Ahpra & National Boards

Common restrictions
Practitioner declaration

HPC
(1 of 2)

Practitioner's Details

Monitoring & Compliance number		Name (Last, First)	

Practitioner's Declaration

By signing this form, I acknowledge and confirm:

1. The details I have provided below are true and accurate and represent all locations at which I currently practice.
2. I have provided the senior person at each place of practice with a copy of the conditions on my registration.
3. AHPRA will contact the senior person and provide them with a copy of the conditions on my registration or confirm that the senior person has received a copy of the conditions.
4. I am aware that, should I change my place of practice, I must provide AHPRA details of each subsequent place within seven days of commencing practice and provide a copy of the conditions on my registration to the senior person at each subsequent place of practice.
5. I am aware that, within seven days of notice of any alteration to the conditions on my registration, I must again provide the senior person at each and every place of practice with details of the alteration to these conditions.
6. I am aware that, unless expressly provided for within a condition, all costs associated with compliance with all of the conditions on my registration are my own expense.

Place of Practice and Senior Person Details

Place of practice 1	
Address	
Name of senior person	
Title of senior person	
Contact details of senior person	
Place of practice 2	
Address	
Name of senior person	
Title of senior person	
Contact details of senior person	

Signature		Date	

Return form to

Case officer		Email		Post	

Common restrictions
Practitioner declaration

HPC
(2 of 2)

Practitioner's Details

Monitoring & Compliance number		Name (Last, First)	

Place of Practice and Senior Person Details (Continued)

Place of practice 3	
Address	
Name of senior person	
Title of senior person	
Contact details of senior person	
Place of practice 4	
Address	
Name of senior person	
Title of senior person	
Contact details of senior person	

Signature		Date	

Return form to

Case officer		Email		Post	

Ahpra & National Boards

Gender-based Restrictions
Practitioner acknowledgement

GBR-1

Practitioner's Details

Monitoring & Compliance number		Name (Last, First)	

Practitioner's Declaration

By signing this form I acknowledge and confirm:

1. I understand I am not permitted to practise until such time as approved practice locations are published to the National Register.
2. I have received, read and understood the Gender-based restriction protocol.
3. I understand the definition of 'patient', 'practice', 'practice location', male', 'female', and 'contact' as detailed in my condition.
4. I am aware that, in order to monitor my compliance with the gender-based restriction, AHPRA will:
    a. Contact, communicate with, and obtain information from Medicare Australia.
    b. Contact and communicate with patients, nominated booking staff and/or employers.
    c. Access, copy, and/ or retrieve from each approved practice location appointment diaries, patient booking schedules, audit logs of electronic booking systems, and the like.

Practitioner's signature		Date	

Return form to

Case officer		Email		Post	

Ahpra & National Boards

Gender-based Restrictions
Nomination of practice locations

GBR-2
(1 of 2)

Practitioner's Details

Monitoring & Compliance number		Name (Last, First)	

Practitioner's Declaration

By signing this form I acknowledge and confirm:

1. The details I have provided below are true and accurate and represent all locations at which I was practising at the time of the imposition of the gender-based restriction.
2. I am aware that, for the purposes of the restriction on my registration and the Gender-based restriction protocol, 'practice location' means any location where a practitioner practises the profession and includes any place where a practitioner:
   a. is self employed
   b. shares premises with other registered health practitioners
   c. is engaged by one or more entities under a contract of employment, contract for services or any other arrangement or agreement
   d. provides services for, or on the behalf of one or more entities, whether in an honorary capacity, as a volunteer or otherwise, whether or not the practitioner receives payment from an entity for the services, or
   e. the residential premises of a patient of the practitioner where the practitioner practises the profession.
3. I acknowledge that, upon publication of approved practice locations, I must only practice at those approved practice locations and I have nominated below no more than three (3) places of practice for approval.

Place(s) of Practice

Place of practice 1	
Address	
For approval (Y/N)	

Signature		Date	

Return form to

Case officer		Email		Post	

Gender-based Restrictions
Nomination of practice locations

GBR-2
(2 of 2)

Practitioner's Details

Monitoring & Compliance number		Name (Last, First)	

Place(s) of Practice (Continued)

Place of practice 2	
Address	
For approval (Y/N)	
Place of practice 3	
Address	
For approval (Y/N)	
Place of practice 4	
Address	
For approval (Y/N)	
Place of practice 5	
Address	
For approval (Y/N)	

Signature		Date	

Return form to

Case officer		Email		Post	

Ahpra & National Boards

Gender-based Restrictions
Details of booking staff

GBR-3
(1 of 3)

Practitioner's Details

Monitoring & Compliance number		Name (Last, First)	

Practitioner Declaration

By signing this form I acknowledge and confirm that:

1. The following information is accurate and represents all staff at each approved practice location that are responsible for the booking of patient appointments.
2. I have provided each nominated staff member with a copy of the Gender-based restriction protocol.
3. The nomination of each staff member is accompanied by acknowledgement from each nominated staff member, on the approved form, that they are aware AHPRA will contact them and exchange information.

Nominee's Details

Nominee 1

Name (Last, First)		Registration number (if registered)	
Place of Practice			
Postal address			
Email			
Contact numbers			

Nominee 2

Name (Last, First)		Registration number (if registered)	
Place of Practice			
Postal address			
Email			
Contact numbers			

Signature		Date	

Return form to

Case officer		Email		Post	

Gender-based Restrictions
Details of booking staff

GBR-3
(2 of 3)

Practitioner's Details

Monitoring & Compliance number		Name (Last, First)	

Nominee's Details (continued)

Nominee 3

Name (Last, First)		Registration number (if registered)	
Place of Practice			
Postal address			
Email			
Contact numbers			

Nominee 4

Name (Last, First)		Registration number (if registered)	
Place of Practice			
Postal address			
Email			
Contact numbers			

Nominee 5

Name (Last, First)		Registration number (if registered)	
Place of Practice			
Postal address			
Email			
Contact numbers			

Signature		Date	

Return form to

Case officer		Email		Post	

Gender-based Restrictions
Details of booking staff

GBR-3
(3 of 3)

Practitioner's Details

Monitoring & Compliance number

Name (Last, First)

Nominee's Details (continued)

Nominee 6

Name (Last, First)

Registration number (if registered)

Place of Practice

Postal address

Email

Contact numbers

Nominee 7

Name (Last, First)

Registration number (if registered)

Place of Practice

Postal address

Email

Contact numbers

Nominee 8

Name (Last, First)

Registration number (if registered)

Place of Practice

Postal address

Email

Contact numbers

Signature

Date

Return form to

Case officer

Email

Post

Gender-based Restrictions
Acknowledgement of booking staff

GBR-4

Practitioner's Details

Monitoring & Compliance number		Name (Last, First)	

Booking Staff Declaration

By signing this form I acknowledge and confirm that:

1. I have been provided with a copy of the Gender-based restriction protocol.
2. I am aware that patients of the gender detailed in the restriction on the Practitioner's registration must be told at the time of attempting to book an appointment with the Practitioner or, in the case of an unbooked appointment at the time of presentation at the practice location seeking an appointment, that because of the restriction the appointment cannot be made.
3. I am aware that AHPRA may contact me to discuss the management of the Practitioner's restriction in the workplace.

Nominee's Details

Name (Last, First)		Registration number (if registered)	
Place of Practice			
Postal address			
Email			
Contact numbers			

Booking staff signature		Date	

Return form to

Case officer		Email		Post	