

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: monitoring@hpca.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	_____ _____ _____