

Acceptable Referee Identification Form



Australian Government
Medicare Australia

FOR A GATEKEEPER HEALTHCARE LOCATION CERTIFICATE

The information you give on this form and the documentation you provide will be used to verify identity.

Please read the questions carefully and follow the instructions.

Applicant details

Health Sector Entity (HSE) details

HSE legal name

ABN number

ACN number

Duly Authorised Officer details

Title First given name Middle name(s)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Surname

Address

Suite	Floor
Building	
Street	
City/suburb	
State	Postcode

10. A member of Parliament or a State Parliament.
11. A member of the Legislative Assembly of the Australian Capital Territory, the Northern Territory or Norfolk Island.
12. A member of the Australian Federal Police, or of the police force of a State or Territory, who, in the normal course of their duties, is in charge of a police station.
13. A manager of a Post Office.
14. An individual employed as an officer or employee by one or more of the following:
 - the Commonwealth, a State or Territory;
 - an authority of the Commonwealth, a State or Territory; or
 - a local government body of a State or Territory;who has been so employed continuously for a period of at least 5 years, whether or not the individual was employed for part of that period as an officer and for part as an employee.
15. An individual employed as a full-time teacher or as a principal at an educational institution and has been so employed continuously for a period of at least 5 years.
16. An individual who, in relation to an Aboriginal community is recognised by the members of the community to be a community elder or if there is an elected Aboriginal council that represents the community, is an elected member of the council.
17. A Commissioner of Oaths of a State or Territory.

Referee details

Referees are responsible for ensuring originals of all documents presented to them by the applicant are:

- copies of originals; and
- certified by signing each of the documents with the statement 'This is a true copy of the original as supplied to me.'

Title First given name Middle name(s)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Surname

Home address

Street	
City/suburb	
State	Postcode

Telephone number (during business hours)

Occupation

Category number

Signature

Date

Acceptable Referee

The rest of this form is to be completed by the Acceptable Referee.

Acceptable Referees include:

1. A member of the Institute of Chartered Accountants in Australia, Australian Society of Certified Practising Accountants or the National Institute of Accountants.
2. A member of a municipal, city, town, district or shire council of a State or Territory.
3. A legal practitioner of a Federal, State or Territory court.
4. A registrar, clerk, sheriff or bailiff of a Federal, State or Territory court.
5. An individual registered or licensed as a dentist, medical practitioner, pharmacist or veterinary surgeon under a law of the State or Territory providing for that registration or licensing.
6. An individual who holds the position of nursing sister and is registered as a nurse under a State or Territory law providing for that registration.
7. A judge or master of a Federal, State or Territory court.
8. A stipendiary magistrate of the Commonwealth or of a State or Territory.
9. A Justice of the Peace of a State or Territory.