OSTEOPATHY COUNCIL of New South Wales

Chaperone Nomination Form

Mr/Ms _____ has nominated me to act as his/her chaperone.

(please tick the following that apply)

I consent to undertaking the role of chaperone	☐
I am a registered practitioner. My AHPRA registration number is _____	☐
I am not / have not been the subject of disciplinary proceedings as a health practitioner	☐
I am not a relative of the practitioner	☐
I am not a patient of the practitioner	☐
I do not have a conflict of interest in acting as a chaperone	☐
I understand my responsibility to be present during any examination or consultation where a chaperone is required, unless the patient already has a chaperone present	☐
I will sign and date the Patient Log at the time of the consultation as evidence that I was present throughout the entirety of each consultation	☐
I will immediately notify the Council if I have any concerns about inappropriate conduct during a consultation	☐
I understand that the Council may withdraw a chaperone's approval where a chaperone ceases to meet the criteria set out in the protocol	☐

Print Name	**Title**	**Address**

Signed: _____ **Date:** _____

Once completed, this form should be sent directly to the Osteopathy Council of New South Wales