



Conditions not to practise
Practitioner's declaration

Practitioner's details

Name	Monitoring & compliance number
<input type="text"/>	<input type="text"/>

Senior personal details**Place of practice 1**

Address

Name of senior person

Position title of senior person

Phone number of senior person

Email of senior person

Place of practice 2

Address

Name of senior person

Position title of senior person

Phone number of senior person

Email of senior person

Place of practice 3

Address

Name of senior person

Position title of senior person

Phone number of senior person

Email of senior person

Place of practice 4

Address

Name of senior person

Position title of senior person

Phone number of senior person

Email of senior person

Place of practice 5

Address

Name of senior person

Position title of senior person

Phone number of senior person

Email of senior person

Practitioner’s declaration

By checking the following boxes and signing this form, I acknowledge and confirm:

- I understand the definition of practice as it relates to the condition on my registration.
- The details I have provided are true and represent all the locations at which I was practising at the time of the imposition of the condition requiring that I not practise the profession, as well as the senior person at each of these locations.
- Ahpra may notify the senior person at each place of practice of the imposition of the condition on my registration.
- Ahpra may conduct practice inspections to monitor my compliance with the condition on my registration requiring that I not practise the profession.

Signature

Date

When completed, return this form to:

Case officer

Ahpra
GPO Box 9958
IN YOUR CAPITAL CITY (*refer below*)

Email

Sydney NSW 2001 Canberra ACT 2601 Melbourne VIC 3001
Brisbane QLD 4001 Adelaide SA 5001 Perth WA 6001
Hobart TAS 7001 Darwin NT 0801