# Employer acknowledgement and consent

## Employer/practice details

Name of practitioner: insert full name of practitioner to whom this form relates

Name of employer: insert full name of employer

Name of senior person: if practitioner to whom this form relates is the ‘employer’

Employer contact number: insert mobile/phone number

Employer email: insert email address

Practice name: insert practice name

Practice location: insert physical address of practice

## Acknowledgement of practitioner’s restrictions

I have viewed the full schedule of conditions/restrictions/undertakings (“restrictions”) relating to the practitioner’s professional practice as a health practitioner, resulting from immediate action taken by the Health Ombudsman, or a prohibition order.

The practitioner has also advised of the alleged conduct giving rise to the restrictions (if required by the restrictions).

## Employer consent

I agree to the following:

1. The Office of the Health Ombudsman may conduct site visits and authorised persons from the office may give written notice at a reasonable time about the intention to conduct a site visit. I understand the purpose of a site visit includes, but is not limited to:
   1. confirming the practitioner, employer and staff responsible for implementing processes at the practice understand the requirements of the practitioner’s restrictions
   2. assessing compliance with the practitioner’s restrictions by evaluating and observing relevant records and documents, which may include patient records, appointment records, practice monitor logs, workplace policies and procedures and any other documentation or processes that verify the practitioner’s compliance with the restrictions.
2. The Office of the Health Ombudsman may inspect, take or copy any documentation relevant to the purpose of monitoring compliance with the practitioner’s restrictions.

## Employer signature

Signature of employer: insert signature Date: Click here to enter a date.