



Conditions not to practise  
**Practitioner's declaration**

**Practitioner's details**

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

**Senior personal details****Place of practice 1**

Address

Name of senior person

Position title of senior person

Phone number of senior person

Email of senior person

**Place of practice 2**

Address

Name of senior person

Position title of senior person

Phone number of senior person

Email of senior person

**Place of practice 3**

Address

Name of senior person

Position title of senior person

Phone number of senior person

Email of senior person

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**Place of practice 4**

Address

Name of senior person

Position title of senior person

Phone number of senior person

Email of senior person

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**Place of practice 5**

Address

Name of senior person

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:**

- I understand the definition of practice as it relates to the condition on my registration.
- 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 condition requiring that I not practise the profession, as well as the senior person at each of these locations.
- Ahpra may notify the senior person at each place of practice of the imposition of the condition on my registration.
- I have attached evidence I have notified my professional indemnity insurer of the imposition of the condition not to practise on my registration.
- Ahpra may notify and seek information from relevant authorities such as, but not limited to, Medicare Australia, the Australian Digital Health Agency, private health insurers and local drugs and poisons regulatory authorities.
- Ahpra may conduct practice inspections to monitor my compliance with the condition on my registration requiring that I not practise the profession.

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