

Name Monitoring & compliance number		Practitioner's details
	Monitoring & compliance number	Name

Actual hours worked (not rostered) | Must be hand-written in indelible ink | Use 24-hour format. E.g: 0930 - 1330

Date	Start time	Break start	Break end	End of shift	Total hours worked	Practitioner's signature	Approved BAT Supervisor's signature

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Date	Start time	Break start	Break end	End of shift	Total hours worked	Practitioner's signature	Approved BAT Supervisor's signature

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Date	Start time	Break start	Break end	End of shift	Total hours worked	Practitioner's signature	Approved BAT Supervisor's signature

Return this log to your assigned case officer at the frequency they advise, BOTH by email and post to:

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

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

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