



Prohibition on non-clinical contact
Practitioner acknowledgement

Practitioner's details

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

Practitioner's declaration

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

- For the purposes of monitoring my compliance with the condition prohibiting non-clinical contact with patients, Ahpra may contact the senior person at each of my places of practice and:
- obtain contact details of any patient I have treated, and
 - obtain reports:
 - in accordance with the timeframe indicated in the conditions on my registration
 - when a senior person holds a concern or becomes aware of a concern about my competence, conduct or fitness to practice the profession, and
 - at other times as required by AHPRA or the Board.

Signature	Date
<input type="text"/>	<input type="text"/>

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	



Prohibition on non-clinical contact
Senior person acknowledgement

Practitioner's details

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

Senior person's details

Name (Last, First)	Registration number
<input type="text"/>	<input type="text"/>
Position title	
<input type="text"/>	
Place of practice	
<input type="text"/>	
Postal address	
<input type="text"/>	
Contact number	Email
<input type="text"/>	<input type="text"/>

Senior person's declaration

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

- I have seen a copy of the conditions on the Practitioner's registration as demonstrated by my signature on the attached schedule of conditions.
- I have seen a copy of the conditions on the Practitioner's registration as demonstrated by my signature on the
- I am aware that, for the purposes of monitoring the Practitioner's compliance with the conditions prohibiting non-clinical contact with patients, Ahpra may:
- obtain from me contact details of any patient the Practitioner has treated and contact those patients in regard to any contact the Practitioner may have had with them
 - obtain reports from me:
 - in accordance with the timeframe indicated in the conditions on the Practitioner's registration
 - whenever I hold a concern or become aware of a concern about the Practitioner's competence, conduct or fitness to practise the profession, and
 - at other times as required by Ahpra or the Board.

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