



# 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, or to the health and safety of a family member or associate.

**If you and a family member or associate are both registered health practitioners who need to request information published on the public register to be excluded, then you each must complete a separate form.**

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, or to a practitioner's family member or associate.

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](http://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](http://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: ☒
- DO NOT send original documents.**



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](http://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**

You can change your contact information at any time.

Please go to [www.ahpra.gov.au/login](http://www.ahpra.gov.au/login) to change your contact details using your online account.**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**

#### Principal place of practice details

☐ Suburb and postcode

☐ State

☐ Country

#### Other registrant details

☐ Sex

☐ Qualifications

☐ Date of first registration

### 7. Identify the person(s) affected by the publishing of the information.



For more information, see the *Information and definitions* section of this form.

The request to exclude information from the public register is to protect the health and safety of:  
(mark all options applicable to your application)

☐ Myself – **go to question 9**

☐ A family member – **go to the next question**

☐ An associate – **go to the next question**

### 8. Please select the category of family member(s) or associate(s)

The request to exclude information from the public register is to protect the health and safety of:

☐ Spouse

☐ Child/children

☐ Parent(s)

☐ Other

☐ De facto

☐ Aboriginal and/or Torres Strait Islander kinship ties

☐ Neighbour

☐ Colleague

### 9. 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 serious health & safety risks.

Please also attach any supporting documentation that you want the Board to consider.




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



If you have any documentation to support your request, please attach a certified copy to this application. Refer to [www.ahpra.gov.au/certify](http://www.ahpra.gov.au/certify) for further information on certifying documents.

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 acknowledge that it may be necessary for the National Board to request further information from me or a family member or associate (if applicable) to assist it in deciding whether to exclude the information.

I declare that the above statements, and the documents provided in support of this request are true and correct.

I acknowledge that:


- notices required under the National Law and other correspondence relating to my application and registration will be sent electronically to me via my nominated email address, and
- Ahpra uses overseas cloud service providers to hold, process and maintain personal information where this is reasonably necessary to enable Ahpra to perform its functions under the National Law. These providers include Salesforce, whose operations are located in Japan and the United States of America.

Name of applicant	Signature of applicant
<input type="text"/>	 SIGN HERE
Date	
<div>DD / MM / YYYY</div>	

SECTION E: Checklist

Have the following items been attached or arranged, if required?

Additional documentation		Attached
Question 1	Evidence of a change of name	<input type="checkbox"/>
Question 9	A separate sheet with any additional details	<input type="checkbox"/>
Question 9	Certified copy of any supporting documentation	<input type="checkbox"/>

 **Do not email this form.**

Please submit this completed form and supporting evidence using the Online Upload Service at [www.ahpra.gov.au/registration/online-upload](http://www.ahpra.gov.au/registration/online-upload). You may contact Ahpra on 1300 419 495

Information and definitions

ASSOCIATE

An associate of a registered health practitioner includes a friend, neighbour or colleague of the practitioner.

CERTIFYING DOCUMENTS

**DO NOT send original documents.**

Copies of documents provided in support of an application, or other purpose required by the National Law, must be certified as true copies of the original documents. Each and every certified document **must**:

- be in English. If original documents are not in English, you must provide a certified copy of the original document and translation in accordance with Ahpra guidelines, which are available at [www.ahpra.gov.au/registration/registration-process](http://www.ahpra.gov.au/registration/registration-process)
- be initialled on every page by the authorised officer. For a list of people authorised to certify documents, visit [www.ahpra.gov.au/certify.aspx](http://www.ahpra.gov.au/certify.aspx)
- be annotated on the last page as appropriate e.g. 'I have sighted the original document and certify this to be a true copy of the original' and signed by the authorised officer,

- for documents containing a photograph, the following certification statement must be included by the authorised officer, 'I certify that this is a true copy of the original and the photograph is a true likeness of the person presenting the document as sighted by me', along with their signature, and
- list the name, date of certification, and contact phone number, and position number (if relevant) and have the stamp or seal of the authorised officer (if relevant) applied.

Certified copies will only be accepted via the Online Upload Service at [www.ahpra.gov.au/registration/online-upload](http://www.ahpra.gov.au/registration/online-upload). Photocopies of previously certified documents will not be accepted. For more information, Ahpra's guidelines for certifying documents can be found online at [www.ahpra.gov.au/certify.aspx](http://www.ahpra.gov.au/certify.aspx)

FAMILY MEMBER

- A family member of a registered health practitioner includes –
- a. Persons related to the practitioner by blood, marriage, or adoption, for example, the practitioner's spouse, children, and parents; and
  - b. Persons in a de facto relationship with the practitioner; and
  - c. Persons connected to the practitioner through Aboriginal and Torres Strait Islander kinship ties.