

ALLIED HEALTH PROFESSIONS ACT 2011
(ACT 1 OF 2011)

ALLIED HEALTH PROFESSIONS
(PROFESSIONAL CONDUCT AND DISCIPLINE)
REGULATIONS 2013

CERTIFICATE OF IDENTITY AND GOOD CHARACTER

I, of
(full name in block letters)
....., certify as follows:
(address in full)

- 1. I am a registered of years' standing.
- 2. I am not the spouse, parent, sibling or child of ¹.....
- 3. I have read the statutory declaration of
made on the day of (*month*) (*year*).
- 4. The said ¹.....
is the same person as
whose name formerly stood in the
(*relevant register of the Allied Health Professions Act 2011*) with the
following qualifications or status.....
.....
- 5. I have been and am well acquainted with the said
¹..... both before and since his name
was removed from the Register, and I believe him to be a person of
good character, and the statements in the said declaration are to the
best of my knowledge, information and belief true.

Signed

Date

¹ Enter name of person applying for restoration to register under section 56 of the Allied Health Professions Act 2011.