



Complete formal or one-on-one education: Practitioner acknowledgement

Completing this form

- Print clearly in **BLOCK LETTERS**
- Place X in **all** applicable boxes:
- If available on your computer or device, you may be able to complete and sign this form electronically. Otherwise, print, complete, sign and return a scan or clear photo of the form.

Collection of personal information and health information

We are committed to protecting your personal information. The ways in which we may collect use and disclose your information are set out in our [Privacy policy](#).

Further information regarding [Ahpra's privacy, Freedom of information and information publication scheme](#) is available on Ahpra's website.

Practitioner details

Practitioner legal name

Compliance or registration number

Practitioner acknowledgement

By signing this form I acknowledge and confirm I have read and understood the restrictions on my registration, the *Ahpra Protocol: Complete formal or one-on-one education* and, if required, the *Ahpra Protocol: Audit*.

Date

 / /

Signature



SIGN HERE

When completed, return this form to compliance@ahpra.gov.au

You may contact Ahpra on 1300 419 495



Complete formal or one-on-one education: Nomination of educator

Completing this form

- Print clearly in **BLOCK LETTERS**
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Practitioner details

Name Monitoring & Compliance number

Nomination details

Name Registration number (if registered)

Email Telephone

Practitioner's declaration

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

- I do not have any actual or perceived conflict of interest with the nominee.

Date

/ /

Signature



SIGN HERE

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Complete formal or one-on-one education: Educator acknowledgment

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Practitioner details

Practitioner name

Monitoring & Compliance number

Nomination details

Name

Registration number (if registered)

Email

Telephone

Nominee acknowledgement

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

- I do not have any actual or perceived conflict of interest with the practitioner.
- I have developed and/or written the required plan with the practitioner.
- I have received a copy of the restrictions on the practitioner's registration, and I am aware of the reasons for the restrictions imposed.
- I have been provided the contact details of the Ahpra case officer, and,
- I have received a copy of the relevant Ahpra Protocol(s).

Date

 / /

Signature



SIGN HERE

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