# Acknowledgement of booking staff (combined gender/age restrictions)

## Combined gender/age restrictions

Practitioner details: *(Insert title and full name of practitioner under restrictions)* (‘the practitioner’)

## Booking staff declaration

By signing this form I, *(insert title and full name of booking staff)*, acknowledge and confirm that:

1. I have been advised of the gender and age condition/s and/or restriction/s imposed on the practitioner’s registration and/or provision of health services and that the practitioner must not have contact[[1]](#footnote-1) with *Choose an item* patients and patients *(e.g. under 18 years of age)*.
2. I am aware that *Choose an item* patients and patients *(e.g. under 18 years of age)* and/or their guardian must be told at the time of attempting to book an appointment with the practitioner—or in the case of an unbooked appointment, at the time of presentation at the practice location seeking an appointment—that that the appointment cannot be made with the practitioner.
3. I am aware that the Office of the Health Ombudsman may contact me to discuss the management of the practitioner’s gender and age condition/s and/or restriction/s in the workplace.

## Booking staff signature

Signature: Date: *Click here to enter a date.*

Please return this form to the Office of the Health Ombudsman.

Office of the Health Ombudsman

**EMAIL:** [**monitoring@oho.qld.gov.au**](mailto:monitoring@oho.qld.gov.au)

**CALL: 07 3158 1329**

**FAX: 07 3319 6350**

**WRITE: PO Box 13281 George Street  
Brisbane Qld 4003**

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Acknowledgement of booking staff

1. ‘Contact' includes consultation, interview, examination, assessment, prescribing for, advising, or otherwise treating a patient or consumer, whether it is in person or on a communication device. [↑](#footnote-ref-1)