



Authorised representative nomination form

Health Practitioner Regulation National Law (the National Law)

This form is to be used by applicants, practitioners or agents who wish to nominate or change an authorised representative (third party) to act on their behalf. This form provides authority for the Australian Health Practitioner Regulation Agency (Ahpra) to link the authorised representative to an individual application. Once linked, the authorised representative can see specific details of the application.

Authorised representatives act as an agent for an applicant or practitioner for the duration of the application. They are usually employers or immigration agents.

An authorised representative must have an Ahpra portal account and be nominated by the practitioner.

For more information please refer to the Ahpra website.



This form will not be considered unless it is complete and all supporting documentation has been provided. Supporting documentation **must** be certified in accordance with Ahpra guidelines. See *Certifying documents* in the *Information and definitions* section of this form.

Privacy and confidentiality

The Board and Ahpra are committed to protecting your personal information in accordance with the *Privacy Act 1988* (Cth). The ways the Board and Ahpra may collect, use and disclose your information are set out in the collection statement relevant to this application, available at

www.ahpra.gov.au/privacy.

By signing this form, you confirm that you have read the collection statement. Ahpra's privacy policy explains how you may access and seek correction of your personal information held by Ahpra and the Board, how to complain to Ahpra about a breach of your privacy and how your complaint will be dealt

with. This policy can be accessed at www.ahpra.gov.au/privacy.

Symbols in this form



Additional information

Provides specific information about a question or section of the form.



Attention

Highlights important information about the form.



Attach document(s) to this form

Processing cannot occur until all required documents are received.



Signature required

Requests appropriate parties to sign the form where indicated.

Completing this form

- Read and **complete all questions**.
- Ensure that **all pages** and required **attachments** are returned to Ahpra.
- Use a **black** or **blue** pen only.
- Print clearly in **BLOCK LETTERS**
- Place X in **all** applicable boxes: **X**
- DO NOT** send original documents unless specified.



Do not use staples or glue, or affix sticky notes to your application. Please ensure all supporting documents are on A4 size paper.



PART A – To be completed by the applicant

SECTION A: Personal details



The information items in this section of the application marked with an asterisk (*) will appear on the public register.

1. What is your name and date of birth?

Title*	MR ☐	MRS ☐	MISS ☐	MS ☐	DR ☐	OTHER SPECIFY
Family name*						
First given name*						
Middle name(s)*						
Previous names known by (e.g. maiden name)						
Date of birth	DD / MM / YYYY					
If you have ever been formally known by another name, or you are providing documents in another name, you must attach proof of your name change unless this has been previously provided to the Board. For more information, see <i>Change of name</i> in the <i>Information and definitions</i> section of this form.						



2. Do you hold registration with the Board?

YES ☒

NO ☐

Provide your registration number below

Registration number*



Once registered, you can change your contact information at any time.

Please go to **www.ahpra.gov.au/login** to change your contact details using your online account.

3. What are your contact details?

Provide your current contact details below – place an ☒ next to your preferred contact phone number.

Business hours

Mobile

After hours

Email

SECTION B: Authorisation



Under the *Privacy Act 1988* (Cth), the Board is generally not permitted to disclose personal information about an applicant to a third party. An applicant may authorise a third party (agent) to communicate with the Board and/or act on behalf of the applicant, by completing the following details.

Authorised representative's authorisation - *To be completed and signed by the authorised representative*

4. Do you have an Ahpra account?

YES ☒

Go to the next question

NO ☐



An authorised representative must have an Ahpra portal account in order to be able to fulfil all the requirements of the role. Do not submit this form until the authorised representative has created an account. Information about how to create an account can be found on our website **www.ahpra.gov.au/Support/Ahpra-portal-help-centre/Create-portal-account.aspx**

5. Please provide the applicant's legal name and your contact details.

Legal name of applicant as displayed on passport

Full name of authorised representative

Authorised representative contact details

Organisation name

Address/PO Box (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET; or PO BOX 1234)

City/Suburb/Town

State or territory (e.g. VIC, ACT)/International province

Postcode/ZIP

Country

Business hours (phone)

Mobile

Email (This must be the same address used to create your authorised representative account)



I consent to act as the authorised representative of the registrant named below.

Date

/ /

Signature of authorised representative



SIGN HERE

Applicant or registrant authorisation - *To be completed by the applicant*

6. Do you authorise the above person to act as your authorised representative for your application or request for change in circumstances?



An authorised representative can be an employer, sponsor, recruitment agent or any other third party authorised by the applicant to act on their behalf in relation to an application or request for change in circumstances.

YES ☒

NO ☒

Sign and date the declaration below

Mark the relevant checkboxes below and sign the declaration

I authorise the person listed above to:

- ☒ communicate with the Board on my behalf regarding the processing and progress of my application or request for change in circumstances (the agent and the Board may communicate by telephone, fax, written correspondence).
- ☒ undertake any other action reasonably necessary for the processing of my application or request for change in circumstances on my behalf, and
- ☒ receive all formal correspondence from the Board in relation to this application or request for change in circumstances.

Date

/ /

Signature of applicant



SIGN HERE



Return this form via email.

Please submit this completed form and supporting evidence via email to authreps@ahpra.gov.au.
You may contact Ahpra on 1300 419 495