

APPLICATION FOR REVIEW OF CONDITIONS ON REGISTRATION

(Section 89 Chiropractors 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 2516
General enquiries: +61 (0) 7 3225 2532
Fax: +61 (0) 7 3225 2527
ABN: 36 413 433 890

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

Family Name:
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]:

Horizontal lines for providing reasons for the application.

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 \$125.00

**APPLICATION FOR REVIEW OF CONDITIONS ON REGISTRATION***(Section 89 Chiropractors Registration Act 2001)***NOTES ON PAYMENT:**

Preferred payment is by post addressed 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 Chiropractors 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 Chiropractors Board of Queensland is collecting the information on this form in order to review the conditions on your registration as a chiropractor under the *Chiropractors Registration Act 2001*.

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) are 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).