



## Common restrictions Practitioner declaration

### Practitioner's details

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

### Place of practice and Senior personal details

#### Place of practice 1

Address

Name of senior person (If you are self-employed at this location, write "Self-employed")

Position title of senior person

Phone number of senior person

Email of senior person

#### Place of practice 2

Address

Name of senior person (If you are self-employed at this location, write "Self-employed")

Position title of senior person

Phone number of senior person

Email of senior person

### Place of practice 3

Address

Name of senior person (If you are self-employed at this location, write “Self-employed”)

Position title of senior person

Phone number of senior person

Email of senior person

### Place of practice 4

Address

Name of senior person (If you are self-employed at this location, write “Self-employed”)

Position title of senior person

Phone number of senior person

Email of senior person

### Practitioner’s declaration

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

- The details I have provided above are true and accurate and represent all locations at which I currently practice.
- I am aware that, unless expressly provided for within a condition, all costs associated with compliance with all of the conditions on my registration are my own expense.
- I am aware that should I change my place of practice, I must provide Ahpra details of each subsequent place within seven days of commencing practice.

**Additionally, where I am not self-employed at a place of practice, I acknowledge and confirm:**

- I have provided the senior person at each place of practice with a copy of the conditions on my registration.
- Ahpra will contact the senior person and provide them with a copy of the conditions on my registration or confirm they have received a copy of the conditions.
- I am aware that, should I change my place of practice, I must provide a copy of the conditions on my registration to the senior person at each subsequent place of practice.
- I am aware that, within seven days of notice of any alteration to the conditions on my registration, I must again provide the senior person at each and every place of practice with details of the alteration to these conditions.

Signature

Date

**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