



Complete orientation and/or cultural safety education

Practitioner declaration

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 (first and last)

Monitoring and compliance number

Place of practice and senior person details

Place of practice 1

Name of practice

Street address

Name and position title of senior person

Date of commencement of practice in Australia

Email of senior person

Phone number of senior person

Place of practice 2

Name of practice

Street address

Name and position title of senior person

Date of commencement of practice in Australia

Email of senior person

Phone number of senior person

Practitioner's declaration

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

- ☒ The details I have provided above are true and accurate and represent locations at which I commenced practice in Australia.
- ☒ I am aware that Ahpra may contact the senior person to confirm commencement and date of commencement of practice in Australia.
- ☒ I have advised the senior person that Ahpra may contact them to confirm commencement and date of commencement of practice in Australia.

Date

D	D	/	M	M	/	Y	Y	Y	Y
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Signature



SIGN HERE

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

You may contact Ahpra on 1300 419 495