# Employment advice

I, *(insert title and full name of practitioner)*, am currently subject to conditions on my registration, or undertakings accepted by the Health Ombudsman, and/or restrictions imposed on my provision of health services, as outlined in my *(tick and complete applicable option/s)*:

schedule of conditions, effective from *Insert date conditions came into effect here*

schedule of undertakings, effective from *Insert date undertakings came into effect here*

schedule of restrictions, effective from *Insert date restrictions came into effect here*.

I confirm I am currently *(tick and complete applicable option/s)*:

not employed as a health service provider

*Choose an item* as a health service provider at the following place/s of practice:

|  |  |
| --- | --- |
| Position 1 | |
| position: | *(Insert position title and description)* |
| Employment type: | *(Select one)* |
| Practice name: | *(Insert practice/trading name)* |
| Practice location: | *(Insert physical location of practice)* |
| Employer NAME[[1]](#footnote-1) | *(Insert contact name)* |
| Contact phone number: | *(Insert phone number of employer/senior person)* |
| Contact email address: | *(Insert contact email of employer/senior person)* |

|  |  |
| --- | --- |
| Position 2 | |
| position: | *(Insert position title and description)* |
| Employment type: | *(Select one)* |
| Practice name: | *(Insert practice/trading name)* |
| Practice location: | *(Insert physical location of practice)* |
| Employer NAME | *(Insert contact name)* |
| Contact phone number: | *(Insert phone number of employer/senior person)* |
| Contact email address: | *(Insert contact email of employer/senior person)* |

I have provided my employer (or senior person, if the practitioner is the employer) at each place of practice stated above with a copy of my schedule of conditions/undertakings/restrictions.

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

1. If the practitioner is the ‘employer’, please instead provide the name of the senior person at your place of practice. A ‘senior person’ is defined as a person where the practitioner is providing a health service (practising) such as the Director of Medical Services, Director of Nursing, Senior Practice Manager, Senior Manager, Senior Partner, Proprietor, Owner, or equivalent [↑](#footnote-ref-1)