By signing this form, I acknowledge and confirm:

1. I have received, read, understood and am familiar with the requirements of AHPRA’s chaperone protocol. In particular, I am aware:
   a. when a chaperone is required
   b. who may act as a chaperone for the purposes of the conditions on my registration requiring that I practise with a chaperone
   c. of the definition of ‘contact’ for the purposes of the conditions on my registration requiring that I practise with a chaperone
   d. of the definition of ‘patient’ for the purposes of the conditions on my registration requiring that I practise with a chaperone
   e. when I should inform my patients of the need for a chaperone
   f. of the action to be taken where a patient refuses or demonstrates any reluctance to have a chaperone present
   g. I must maintain a chaperone log on the template provided, and
   h. I must place the approved sign in my practice regarding the requirement for a chaperone.

2. I must provide AHPRA with evidence that I have notified any private health insurers, where relevant, of the requirement that I practise with a chaperone.

3. I am aware that, for the purposes of monitoring my compliance with chaperone requirements, AHPRA may:
   a. contact, communicate with and obtain information from Medicare Australia
   b. conduct random practice inspections
   c. contact and communicate with patients, chaperones, staff or employers
   d. access, copy or retrieve appointment diaries, patient booking schedules and the like
   e. contact private health insurers (if relevant), and
   f. access both private and public practice billing data.

4. AHPRA must be notified within two business days of any incident where, due to a medical emergency, I am unable to comply with the condition requiring practise with a chaperone. I understand that:
   a. The circumstances must be such that compliance with the condition would directly affect my ability to provide care that would have a direct benefit to a patient in a medical emergency.
   b. A medical emergency is defined as an event where it is not possible or reasonable to have a patient with a serious or life-threatening condition seen by another practitioner or transferred to the nearest hospital.
   c. AHPRA will treat any failure to notify non-compliance in the circumstances of a medical emergency within the requisite timeframe as a breach of the condition and will report such breach to the Board, who may take further action in relation to a breach of conditions.

Signature                                      Date

Return form to
Case officer                                    Email                                      Post
Practitioner's Details

Monitoring & Compliance number
Name (Last, First)

Practitioner's Declaration

By signing this form, I acknowledge and confirm:

1. The nominated chaperone is not in a close collegiate, family, social or financial relationship with me.

2. The nominated chaperone meets the criteria as outlined in the Chaperone Protocol.

3. I am aware AHPRA may contact the nominated chaperone for the purposes of monitoring my compliance with the conditions on my registration requiring I practise with a chaperone.

4. I have provided the nominated chaperone with:
   a. a copy of the conditions on my registration
   b. a copy of the Chaperone Protocol, and
   c. the contact details of my AHPRA case officer.

Practitioner's signature
Date

Nominee Details

Name (Last, First)
Registration number
Place of Practice
Postal address
Email
Contact numbers

Return form to
Case officer
Email
Post
Practise with a chaperone
Chaperone’s acknowledgement

**Practitioner’s Details**

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<th>Monitoring &amp; Compliance number</th>
<th>Name (Last, First)</th>
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**Nominee Details**

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**Nominee Declaration**

By signing this form, I acknowledge and confirm:

1. I am aware of and consent to my nomination and I am willing to act as a chaperone if approved.
2. I am not in a close collegiate, family, social or financial relationship with the Practitioner.
3. I have provided my contact details, together with a sample specimen of my signature, and photographic proof of my identity, such as a copy of a valid driver’s license or passport.
4. I have seen a copy of the conditions on the Practitioner’s registration, as demonstrated by my signature on the attached schedule of restrictions.
5. I have been provided with the contact details of the AHPRA case officer.
6. I have been provided with a copy of the Chaperone Protocol and I have read and understood the requirements of the Chaperone Protocol. In particular I am aware:
   a. of the meaning of the word ‘patient’ and ‘contact’ for the purposes of the conditions on the Practitioner’s registration requiring they practise with a Chaperone
   b. as a chaperone I am required to be present for and directly observe all contact between the Practitioner and a patient
   c. there must be prior discussion with a patient about the need for the presence of a chaperone for the whole contact
   d. should a patient refuse or demonstrate reluctance to have a chaperone present for the contact, the contact must not proceed or, if commenced, should immediately cease and the patient should be offered an appointment with an alternate practitioner
   e. the template sign must be placed in the practice waiting room
   f. the Practitioner must maintain a chaperone log on the form provided
   g. the log must be signed contemporaneously with the end of each patient contact and must not be pre-signed
   h. I may contact AHPRA in order to discuss any concerns or queries I may have in relation to acting as a chaperone or if I feel personally vulnerable, intimidated or threatened while acting as a chaperone, and
   i. I may be contacted by AHPRA in order to monitor the Practitioner’s compliance with the condition requiring the presence of a chaperone.

**Return form to**

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Page 1 of 1     Practise with a chaperone - Nominee declaration