# For practitioners applying for a variation to immediate registration action or prohibition order

### Completing this form

* Read and **complete all questions.**
* Ensure all pages of the application are returned, and **all supporting material is attached**.
* If completing by hand, use a **black** or **blue** pen only
* **DO NOT** send originaldocuments unless specified.

Variation application form

| SECTION A: Personal details and contact information |
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| **What is your name?** | *Mr* |[ ]  *Mrs* | [ ]  | *Miss* |[ ]  *Ms* |[ ]  *Dr* | [ ]  | *Other* | Click or tap here to enter text. |
|  | Family Name: | Click or tap here to enter text. |
|  | First Given Name: | Click or tap here to enter text. |
|  | Middle Name(s): | Click or tap here to enter text. |
|  | Date of Birth: | Click or tap to enter a date. |
| **Current Contact Details** | Address: | Click or tap here to enter text. |
|  | Phone / Mobile: | Click or tap here to enter text. |
|  | Email address: | Click or tap here to enter text. |
| **Legal representative***(if applicable)* | Name: | Click or tap here to enter text. |
|  | Phone / Mobile: | Click or tap here to enter text. |
|  | Email address: | Click or tap here to enter text. |
| **OHO Reference No***(if known)* | Click or tap here to enter text. |
|  | *Your OHO Case reference number will be similar to either C\201410325-RA1; or IA2014\001.* |
| **Employment description***(if currently working in a health service / support service to a health service* | Click or tap here to enter text. |
|  | *If possible, please provide a copy of the role description for your current role.* |

| SECTION B: Details of variation being applied for |
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| Prior to completing this section, please read the *‘Information sheet on how to apply for a variation to immediate registration action or prohibition order’.*Please also review the decision notice issued to you that details the matter giving rise to the action that is the subject of this variation application, including the reasons for the action being taken, to inform your responses.If you need more room for your responses, **please attach your responses** to this application and clearly label these as Question 1, Question 2, and Question 3. Also note the attachments at **Section C**. |
| 1. **Please describe the ‘material change’ in relation to the matter giving rise to the existing action, that provides the basis for this variation application.**
 |
| Click or tap here to enter text. |
| 1. **Describe in your own words why you believe the ‘material change’ justifies varying the existing action.**
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| Click or tap here to enter text. |
| 1. **Please describe in detail how you would you like the existing action to be varied.***(please be as specific as possible)*
 |
| Click or tap here to enter text. |

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| **SECTION C: Supporting Documentation** |
| 1. **If you are providing documentation in support of this application, please attach the documents and provide any further details below about that documentation.**
 |
| Click or tap here to enter text. |

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| **SECTION D: Declaration** |
| **Before you sign and date this form,** make sure that you have answered all questions and read the statements below.An incomplete form may delay processing and you may be asked to complete a new form. For more information, see the *Information sheet on how to apply for a variation to immediate registration action or prohibition order.*I declare that:* the contents of this application are true and correct;
* I am the person named in this application (or representing the person named in this application); and
* I make this declaration in the knowledge that it is an offence under s264 of the *Health Ombudsman Act 2013* to provide false or misleading information to the Health Ombudsman or a staff member of the Office of the Health Ombudsman or authorised person, attracting a maximum penalty of 100 penalty units.
 |
| **Name of person signing declaration** |  | **Signature** |
| Click or tap here to enter text. |  |  |
|  |  |
| **Date:** Click or tap to enter a date. |  |

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| **SECTION E: Submission of form and documentation** |
| It is requested your variation application and supporting documentation be submitted via one of the following modes:**Email (5MB size limit)**Email to: monitoring@oho.qld.gov.auPlease include your OHO case reference number in your email heading (if known) to ensure your application is supplied to the appropriate officer for processing.**OneDrive**If you wish to supply documentation in excess of 5MB, we offer a web-based file sharing application, [OneDrive](https://onedrive.live.com/about/en-au/signin/), which allows large electronic files to be shared securely. Please contact the monitoring team if you would like to share files this way.**Post or fax**Should you encounter issues with submitting your application via electronic means, the Health Ombudsman continues to accept applications via post, and fax.**Post: Post:** PO Box 13281 George Street Brisbane Qld 4003**Fax:** **Fax:** 07 3319 6350**What happens next?**Once you have submitted your application, you will be contacted by a staff member to acknowledge receipt of your application. If your application is incomplete or information is missing, you may be requested to submit a new application or, alternatively, to provide additional information to enable progression of your application.The process for progressing your variation application is explained in the *Information sheet on how to apply for a variation to immediate registration action or prohibition order.*It is difficult to estimate the length of time it takes for a variation application to be finalised; however, a written notice will be issued to you notifying of the Health Ombudsman’s decision as soon as practicable.**Contact**Please contact the monitoring team on (07) 3158 1329 or at monitoring@oho.qld.gov.au if you have any questions. |

Further information

**VISIT:** [**www.oho.qld.gov.au**](http://www.oho.qld.gov.au)

**EMAIL:** **monitoring@oho.qld.gov.au**

**CALL: 07 3158 1329**

**WRITE: PO Box 13281
George Street
Brisbane Qld 4003**