



Undertake an audit of practice Nomination of auditor

Practitioner's details

Name Monitoring & compliance number

Nominee's details

Name (Last, First) Registration number

Place of practice

Postal address

Contact number Email

Practitioner's declaration

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

- The nominated auditor is not in a close collegiate, family, social or financial relationship with me.
- I have provided a copy of the nominated auditor's curriculum vitae to demonstrate they have the training, experience and/or qualifications in order to provide the audits required.
- I have provided the nominated auditor with a copy of the conditions on my registration and the contact details of my Ahpra case officer.
- I am aware Ahpra will seek reports from the approved auditor after each and every audit for the purposes of monitoring my compliance with the conditions on my registration.
- I am aware that if the nominated auditor is approved, I must provide an audit plan developed by the approved auditor, outlining the form the audit(s) will take and how the areas of concern identified in the conditions will be addressed.

Signature <input type="text"/>	Date <input type="text"/>
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When completed, return this form to:

Case officer <input type="text"/>	Ahpra GPO Box 9958 IN YOUR CAPITAL CITY (<i>refer below</i>)
Email <input type="text"/>	Sydney NSW 2001 Canberra ACT 2601 Melbourne VIC 3001 Brisbane QLD 4001 Adelaide SA 5001 Perth WA 6001 Hobart TAS 7001 Darwin NT 0801



Undertake an audit of practice
Nominee acknowledgement

Practitioner's details

Name Monitoring & compliance number

Nominee's details

Name (Last, First) Registration number

Place of practice

Postal address

Contact number Email

Nominee's declaration

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

- I am a registered health practitioner who holds unrestricted registration with the Board.
- I have provided a copy of my curriculum vitae which demonstrates I have suitable training, experience and/or qualifications in order to undertake the audit(s) required.
- I am not in a close collegiate, family, social or financial relationship with the Practitioner.
- I have received a copy of the conditions on the Practitioner's registration as well as the contact details of the Ahpra case officer.
- I am aware that, should I be approved to act as auditor, Ahpra will seek reports from me after each and every audit for the purposes of monitoring the Practitioner's compliance with the conditions on their registration, and these reports will be provided to the Board.
- I am If I am approved as an auditor, I agree to provide an audit plan to the Board, outlining the form the audit(s) will take and how the areas of concern identified in the conditions will be addressed.

Signature <input type="text"/>	Date <input type="text"/>
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When completed, return this form to:

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