



Notice of certain events

Aboriginal and Torres Strait Islander Health Practice Board of Australia
 Chinese Medicine Board of Australia
 Chiropractic Board of Australia
 Dental Board of Australia

Medical Board of Australia
 Medical Radiation Practice Board of Australia
 Nursing and Midwifery Board of Australia

Occupational Therapy Board of Australia
 Optometry Board of Australia
 Osteopathy Board of Australia
 Paramedicine Board of Australia

Pharmacy Board of Australia
 Physiotherapy Board of Australia
 Podiatry Board of Australia
 Psychology Board of Australia

Section 130 of the Health Practitioner Regulation National Law (the National Law)

The Australian Health Practitioner Regulation Agency (AHPRA) supports the 15 National Boards responsible for regulating the health professions. The information you supply in this form will be reviewed by your Board and you will be contacted if required.

Notice of certain events

This form is to give notice to the National Board of an occurrence of a relevant event.

Under section 130 of the National Law, all registered health practitioners or students must inform the Board within seven days of becoming aware of a relevant event or change in their status in relation to the events outlined below. Failure to do so will not constitute an offence but may constitute behaviour for which health, conduct or performance action may be taken.

Completing this form

- You must return **all** required **attachments** to AHPRA
- Use a **black** or **blue** pen only
- Place X in **all** applicable boxes:

Privacy and confidentiality

AHPRA's Privacy Policy explains how your personal information will be stored, handled and used and can be accessed at www.ahpra.gov.au/privacy

For a registered health practitioner, you must give notice that:

- you have been charged, in a participating jurisdiction or elsewhere, with an offence punishable by 12 months imprisonment or more
- you have been convicted of, or are the subject of a finding of guilt for, an offence, in a participating jurisdiction or elsewhere, punishable by imprisonment
- your appropriate professional indemnity insurance arrangements are no longer in place
- your right to practise at a hospital or another facility at which health services are provided is withdrawn or restricted because of your conduct, professional performance or health
- your billing privileges are withdrawn or restricted under the *Human Services (Medicare) Act 1973* (Cth) because of your conduct, professional performance or health
- your authority under a law of a state or territory to administer, obtain, possess, prescribe, sell, supply or use a scheduled medicine or class of scheduled medicines is cancelled or restricted
- your registration under the law of another country that provides for the registration of health practitioners is suspended, cancelled or made subject to a condition or another restriction
- a complaint has been made about you to:
 - (a) the chief executive officer under the *Human Services (Medicare) Act 1973* (Cth)
 - (b) an entity performing functions under the *Health Insurance Act 1973* (Cth)
 - (c) the Secretary within the meaning of the *National Health Act 1953* (Cth)
 - (d) the Secretary to the Department in which the *Migration Act 1958* (Cth) is administered, or
 - (e) another Commonwealth, state or territory entity having functions relating to professional services provided by health practitioners or the regulation of health practitioners.

For a student, you must give notice that:

- you have been charged with an offence punishable by 12 months imprisonment or more
- you have been convicted of, or are the subject of a finding of guilt for, an offence punishable by imprisonment
- your registration under the law of another country that provides for the registration of students has been suspended or cancelled.



You **must** attach a separate sheet with further information regarding the relevant events that apply to you. Please note you may be requested by AHPRA to provide proof of your identity. If further information is required, AHPRA will contact you.



Consent to nationally coordinated criminal history check

I authorise AHPRA and the National Board to carry out a nationally coordinated criminal history check for the purpose of assessing this application, if required.

I acknowledge that:

- a complete criminal history, including resolved and unresolved charges, spent convictions, and findings of guilt for which no conviction was recorded, will be released to AHPRA and the National Board,
- my personal information held by AHPRA or extracted from this notice will be provided to the Australian Criminal Intelligence Commission (ACIC) and Australian police agencies for the purpose of conducting a nationally coordinated criminal history check, including all names under which I am or have been known
- my personal information may be used by police for general law enforcement purposes, including those purposes set out in the *Australian Crime Commission Act 2002* (Cth),
- if required, my identity will be enrolled with AHPRA to allow for any subsequent criminal history checks during my period of registration
- AHPRA may check my criminal history at any time during my period of registration as required by the National Board for the purpose of assessing my suitability to hold health practitioner registration; or in response to a Notice of Certain Events; or an application for Removal of Reprimand from the National Register,
- I may dispute the result of the nationally coordinated criminal history check by contacting AHPRA in the first instance.

Consent

I consent to AHPRA and the National Board making enquiries of, and exchanging information with, the authorities of any Australian state or territory, or other country, regarding my practice as a health practitioner or otherwise regarding matters relevant to this notice.

I acknowledge that:

- The National Board may validate documents provided in support of this notice, and
- AHPRA uses overseas cloud service providers to hold, process and maintain personal information where this is reasonably necessary to enable AHPRA to perform its functions under the National Law. These providers include Salesforce, whose operations are located in Japan and the United States of America.

I understand that personal information that I provide may be given to a third party for regulatory purposes, as authorised or required by the National Law. I confirm that I have read the privacy and confidentiality statement for this form.

Declaration

I declare that:

- the above statements, and any documents provided in support of this notice, are true, complete and correct, and
- I am the person named in this notice

I make this declaration in the knowledge that a false declaration amounts to a contravention of the National Law and may lead to disciplinary action for unprofessional conduct.

Name of registered health practitioner/student

Date of birth

 / /

Profession (board)

Signature of registrant



SIGN HERE

Date

 / /

Please post this form with required attachments to:

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

You may contact AHPRA on
 1300 419 495 or you can lodge an enquiry
 at www.ahpra.gov.au

Sydney NSW 2001
 Adelaide SA 5001

Canberra ACT 2601
 Perth WA 6001

Melbourne VIC 3001
 Hobart TAS 7001

Brisbane QLD 4001
 Darwin NT 0801