



Application for review of conditions or undertakings


Section 125 of the Health Practitioner Regulation National Law (the National Law)

This form is for registrants applying for a review of conditions or undertakings (restrictions) that apply to their registration. Under section 125(1) of the National Law, a registered health practitioner may apply to the relevant National Board to:

- change or remove a condition imposed on the practitioner's registration, or
- change or revoke an undertaking given by the practitioner.

An application **cannot** be made if:

- The application is made during a review period applying to the restrictions, unless the practitioner reasonably believes there has been a material change in their circumstances (section 125(2)(a)).
- The restrictions were imposed by a council or tribunal in New South Wales (NSW), unless at the time the restrictions were imposed the NSW Council or Tribunal decided also that the National Board was the appropriate body to review the conditions. Any request for review where the National Board has not been identified as a review authority must be directed to the relevant NSW Council or Tribunal.
- The restrictions were imposed in Queensland by the Office of the Health Ombudsman. Any request for review of these restrictions must be made direct to the Office of the Health Ombudsman.

 **This application will not be considered unless it is complete and all supporting documentation has been provided.** Supporting documentation **must** be certified in accordance with Australian Health Practitioner Regulation Agency (Ahpra) guidelines. See *Certifying documents* in the *Information and definitions* section of this form.





Privacy and confidentiality

The Board and Ahpra are committed to protecting your personal information in accordance with the *Privacy Act 1988* (Cth). The ways the Board and Ahpra may collect,


use and disclose your information are set out in the collection statement relevant to this application, available at www.ahpra.gov.au/privacy.


By signing this form, you confirm that you have read the collection statement. Ahpra's privacy policy explains how you may access and seek correction of your personal information held by Ahpra and the Board, how to complain to Ahpra about a breach of your privacy and how your complaint will be dealt with. This policy can be accessed at www.ahpra.gov.au/privacy

Symbols in this form

-  **Additional information**
Provides specific information about a question or section of the form.
-  **Attention**
Highlights important information about the form.
-  **Attach document(s) to this form**
Processing cannot occur until all required documents are received.
-  **Signature required**
Requests appropriate parties to sign the form where indicated.

Completing this form

- Read and **complete all questions**.
- Ensure that **all pages** and required **attachments** are returned to Ahpra.
- Use a **black** or **blue** pen only.
- Print clearly in **BLOCK LETTERS**
- Place X in **all** applicable boxes: 
- **DO NOT send original documents unless specified.**

 Do not use staples or glue, or affix sticky notes to your application. Please ensure all supporting documents are on A4 size paper.

SECTION A: Application inclusions

1. What are you applying for?

Mark all applicable options


- | | |
|--|--|
| <input type="checkbox"/> To change a condition on registration | <input type="checkbox"/> To change an undertaking |
| <input type="checkbox"/> To remove a condition on registration | <input type="checkbox"/> To revoke (remove) an undertaking |

SECTION B: Who is monitoring the conditions/undertakings?


2. Which regulatory body imposed the conditions or accepted the undertakings?

Mark one box only

- Ahpra / a National Board – *Go to Section C*
- A council or tribunal in NSW

 You **cannot** use this form to apply for a change or removal of conditions or undertakings unless the National Board has been identified as a review body. Otherwise this application should be directed to the NSW Council monitoring the conditions or undertakings.

- The Office of the Health Ombudsman in Queensland

 You **cannot** use this form to apply for a change or removal of conditions or undertakings. This application should be directed to the Office of the Health Ombudsman in Queensland.



SECTION C: Personal details and contact information

3. What is your name?

Title* MR MRS MISS MS DR OTHER

Family name

First given name

Middle name(s)

4. What is your profession and registration number?

Profession

<input type="checkbox"/> Aboriginal and Torres Strait Islander Health Practice	<input type="checkbox"/> Medical Radiation Practice	<input type="checkbox"/> Paramedicine
<input type="checkbox"/> Chinese Medicine	<input type="checkbox"/> Midwifery	<input type="checkbox"/> Pharmacy
<input type="checkbox"/> Chiropractic	<input type="checkbox"/> Nursing	<input type="checkbox"/> Physiotherapy
<input type="checkbox"/> Dental	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Podiatry
<input type="checkbox"/> Medical	<input type="checkbox"/> Optometry	<input type="checkbox"/> Psychology
	<input type="checkbox"/> Osteopathy	

Registration number (e.g. DEN000123456)

SECTION D: Contact information

5. Have you confirmed your contact details held by Ahpra are correct?

You can check or update your contact details through *Online Services* available on the Ahpra website at www.ahpra.gov.au/Login

YES I have confirmed that my contact details held by Ahpra are correct
Go to question 6

NO You **must** confirm your contact details held by Ahpra are correct before proceeding with this form.
You can check or update your contact details through *Online Services* available on the Ahpra website at www.ahpra.gov.au/Login



SECTION E: Current condition(s) or undertaking(s) on registration

6. Which of the current conditions or undertakings on your registration are you requesting be reviewed/ removed?

Outline relevant conditions or undertakings

Lined area for writing relevant conditions or undertakings.



You **must** attach a separate sheet if your relevant conditions and undertakings do not fit in the space provided.

7. When were these conditions imposed or undertakings accepted?

Date conditions imposed or undertakings accepted

DD / MM / YYYY

Multiple dates – details provided at question 6

8. What is the review date for these conditions or undertakings?



The review date is the date of the end of the review period and is the date before which you may not apply for the conditions or undertakings on your registration to be reviewed or removed. The review period for the conditions or undertakings was provided to you in the letter informing you of the imposition of the conditions or the acceptance of your undertaking.

You cannot apply for a review during a review period unless you reasonably believe that there has been a material change in your circumstances.

Review date

DD / MM / YYYY

No review date specified

Multiple dates – details provided at question 6



9. Has the review date for these conditions or undertakings passed?

- N/A No review date
- YES The review date has passed
- NO



Where an application is made during a review period the practitioner must provide evidence of a material change in circumstances. If this is not provided then the application will be considered incomplete and returned without further consideration by the Board.

A material change in circumstances is a change after the conditions were imposed or undertakings accepted that significantly impacts whether the conditions or undertakings should be reviewed. Fulfilling the requirements of a condition such as completion of an approved course of education or required hours of supervision are considered a material change for education or supervised practice restrictions respectively. Significant changes to employment, place of practice or practice setting may be material to a review of conditions or undertakings.

Please provide the details of what you reasonably believe to be the material change to your circumstances

Lined area for providing details of material change to circumstances.



You must attach a separate sheet if the reasons for the material change do not fit within the space required.



You must provide copies of any evidence that demonstrate the events or changes that would prevent you from meeting the requirements of the conditions or undertakings. (e.g. divorce certificate, notice of eviction, offer of employment).

SECTION F: Reasons for your request

10. Why should these conditions or undertakings be reviewed or removed?

Reasons for review

Lined area for providing reasons for review.



You must attach to the application copies of any evidence you nominate to support the review of the restrictions.



You must attach a separate sheet if your reasons do not fit in the space provided.



SECTION G: Consent



Before you sign and date this form, make sure that you have answered all of the relevant questions correctly and read the statements below. An incomplete form may delay processing and you may be asked to complete a new form. For more information, see the *Information and definitions* section of this form.

I confirm I have read the privacy and confidentiality statement for this form.

I declare that:

- The above statements and the documents provided in support of this application are true and correct
- I am the person named in this application and in the documents provided, and
- I make this declaration in the knowledge that a false statement is a ground for the Board to refuse this application and taking regulatory action on the basis of my conduct in providing false or misleading information.

Name of applicant <input type="text"/>	Signature of applicant
Date <input type="text" value="DD"/> / <input type="text" value="MM"/> / <input type="text" value="YYYY"/>	

SECTION H: Checklist

Have the following items been attached or arranged, if required?

<i>Additional documentation</i>		Attached
Question 6	A separate sheet with additional details of your relevant conditions and undertakings to your registration	<input type="checkbox"/>
Question 9	A separate sheet with additional details of your reasons for the material change	<input type="checkbox"/>
Question 9	Copies of any evidence that demonstrate the events or changes that would prevent you from meeting the requirements of the conditions or undertakings	<input type="checkbox"/>
Question 10	Copies of any evidence that you nominate to support the review of the conditions	<input type="checkbox"/>
Question 10	A separate sheet with additional details of your reasons for review	<input type="checkbox"/>

Please submit this form with required attachments to Ahpra via:

Email ComplianceCoordination@ahpra.gov.au, or		
Mail Ahpra GPO Box 9958 IN YOUR CAPITAL CITY (<i>refer right</i>)	Sydney NSW 2001 Canberra ACT 2601 Melbourne VIC 3001 Brisbane QLD 4001	Adelaide SA 5001 Perth WA 6001 Hobart TAS 7001 Darwin NT 0801
You may contact Ahpra on 1300 419 495 or you can lodge an enquiry at www.ahpra.gov.au		

What happens next?

Ahpra will review your application and either:

- return the application to you if your application is not complete because you have applied within a review period and have not provided sufficient details and evidence to demonstrate a material change in circumstances
- get in touch with you and request more information in relation to your application, or
- present your application to the National Board for the Board to consider a decision to either grant or refuse your application.

Because of the scheduling of Board meetings, it may take 6-8 weeks before your application is considered by the Board.

As soon as practicable after the Board has decided your application Ahpra will provide you with written notice of the Board's decision.