. Self-Declaration and Consent

I (full name) do hereby declare that:

- I consent to the Podiatry Board of South Australia making enquiries of, and exchanging information with, the authorities of any Australian States or Territories, or other countries, regarding my practise as a podiatric surgeon or otherwise regarding matters relevant to this application
- All of the above information is true and correct

Signature:..... **Date:**

NOTE: Pursuant to Section 61 of the Act – *A person must not make a statement that is false or misleading in a material particular (whether by reason of the inclusion or omission of any particular) in any information provided under this Act – Maximum penalty: \$20,000*

It is recommended that you take a copy of this form for your own records

PAYMENT

Payment of the appropriate annual practice fee must be provided with this application:

- \$75 for registration as a specialist podiatric surgeon;

Payment can be made by BPay, cheque, money order or credit card (Visa or Mastercard only – American Express is not accepted). The Board does not have EFTPOS facilities.

If paying by credit card, please complete the information below.

VISA

MASTERCARD

CREDIT CARD NUMBER

EXPIRY DATE: /

AMOUNT: \$

CARD HOLDER'S NAME:

CARD HOLDER'S SIGNATURE:

(please print clearly to ensure that all numbers, and also the card holder name, are legible)