Ahpra & National Boards

Test for alcohol

# Practitioner acknowledgement

## 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)**

**Compliance or registration number**

## Practice location details

**Place of practice 1**

Name of practice

Street address

Name of senior person (first and last)

Position of senior person

Email of senior person

**Place of practice 2**

Name of practice

Street address

Name of senior person (first and last)

Position of senior person

Email of senior person

**Place of practice 3**

Name of practice

Street address

Name of senior person (first and last)

Position of senior person

Email of senior person

## Practitioner's declaration

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

- ☒ I have read and understood the restriction and *Ahpra Protocol: Test for alcohol*.
- ☒ I must not practise until approved places of practice are published on the National public register. Once published, I must only practise at those approved practice locations.
- ☒ The details I have provided are true and represent all the locations at which I was practising at the time of the imposition of the test for alcohol restrictions.
- ☒ I understand and agree that Ahpra may use, collect and disclose my information in accordance with the Privacy Policy.

Date

D D / M M / Y Y Y Y

Signature

SIGN HERE

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

You may contact Ahpra on 1300 419 495

Ahpra & National Boards

Test for alcohol

# Nomination of practice location

## Completing this form

- Print clearly in BLOCK LETTERS
- Place X in **all** applicable boxes: ☒
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## Practitioner details

**Practitioner legal name (first and last)**

**Compliance or registration number**

## Practice location details

**Place of practice 1**

Name of practice

Street address

Name of senior person (first and last)

Position of senior person

Email of senior person

Phone number of senior person

**Place of practice 2**

Name of practice

Street address

Name of senior person (first and last)

Position of senior person

Email of senior person

Phone number of senior person

**Place of practice 3**

Name of practice

Street address

Name of senior person (first and last)

Position of senior person

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 upon publication of approved practice locations, I must only practice at the approved practice locations as published.
- ☒ I do not have any perceived or actual conflict of interest with my nominated senior person at each practice location.
- ☒ I give consent to Ahpra sharing information with the nominated senior person and requesting information from the senior person.
- ☒ I understand and agree that Ahpra may use, collect and disclose my information in accordance with the Privacy Policy.

Date

D D / M M / Y Y Y Y

Signature

SIGN HERE

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Ahpra & National Boards

Test for alcohol

# Senior person acknowledgement

## Completing this form

- Print clearly in BLOCK LETTERS
- Place X in **all** applicable boxes: ☒
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## 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)**

**Compliance or registration number**

## Senior person details

**Name (first and last)**

**Place of practice**

**Position**

**Registration number (if registered)**

**Email**

**Telephone**

## Senior person's declaration

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

- ☐ I do not have any perceived or actual conflict of interest in undertaking the role of senior person
- ☐ I understand the practitioner must not practise unless a practice location has been published on the National public register, and that the practitioner must only practice at published practice locations.
- ☐ I have received a copy of the *Ahpra Protocol: Test for alcohol*, and copy of the restrictions on the practitioner's registration, and I am aware of the reasons for the restrictions imposed.
- ☐ I am aware that, for the purposes of monitoring the practitioner's compliance, Ahpra may request information from me including details of the proposed return to work arrangements.
- ☐ I have been provided the contact details of the Ahpra case officer or team.
- ☐ I am aware that I must contact Ahpra if there is a change to the practitioner's health that may impact on safe practise.
- ☐ I understand and agree that Ahpra may use, collect and disclose my information in accordance with the Privacy Policy.

Date DD / MM / YYYY

Signature SIGN HERE

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

You may contact Ahpra on 1300 419 495

Ahpra & National Boards

Test for alcohol

# Treating practitioner nomination

## 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)**

**Compliance or registration number**

## Treating practitioner details

**Name (first and last)**

**Profession**

**Registration number**

**Email**

**Telephone**

## Practitioner's declaration

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

- ☐ I do not have any actual or perceived conflict of interest with the nominated treating practitioner.
- ☐ the treating practitioner may provide information about my health condition and treatment to Ahpra.
- ☐ I consent to Ahpra sharing information with the treating practitioner and requesting information from the treating practitioner.
- ☐ I have provided the treating practitioner with a copy of the *Ahpra protocol: Test for alcohol* and the restrictions on my registration.
- ☐ I am aware that Ahpra may provide a copy of the restrictions to the treating practitioner if required.
- ☐ I have provided the treating practitioner with the contact details of my Ahpra case officer or team.
- ☐ I understand and agree that Ahpra may use, collect and disclose my information in accordance with the Privacy Policy.

Date DD / MM / YYYY

Signature SIGN HERE

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

You may contact Ahpra on 1300 419 495

Ahpra & National Boards

Test for alcohol

# Treating practitioner acknowledgement

## 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

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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)**

**Compliance or registration number**

## Treating practitioner details

**Name (first and last)**

**Profession**

**Registration number**

**Email**

**Telephone**

## Treating practitioner's declaration

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

☐ I do not have any actual or perceived conflict of interest in undertaking the role of treating practitioner.

☐ I have received a copy of the *Ahpra Protocol: Test for alcohol*.

☐ I have been provided with a full text copy of the practitioner's restrictions and I am aware of the reasons for the restrictions imposed.

☐ I am aware that, for the purposes of monitoring the practitioner's compliance and/or health, Ahpra may request reports from me, and I agree to provide the reports at the required frequency.

☐ I am aware that I must contact Ahpra if there is a change to the practitioner's health that may impact on safe practise.

☐ I have been provided the contact details of the Ahpra case officer or team.

☐ I understand and agree that Ahpra may use, collect and disclose my information in accordance with the Privacy Policy.

Date DD / MM / YYYY

Signature SIGN HERE

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

You may contact Ahpra on 1300 419 495

Ahpra & National Boards

Test for alcohol

# Nomination of breath test supervisor

## 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*.

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## Practitioner details

**Practitioner legal name (first and last)**

**Compliance or registration number**

## Breath test supervisor nomination details

**Nominee 1**

Name (first and last)

Registration number (if registered)

Name of practice

Postal address

Email

Telephone

**Nominee 2**

Name (first and last)

Registration number (if registered)

Name of practice

Postal address

Email

Telephone

**Nominee 3**

Name (first and last)

Registration number (if registered)

Name of practice

Postal address

Email

Telephone

## Practitioner's declaration

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

- ☒ this information is accurate and represents all nominees at each nominated practice location
- ☒ that will be responsible for supervising and recording breath testing.
- ☒ I do not have any perceived or actual conflict of interest with my nominated breath test supervisors at each practice location.
- ☒ I am aware that, for the purposes of monitoring compliance, Ahpra may request information from the nominated breath test supervisor.
- ☒ I consent to Ahpra sharing information with the nominated breath test supervisor and requesting information from the breath test supervisor.
- ☒ I have provided a copy of the nominee's CV and a copy of their signature and proof of identity.
- ☒ I understand and agree that Ahpra may use, collect and disclose my information in accordance with the Privacy Policy.

Date

D D / M M / Y Y Y Y

Signature

SIGN HERE

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Ahpra & National Boards

Test for alcohol

# Breath test supervisor acknowledgement

## Completing this form

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## Practitioner details

**Practitioner legal name (first and last)**

**Compliance or registration number**

## Breath test supervisor's details

**Name (first and last)**

**Place of practice**

**Position**

**Registration number (if registered)**

**Postal address**

**Email**

**Telephone**

## Breath test supervisor's declaration

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

- ☒ I do not have any perceived or actual conflict of interest in undertaking the role of breath test supervisor.
- ☒ I have been provided with and understand the operation instructions for the use of the breath-testing device.
- ☒ I have been provided with a copy of the *Ahpra Protocol: Test for alcohol*.
- ☒ I am aware that Ahpra may contact me to discuss the management of the practitioner's restriction in the workplace.
- ☒ I have discussed with my employer any concerns relating to the role of breath test supervisor.
- ☒ I am willing to act in the capacity of breath test supervisor for the purposes of the restrictions.
- ☒ I have been provided the contact details of the Ahpra case officer or team. and I am aware that I may contact them at any time.
- ☒ I am aware that I must contact Ahpra if there is a change to the practitioner's health that may impact on safe practise.
- ☒ I understand and agree that Ahpra may use, collect and disclose my information in accordance with the Privacy Policy.

Date

D D / M M / Y Y Y Y

Signature

SIGN HERE

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

You may contact Ahpra on 1300 419 495