INSTRUCTIONS:

* in blue are details and/or options to be input or selected
* instructions and input/option notes are to be deleted

[ORGANISATION/HEALTH SERVICE LETTERHEAD, IF POSSIBLE]

[DATE]

To Whom It May Concern,

This letter is provided as evidence that a medical practitioner must cross a border and/or boundary to deliver essential healthcare services when that medical practitioner is applying to cross a border and/or boundary for that purpose during the COVID-19 emergency.

Details of the medical practitioner:

1. [TITLE] [NAME] [POSTNOMINALS] (the applicant) is a medical practitioner registered with the Australian Health Practitioner Regulation Agency (registration [AHPRA REGISTRATION NUMBER]).
2. The applicant requires an exemption to current restrictions on entry to [STATE/TERRITORY/REGION/COMMUNITY], imposed as a response to COVID-19, as they intend to provide essential healthcare services to the community.
3. The applicant is ordinarily resident in [STATE/TERRITORY].

Details of the essential healthcare services to be provided:

1. The applicant intends to provide [DETAIL OF REMIT/EXPERTISE/INTENDED SERVICES], [as an individual/on behalf of ORGANISATION], to patients located in [TOWN/SUBURB/REGION/COMMUNITY/HOSPITAL/SERVICE].
2. The applicant [has been providing services to this community for TIME/is providing these services to this community as a response to the COVID-19 emergency].
3. The applicant is expected to [remain in [STATE/TERRITORY/REGION/COMMUNITY] to deliver these services for [TIME]/need to repeatedly cross the border and/or boundary in order to [return home/provide other services in STATE/TERRITORY], over [PERIOD]].
4. An exemption to the current restrictions on entry is requested for [PERIOD].

The applicant agrees to comply with all mandatory requirements and conditions, and all recommended requirements and conditions as relevant and as far as practicable, imposed by the appropriate jurisdiction regarding the COVID-19 emergency before providing healthcare services and before engaging with the community in any other way.

Kind regards,

[SIGNATURE]

[NAME]

[TITLE]

[ORGANISATION/HEALTH SERVICE, IF NO LETTERHEAD]