## Education nomination for approval *(to be completed by the practitioner)*

Nomination of education

I, [title and full name of practitioner here], nominate the following education course, assessment or program (the education program) as required under my (tick and complete applicable option/s):

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| --- | --- |
|  | schedule of conditions, effective from [date conditions came into effect here] |
|  | schedule of restrictions, effective from [date conditions came into effect here] |

I confirm that the nominated education program meets the Health Ombudsman’s criteria as specified in my schedule of conditions/schedule of restrictions. The nominated education program is (choose one):

|  |  |
| --- | --- |
|  | a course of education (please attach a copy of the curriculum) |
|  | an education program conducted by an individual (the program provider) and tailored to the practitioner, who must: |

1. include a written education plan outlining the nature, content, proposed assessment and outcomes of the education program
2. include the contact details for the program provider together with a detailed copy of the program provider’s curriculum vitae which demonstrates that the program provider is senior to the practitioner by either years of experience or position and has additional training, experience and/or qualifications in order to provide the education program
3. ensure the program provider is not in a close collegiate, social or financial relationship with the practitioner
4. ensure the program provider is not subject to any orders regarding their ability to practise, including being subject to any conditions or restrictions on their practise or otherwise suspended or prohibited from practise within the relevant profession
5. provide written confirmation from the program provider on the *Program provider acknowledgement* form that they have read and agree with these conditions, they are not in a relationship with the practitioner as described in point 3 and are not subject to any orders with regards to their practice as described in point 4.

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