



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

**Student's details**

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

**Tertiary institution details****Name of tertiary institution 1**

Name of course

Name of course convenor

Phone number of course convenor

Email of course convenor

**Name of tertiary institution 2**

Name of course

Name of course convenor

Phone number of course convenor

Email of course convenor

## Student's declaration

**By checking the following boxes and signing this form, I acknowledge and confirm:**

- The details I have provided are true and represent all current tertiary institutions where I am enrolled in an approved course that could lead to registration as a health practitioner under the Health Practitioner Regulation National Law.
- Ahpra will notify these tertiary institutions of the imposition of the condition not to practise on my registration.

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