



Notice of certain events

Aboriginal and Torres Strait Islander Health Practice Board of Australia
 Chinese Medicine Board of Australia
 Chiropractic Board of Australia
 Dental Board of Australia

Medical Board of Australia
 Medical Radiation Practice Board of Australia
 Nursing and Midwifery Board of Australia
 Occupational Therapy Board of Australia
 Optometry Board of Australia

Osteopathy Board of Australia
 Pharmacy Board of Australia
 Physiotherapy Board of Australia
 Podiatry Board of Australia
 Psychology Board of Australia

Section 130 of the Health Practitioner Regulation National Law (the National Law)

The Australian Health Practitioner Regulation Agency (AHPRA) supports the 14 National Boards responsible for regulating the health professions. The information you supply in this form will be reviewed by your Board and you will be contacted if required.

Notice of certain events

This form is to give notice to the National Board of an occurrence of a relevant event.

Under section 130 of the National Law, all registered health practitioners or students must inform the Board within seven days of becoming aware of a relevant event or change in their status in relation to the events outlined below. Failure to do so will not constitute an offence but may constitute behaviour for which health, conduct or performance action may be taken.

Completing this form

- You must return **all** required **attachments** to AHPRA
- Use a **black** or **blue** pen only
- Place X in **all** applicable boxes:

Privacy and confidentiality

AHPRA's Privacy Policy explains how your personal information will be stored, handled and used and can be accessed at www.ahpra.gov.au/privacy.aspx

For a registered health practitioner, you must give notice that:

- you have been charged, in a participating jurisdiction or elsewhere, with an offence punishable by 12 months imprisonment or more
- you have been convicted of, or are the subject of a finding of guilt for, an offence, in a participating jurisdiction or elsewhere, punishable by imprisonment
- your appropriate professional indemnity insurance arrangements are no longer in place
- your right to practise at a hospital or another facility at which health services are provided is withdrawn or restricted because of your conduct, professional performance or health
- your billing privileges are withdrawn or restricted under the *Human Services (Medicare) Act 1973* (Cth) because of your conduct, professional performance or health
- your authority under a law of a state or territory to administer, obtain, possess, prescribe, sell, supply or use a scheduled medicine or class of scheduled medicines is cancelled or restricted

- your registration under the law of another country that provides for the registration of health practitioners is suspended, cancelled or made subject to a condition or another restriction
- a complaint has been made about you to:
 - the chief executive officer under the *Human Services (Medicare) Act 1973* (Cth)
 - an entity performing functions under the *Health Insurance Act 1973* (Cth)
 - the Secretary within the meaning of the *National Health Act 1953* (Cth)
 - the Secretary to the Department in which the *Migration Act 1958* (Cth) is administered, or
 - another Commonwealth, state or territory entity having functions relating to professional services provided by health practitioners or the regulation of health practitioners.

For a student, you must give notice that:

- you have been charged with an offence punishable by 12 months imprisonment or more
- you have been convicted of, or are the subject of a finding of guilt for, an offence punishable by imprisonment
- your registration under the law of another country that provides for the registration of students has been suspended or cancelled.



You **must** attach a separate sheet with further information regarding the relevant events that apply to you.

Declaration

I declare that:

- I am the registered health practitioner or student named in this document, and
- the details given in this form are true and complete.

I make this declaration in the knowledge that a false declaration amounts to a contravention of the National Law and may lead to disciplinary action for unprofessional conduct.

Name of registered health practitioner/student

Signature of registrant

SIGN HERE

Date of birth

DD / MM / YYYY

Date

DD / MM / YYYY

Profession (board)

Please post this form with required attachments to:

AHPRA
GPO Box 9958
IN YOUR CAPITAL CITY (refer below)

You may contact AHPRA on 1300 419 495 or you can lodge an enquiry at www.ahpra.gov.au

Sydney NSW 2001	Canberra ACT 2601	Melbourne VIC 3001	Brisbane QLD 4001
Adelaide SA 5001	Perth WA 6001	Hobart TAS 7001	Darwin NT 0801