

Application for Reinstatement

This form is for use by a disqualified health practitioner to apply for a reinstatement order under section 198A of the Health Practitioner Regulation National Law.

ACAT file number

1. Applicant

Provide the details of the health practitioner making this application.
ACAT will use these details to contact the applicant.

Note: the preferred method for ACAT to contact the parties is by **email**.

Name

Phonetic spelling of name

(optional)

Pronouns

(optional)

Postal address

Email

Telephone

2. Applicant's representative

Provide the details of the applicant's authorised representative.
ACAT will use these details to contact the applicant's representative.

Full name

Law firm

(if applicable)

Postal address

Email

Telephone

A representative who is not a lawyer must also lodge an *Authority to Act for an Individual*.

3. Respondent

Provide the details of the respondent, the National Board that registered the applicant before the disqualification. ACAT will use these details to contact the respondent.

Full name

Postal address

Email

Telephone

4. Previous orders

Provide the date and ACAT file number of the previous ACAT orders to cancel the health practitioner's registration or disqualify the health practitioner from applying for registration.

A copy of the previous ACAT orders is **attached**.

5. Final orders sought

Specify the final order/s you want ACAT to make. Attach a separate page if insufficient space.

6. Interim or emergency orders sought (if any)

Specify any interim or emergency orders sought. Attach a separate page if insufficient space.

7. Availability

What dates are you **not available** to attend ACAT in the next 3 months? Include any days of the week or times of day you are not available.

8. Accessibility

We can adjust our services to make an ACAT listing (such as a hearing) more accessible for you. Please answer the following questions:

1. Do you need an **interpreter**? Yes No

If yes, what is the language and dialect you need interpreting? (includes AUSLAN interpreter)

2. Do you have a **disability**? Yes No Prefer not to say

3. Would you like to request a **reasonable adjustment** be made? We may be able to assist you with some adjustments that support your participation in ACAT listings.

Some adjustments that ACAT may be able to make include:

- Access to Hearing Augmentation System
- Access to wheelchair
- Escorting to tribunal room
- Sensory adjustments
- Communication adjustments
- Pre-hearing tour
- Regular breaks

If yes, please describe the adjustment/s you are asking ACAT to make:

There is more information about reasonable adjustments on the 'Accessibility' page of the ACAT website (www.acat.act.gov.au).

If you wish to bring a non-accredited assistance animal, please contact us to discuss the details. We may ask for additional information about the animal. Our contact details are on the last page of this form.

Important: this application will be given to the respondent and any other party.

If you have any concerns or do not want to request an adjustment on this form, please call the Disability Liaison Officer on (02) 6205 0322 or email ACATAssistance@act.gov.au.

If we are unable to make an adjustment that you request, we will contact you to let you know.

Please note that your contact details and adjustment request may be passed on to the Disability Liaison Officer who may contact you for more details about how we can help.

9. Signature

A copy of this application and any attachments will be provided to the respondent and any other party. ACAT hearings are usually open to the public and information provided to ACAT may be publicly accessible. If you have concerns about your information being made public, please read the information on 'Public hearings and confidentiality' on the ACAT website (www.acat.act.gov.au) and contact the Registry if you have further questions.

By signing this application, I certify:

- a. The information provided in this application is true to the best of my knowledge and belief.
- b. I understand that a copy of this application and any attachments will be provided to all parties and their representatives, unless the ACAT orders otherwise.
- c. I have completed the checklist on the next page.

**Signature of applicant or
applicant's representative**

Full name of person/s signing

Date

Complete the checklist on the next page before lodging with ACAT.

Checklist

Application for Reinstatement form is correctly filled out, including:

- Applicant's details
- Respondent's details
- Previous ACAT orders
- Grounds or allegations relied on
- Final orders sought
- Interim or emergency orders sought (if applicable)
- Availability and any requests for reasonable adjustments
- Form is signed by applicant or its authorised representative

A copy of the previous ACAT orders is **attached**.

If applicable, an **Authority to Act for an Individual** is attached (available at www.acat.act.gov.au).

Do you need assistance?

If a party needs an interpreter or would like to request a reasonable adjustment be made, please let ACAT know as soon as possible. A list of services ACAT can provide is available on the 'Accessibility' page of our website (www.acat.act.gov.au).

More information

Visit our website www.acat.act.gov.au for information about:

- What to expect
- Fees and forms
- Case types → Occupational regulation and discipline cases
- Lodge and serve documents

Contact ACAT

Telephone (02) 6207 1740

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Email tribunal@act.gov.au

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