

APPLICATION FOR REVIEW OF CONDITIONS ON REGISTRATION

Section 89 Speech Pathologists Registration Act 2001

Payment address: GPO Box 2438
Brisbane, Qld 4001
Location: 8th Floor, Forestry House
160 Mary Street, Brisbane, Qld 4000
Counter Hours: 9.00 am to 4.00 pm
Monday to Friday

Payment enquiries: +61 (0) 7 3225 2508
General enquiries: +61 (0) 7 3225 2508
Fax: +61 (0) 7 3225 2527
ABN: 18 893 353 793

I hereby apply for a review of the conditions on my General Registration and I enclose the **PRESCRIBED FEE OF \$130.00.**

Surname:	
Given Names:	
Postal Address:
Contact Number:	
Registration Number:	
Date of expiry of conditions:	

I believe that the conditions on my registration are no longer appropriate for the following reasons:
[if insufficient space please set out on separate page]:

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.....

.....
Signature

IMPORTANT NOTE: The application must not be made –
(a) during the review period applying to the condition; or
(b) while an appeal to the District Court about the decision to impose conditions is pending.

---DO NOT DETACH---

For this payment to be accepted you must complete all sections below (please see notes on payment on the reverse).

To assist with credit card processing, please provide a daytime contact no. _____

VISA MASTERCARD BANKCARD

CARD NUMBER _____

EXPIRY DATE CARD HOLDER'S NAME

(print)

CARD HOLDER'S SIGNATURE

AMOUNT \$130.00

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NOTES ON PAYMENT:

Preferred payment is by post to GPO Box 2438 Brisbane, Qld 4001. Alternatively you may pay in person at the Board's office or complete the credit card authority on the reverse. Credit Card Payments (Visa, Mastercard or Bankcard) can be accepted through the mail or over the counter only, not by fax or phone.

Please make money orders and cheques payable to Speech Pathologists Board of Queensland. **DO NOT** send cash by post. Payment must be in Australian Dollars. Payment in foreign currency or cheques, or direct Bank Transfer cannot be accepted.

Please also note: If you have changed your name, documentary evidence, (e.g. **certified** copy of Marriage Certificate or Deed Poll) **MUST BE SUPPLIED**. (A certified copy is a photocopy which has been certified by a Justice of the Peace, a Commissioner for Declarations, or a Notary, as being a true copy.)

PRIVACY STATEMENT

The Speech Pathologists Board respects your privacy. The Speech Pathologists Board is collecting the information on this form in order to register you as a Speech Pathologist and carry out other functions relevant to the administration of the *Speech Pathologists Registration Act 2001*. This is authorised by the *Speech Pathologists Registration Act 2001*. (The sections of the form marked with an asterisk (*) may not be specifically or generally mandated by the Act, but have been included on the form in order to confirm your identity and expedite the processing of your application).

Your name, registration address, qualifications, type of registration and any conditions of registration (other than details of mental and physical health which the Board has decided not to record will be entered on the Register, which is available to the public for inspection, (with the exception that your residential address will only be available if you have given notice to the Board that you agree to the details being able to be inspected).