



Health Professional Councils Authority

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Email: [HPCA-Mail@health.nsw.gov.au](mailto:HPCA-Mail@health.nsw.gov.au)  
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## 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: [hpcanewsw-monitoring@health.nsw.gov.au](mailto:hpcanewsw-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