



## Health Professional Councils Authority

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# Alcohol Breath-Testing Supervisor Nomination Form

Complete this form and send it to us within 2 business days of the participant providing it to you. Email: [monitoring@hpca.nsw.gov.au](mailto:monitoring@hpca.nsw.gov.au) Fax: 02 9281 2030

If you are unable to accept the supervisor nomination, please let us know immediately.

Date \_\_\_\_\_

Your title and name \_\_\_\_\_

Participant's name \_\_\_\_\_

Your relationship to the participant \_\_\_\_\_

I consent to being an alcohol breath-testing supervisor for the above participant

I confirm that I am not a friend, family member or employee of the participant

### Complete this section if you are a registered health practitioner

Type of health practitioner \_\_\_\_\_

Registration number \_\_\_\_\_

Are you the subject of current conduct, health or performance investigations or proceedings?  Yes  No

Do you have any conditions imposed on your registration?  Yes  No

Have you been the subject of an adverse finding in previous disciplinary proceedings?  Yes  No

**Complete this section if you are not a registered health practitioner**

Please provide details of the following:

- Your profession \_\_\_\_\_
- Your role and organisation \_\_\_\_\_
- Length of time in current role \_\_\_\_\_

Please advise if you are an authorised collector at a pathology collection centre. \_\_\_\_\_

**DECLARATION**

I confirm that I have read and understood the following documents:

- the operating instructions for the breath-testing device  Yes  No
- the Council's *Alcohol screening policy and Participant procedure: breath-testing for alcohol*
- the Council's *Supervisor procedure: breath-testing for alcohol*

I agree to comply with the *Supervisor procedure: breath-testing for alcohol*  Yes  No

I have attached a copy of my CV  Yes  No

I agree to inform the Council if the participant:  Yes  No

- Has a positive breath-test
- Does not attend for breath-testing as required
- If I have any other concerns about their compliance with the conditions on their registration

I certify that this information is true and correct.

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Date

**Your contact details**

Phone number	_____
Email	_____
Mailing address	_____ _____ _____