



## Agent authorisation

### Profession: Aboriginal and Torres Strait Islander Health Practice

Part 7 Division 6 of the Health Practitioner Regulation National Law (the National Law)

Under the Privacy Act 1988 (Cth), the Board is generally not permitted to disclose personal information about an applicant to a third party. An applicant may authorise a third party (Agent) to communicate with the Board and/or act on behalf of the applicant, by completing the following details.

It is important that you refer to the Board's registration standards, codes and guidelines when completing the form. Registration standards, codes and guidelines can be found at [www.atsihealthpracticeboard.gov.au](http://www.atsihealthpracticeboard.gov.au)

### 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 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.aspx](http://www.ahpra.gov.au/certify.aspx)

#### 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.



# SECTION B: Agent to act on behalf of applicant

2. Do you wish to appoint an agent to communicate/act on your behalf in relation to this application?

YES  **Complete Applicant authorisation and arrange for agent to complete Agent authorisation below**  
NO

## Applicant authorisation

**I authorise my agent to (mark one or more as required):**

- communicate with the Board on my behalf regarding the processing and progress of my application. (The agent and the Board may communicate by telephone, fax, written correspondence)
- undertake any other action reasonably necessary for the processing of my application on my behalf (except signing and lodging applications forms, which must be completed by the applicant)
- receive all formal correspondence from the Board in relation to this application.

Date <input type="text" value="DD"/> / <input type="text" value="MM"/> / <input type="text" value="YYYY"/>	Signature of applicant <div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>SIGN HERE</b> </div>
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## Agent authorisation

**AGENT TO COMPLETE: I consent to act as Agent of the registrant named below.**

Full name of agent

Full name of applicant

### Agent contact details

Address/PO Box (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET; or PO BOX 1234)


City/Suburb/Town/Community

State or territory (e.g. VIC, ACT)/International province

Postcode/ZIP

Country

Business hours (phone)

Mobile

Email

Date <input type="text" value="DD"/> / <input type="text" value="MM"/> / <input type="text" value="YYYY"/>	Signature of agent <div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>SIGN HERE</b> </div>
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