



Application to exclude information from the public register

Section 226 (2) of the Health Practitioner Regulation National Law (the National Law)

Complete this form if you believe that publishing information about you on the public register would pose a serious risk to your health or safety as a practitioner.

The National Law requires National Boards to publish certain information about practitioners (section 225). This includes the suburb and postcode of the practitioner's principal place of practice. However, a National Board can decide not to publish information if it believes the inclusion would present a serious risk to the health and safety of the practitioner.

Please note, the name of a practitioner cannot be excluded from the public register as set out in section 222 of the National Law.

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.

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?



You must provide evidence of a change of name if you have ever been formally known by another name(s) or if any of the documentation you are providing in support of your application is in another name(s).

Evidence must be a certified copy of one of the following documents:

- Standard marriage certificate
- Deed poll
- Change of name certificate

Faxed, scanned or emailed copies of certified documents will not be accepted.

Ahpra's guidelines for certifying documents can be found at www.ahpra.gov.au/certify

Title* MR MRS MISS MS DR OTHER

Family name*

First given name*

Middle name(s)*

Previous names known by (e.g. maiden name)

Date of birth / /



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.



2. What are your birth and personal details?

Country of birth

City/Suburb/Town of birth

State/Territory of birth (if within Australia)
 VIC NSW QLD SA WA NT TAS ACT

Sex*
 MALE FEMALE INTERSEX / INDETERMINATE

Languages spoken fluently other than English (optional)*

3. What are your profession details?

Profession

Registration number

SECTION B: Contact information

4. 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

5. What is your mailing address?

Site/building and/or position/department (if applicable)

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 (if other than Australia)



SECTION C: Information requested for exclusion

6. What information is requested to be excluded from the public register?

Your name details cannot be excluded from the public register.

Choose appropriate option

Exclude all information below

Partial exclusion – *Please select the individual fields below for exclusion from public register*

<p>Principal place of practice details</p> <p><input type="checkbox"/> Suburb and postcode</p> <p><input type="checkbox"/> State</p> <p><input type="checkbox"/> Country</p>	<p>Other registrant details</p> <p><input type="checkbox"/> Sex</p> <p><input type="checkbox"/> Qualifications</p> <p><input type="checkbox"/> Date of first registration</p>
---	--

7. Describe the reason(s) for your request.

As the Board will make its determination based on this information, it is important that it adequately addresses the health & safety risks.

You **must** attach a separate sheet with additional details that do not fit within the space provided.

SECTION D: Declaration

Before you sign and date this form, make sure that you have answered all of the relevant questions correctly and read the statements below. An incomplete form may delay processing and you may be asked to complete a new form.

I confirm that I have read the privacy and confidentiality statement for this form.

I declare that:

- the above statements, and the documents provided in support of this request are true and correct, and
- I am the person named in the attached documents.

<p>Name of applicant</p> <div style="border: 1px solid #ADD8E6; height: 20px; margin-bottom: 5px;"></div> <p>Date</p> <div style="border: 1px solid #ADD8E6; padding: 2px; display: flex; gap: 5px;"> D D / M M / Y Y Y Y </div>	<p>Signature of applicant</p> <div style="border: 1px solid #ADD8E6; padding: 10px; text-align: center;"> SIGN HERE </div>
--	--

Please post this form with required attachments to:

<p>Ahpra GPO Box 9958 IN YOUR CAPITAL CITY <i>(refer below)</i></p>	<p>You may contact Ahpra on 1300 419 495 or you can lodge an enquiry at www.ahpra.gov.au</p>								
<table border="0" style="width: 100%;"> <tr> <td style="width: 25%;">Sydney NSW 2001</td> <td style="width: 25%;">Canberra ACT 2601</td> <td style="width: 25%;">Melbourne VIC 3001</td> <td style="width: 25%;">Brisbane QLD 4001</td> </tr> <tr> <td>Adelaide SA 5001</td> <td>Perth WA 6001</td> <td>Hobart TAS 7001</td> <td>Darwin NT 0801</td> </tr> </table>	Sydney NSW 2001	Canberra ACT 2601	Melbourne VIC 3001	Brisbane QLD 4001	Adelaide SA 5001	Perth WA 6001	Hobart TAS 7001	Darwin NT 0801	
Sydney NSW 2001	Canberra ACT 2601	Melbourne VIC 3001	Brisbane QLD 4001						
Adelaide SA 5001	Perth WA 6001	Hobart TAS 7001	Darwin NT 0801						