Auditor acknowledgement

# Auditor acknowledgement (to be completed by auditor)

I, [title and full name of auditor] am a registered [registered profession] – Ahpra registration number [insert Ahpra registration number].

I acknowledge that [title and full name of practitioner subject to conditions/undertakings] (the practitioner) has nominated me to act as their auditor and has:

1. advised me of the Health Ombudsman’s decision to impose conditions on the practitioner’s registration or accept undertakings from the practitioner
2. advised me of the specific alleged conduct that gave rise to the conditions or undertakings and the reasons for the Health Ombudsman taking immediate action
3. provided me with a full copy of the schedule of conditions or undertakings.

By signing this form, I confirm that *(please check all applicable boxes)*:

I am a registered health practitioner with the (insert relevant board) Board of Australia – Ahpra registration number (insert number here)

I am at least 18 years of age

I do not have a close collegiate, family, social, contractual, financial, or treating relationship with the practitioner

I do not have any current conditions, undertakings or restrictions on my registration

I have not been the subject of any adverse findings in previous disciplinary proceedings

I satisfy any additional criteria outlined in the practitioner’s schedule of conditions or undertakings.

I understand that, unless otherwise directed by the Health Ombudsman:

1. If approved to act as an auditor, I am to provide an audit plan within the timeframe stated in the practitioner’s conditions/undertakings, outlining the form the audit/s will take and how the areas of concern for the Health Ombudsman will be addressed
2. audits will be required at the frequency stated in the practitioner’s conditions/undertakings
3. staff of the Office of the Health Ombudsman (the office) will contact me to obtain information for the purpose of monitoring the practitioner’s compliance with the conditions/undertakings, including the provision of reports[[1]](#footnote-1);
4. I am to provide a report to the Office of the Health Ombudsman following each and every audit, within 10 business days of completing the audit, addressing the issues stated in the practitioner’s conditions/undertakings.

I understand I am not employed by the Office of the Health Ombudsman, however that staff of the Office of the Health Ombudsman will monitor the audit arrangement.

## Attachments

I have **attached** my curriculum vitae which demonstrates I have suitable training, experience and/or qualifications to provide the audit or audits required.

I have also **attached** a certified copy of my driver’s licence, passport or other valid photographic identification that includes a sample of my signature.

## Auditor contact details

[Insert relationship to practitioner (if applicable)]

[Insert current place of practice]

[Insert phone number]

[Insert email address]

## Signature of auditor

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: | [Choose date] |

1. The frequency of reports is stated in the practitioner’s conditions or undertakings and may only be varied by the Health Ombudsman [↑](#footnote-ref-1)