

**OFFER OF UNDERTAKING**  
**to**  
**Physiotherapists Board of Queensland**

I, \_\_\_\_\_  
(print name)

of \_\_\_\_\_  
(print address)

offer the following undertaking to the Physiotherapists Board of Queensland (the Board).

I agree to only practise as a physiotherapist when I hold a current Interim Certificate issued by the Australian Physiotherapy Council (APC).

I agree to cease clinical practice as a physiotherapist and not work (whether paid or voluntary) as a physiotherapist whilst registered with supervised practice conditions, if I do not hold a current APC Interim Certificate.

I agree that in order to monitor my compliance with this undertaking I hereby provide my consent for the Board to obtain information from the following parties during any period that I cease practice: Medicare Australia; health insurance providers; and my employers and supervisors.

I understand that a new Special Purpose category of registration will be established for the purpose of registering physiotherapists with Interim Certificates who are preparing to undertake the APC clinical examination.

I agree that the Board may transition my registration to that Special Purpose category of registration, and that, on being advised by the Board of the supervision and other requirements for registration under that category, I will meet all of the requirements.

I acknowledge and agree that this undertaking will take effect from the date that I sign the undertaking, or from the date of registration (whichever is the later), and will remain in force until it is removed by the Board.

I also understand and acknowledge that if the Board accepts my undertaking, a breach of the undertaking may be a ground for disciplinary action.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of witness)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Name of witness)

**FOR OFFICE USE ONLY**

The Physiotherapists Board of Queensland acknowledges and accepts the Offer of Undertaking made by \_\_\_\_\_. The undertakings remain in force until it is removed by the Board.

Board/Board delegate

Date:

# AUTHORITY

## AUTHORITY TO RELEASE INFORMATION

In accordance with an undertaking I have entered into with the Physiotherapists Board of Queensland I, \_\_\_\_\_ (print name), hereby consent to the release of information from my **Employer** and/or **Supervisor** to the Physiotherapists Board of Queensland, as and when requested by the Board, including:

- my employment profile
- my hours of work
- clinical duties I have undertaken.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

# AUTHORITY

## AUTHORITY TO RELEASE INFORMATION

In accordance with an undertaking I have entered into with the Physiotherapists Board of Queensland I, \_\_\_\_\_ (print name), authorise **MBF Australia Ltd** to release my billing information to the Physiotherapists Board of Queensland as and when requested by the Board. This information will include item numbers and dates of items billed.

My Provider Numbers are

\_\_\_\_\_  
*(if not currently issued with a number write 'not applicable')*

My date of birth is

\_\_\_\_\_

I authorise **MBF Australia Ltd** to release the abovementioned information to the Physiotherapists Board of Queensland with respect to all Provider Numbers listed above.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

# AUTHORITY

## AUTHORITY TO RELEASE INFORMATION

In accordance with an undertaking I have entered into with the Physiotherapists Board of Queensland I, \_\_\_\_\_ (print name), authorise **NIB Health Funds Ltd** to release my billing information to the Physiotherapists Board of Queensland as and when requested by the Board. This information will include item numbers and dates of items billed.

My Provider Numbers are \_\_\_\_\_

*(if not currently issued with a number write 'not applicable')*

My date of birth is \_\_\_\_\_

I authorise **NIB Health Funds Ltd** to release the abovementioned information to the Physiotherapists Board of Queensland with respect to all Provider Numbers listed above.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

# AUTHORITY

## AUTHORITY TO RELEASE INFORMATION

In accordance with an undertaking I have entered into with the Physiotherapists Board of Queensland I, \_\_\_\_\_ (print name), authorise **Medibank Private Ltd** to release my billing information to the Physiotherapists Board of Queensland as and when requested by the Board. This information will include item numbers and dates of items billed.

My Provider Numbers are \_\_\_\_\_

*(if not currently issued with a number write 'not applicable')*

My date of birth is \_\_\_\_\_

I authorise **Medibank Private Ltd** to release the abovementioned information to the Physiotherapists Board of Queensland with respect to all Provider Numbers listed above.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

# AUTHORITY

## AUTHORITY TO RELEASE INFORMATION

In accordance with an undertaking I have entered into with the Physiotherapists Board of Queensland I, \_\_\_\_\_ (print name), hereby authorise **Medicare Australia** to release to the Physiotherapists Board of Queensland my Medicare billing history, as and when requested by the Board, including:

- Day
- Date
- Item Number
- Number of services per Item Number
- Total number of services per day

My Provider Numbers are \_\_\_\_\_

*(if not currently issued with a number write 'not applicable')*

My date of birth is \_\_\_\_\_

I authorise **Medicare Australia** to release the abovementioned information to the Physiotherapists Board of Queensland with respect to all Provider Numbers listed above, and with respect to any future Provider Numbers allocated to me.

I understand and acknowledge that the information to be provided will contain my entire Medicare billing history for the relevant period.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)