

Your practice information

Under section 132 of the Health Practitioner Regulation National Law you are required to tell us all of the places at which you practise. Please complete the details below and return it to AHPRA via the e-mail address supplied in the notice above.

Further information about why you're required to provide this information is available in a guide that is published on the National Board's website – *Informing a National Board about where you practise: Responsibilities of registered health practitioners under section 132 of the National Law*.

Your details	
Your Name:	
Notification number:	
Profession:	
Are you currently practising?:	<p>Yes No (Please select)</p> <p><u>If you are not currently practising complete section 3 only</u></p> <p>If you are practising complete all sections that apply to your circumstances.</p>

Section 1 – Employer details	
<p>Are you employed by a business or other entity under a contract of employment, contract for services or any other arrangement or agreement?</p> <p>Yes No (Please select)</p> <p>If yes, please complete the below. If you have one or more employers, please use additional pages.</p>	
Name of business/ practice:	
Commencement Date:	
Employer name:	
Employer's position title:	
Address:	
Employer contact details:	Work
	Mobile
	Email:

Section 2 – Self employed

Are you self-employed or do you otherwise derive a living from your own profession or business as an owner or manager of your own business?

Yes No (Please select)

If yes, please complete the below. If you have one or more practice locations at which you are self-employed please use additional pages.

Business/clinic name:		
Commencement Date:		
Address:		
Names and professions of other practitioners who share the premises:	Name:	Profession:
	Name:	Profession:
	Name:	Profession:
	Name:	Profession:

Section 3 – Voluntary services

Are you providing services for or on behalf of any entity in an honorary capacity as a volunteer or otherwise and irrespective of whether you receive payment from an entity for the services?

Yes No (Please select)

If yes, please complete the below. If you provide voluntary services at more than one entity, please use additional pages.

Name of business/ practice:		
Commencement Date:		
Employer name:		
Employer's position title:		
Address:		
Employer contact details:	Work	
	Mobile	
	Email:	

Section 4 – Names under which you practice

Do you practise under a name or names that are not the same as the name you are registered under the National Law?

Yes No (Please select)

If yes, please provide the names or other names under which you practice below. If necessary, please use additional pages.

Name 1	
Name 2	
Name 3	
Name 4	

Internal Processing

Date Received:

Record updated by: