Regulation 42(3)(b)

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.