Practitioner Details

Please complete the details below to enable Lifeline to register you / one of your practitioners in our system so we can receive and accept referrals for your / their clients in a timely manner.

Please complete all fields on this form to ensure you are registered.

Practitioner name:

Profession:

Business / Company name:

Workplace address:

Professional body registration number:
e.g. APHRA, ACA/ PACFA/ARCAP, AASW

PHN network source of funding:

Professional contact number:

Professional email address:

Please read, tick each statement and sign below to indicate your agreement.

I acknowledge that Lifeline shall forward me / the practitioner above, email notification of services provided to my clients.

I confirm that I / the practitioner above, ask my / their clients' consent to share their health care information with Lifeline, prior to referring them to the services.

I confirm that the email address listed above, is my / the practitioner's professional address and that no other person has access to my / the inbox.

Practitioner signature: **Date:**

Representative name, position & signature: **Date:**

Please return completed form by email to AHSS@lifeline.org.au

For further information visit suicidecallbackservice.org.au/health-professionals/AHS or call 1800 859 585.