

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: hpca-monitoring@health.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 _____

