

**APPLICATION FOR REVIEW OF CONDITIONS ON REGISTRATION**

*(Section 89 Optometrists Registration Act 2001)*

**Payment address:** GPO Box 2438  
Brisbane, Qld 4001  
**Location:** 8<sup>th</sup> Floor, Forestry House  
160 Mary Street, Brisbane, Qld 4000  
**Counter Hours:** 9.00 am to 4.00 pm  
Monday to Friday

**Payment enquiries:** +61 (0) 7 3225 2509  
**General enquiries:** +61 (0) 7 3225 2509  
**Fax:** +61 (0) 7 3225 2527  
**ABN:** 52604 335 815

I hereby apply for a review of the conditions on my General Registration and I enclose the  
**PRESCRIBED FEE OF \$130.00.**

Family Name:	
Given Names:	
Postal Address:	..... ..... .....
Contact Number:	
Registration Number:	
Date of expiry of conditions:	

I believe that the conditions on my registration are no longer appropriate for the following reasons:  
*[if insufficient space please set out on separate page]:*

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.....  
**Signature**

**IMPORTANT NOTE:** The application must not be made –  
(a) during the review period applying to the condition; or  
(b) while an appeal to the District Court about the decision to impose conditions is pending.

---DO NOT DETACH---

For this payment to be accepted you must complete all sections below (please see notes on payment on the reverse).

To assist with credit card processing, please provide a daytime contact no. \_\_\_\_\_

VISA       MASTERCARD       BANKCARD

CARD NUMBER \_\_\_\_\_

EXPIRY DATE       CARD HOLDER'S NAME

(print)

CARD HOLDER'S SIGNATURE

AMOUNT \$130.00

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**NOTES ON PAYMENT:**

Preferred payment is by post addressed to GPO Box 2438, Brisbane, Qld 4001. Alternatively you may pay in person at the Board's office or complete the credit card authority on the reverse. Credit Card Payments (Visa, Mastercard or Bankcard) can be accepted through the mail or over the counter only, not by fax or phone.

Please make money orders and cheques payable to Optometrists Board of Queensland. **DO NOT** send cash by post. Payment must be in Australian Dollars. Payment in foreign currency or cheques, or direct Bank Transfer cannot be accepted.

Please also note: If you have changed your name, documentary evidence, (e.g. **certified** copy of Marriage Certificate or Deed Poll) **MUST BE SUPPLIED**. (A certified copy is a photocopy which has been certified by a Justice of the Peace, a Commissioner for Declarations, or a Notary, as being a true copy.)

**PRIVACY STATEMENT**

The Optometrists Board of Queensland is collecting the information on this form in order to review the conditions on your registration as an Optometrist under the *Optometrists Registration Act 2001*.

Your name, registration address, qualifications, type of registration and any conditions of registration (other than details of mental and physical health which the Board has decided not to record) are entered on the Register, which is available to the public for inspection, (with the exception that your residential address will only be available if you have given notice to the Board that you agree to the details being able to be inspected).