

Request to withdraw – SIRA Approved Allied Health Practitioner



State Insurance
Regulatory Authority

The contact information provided here is for SIRA use only and will not be published on the SIRA website.

First name

Last name

Practice name

Email address (optional)

SIRA approval number

Tick box options:

☐ I want to cease my approval as a SIRA approved allied health practitioner immediately

☐ I want to cease my approval as a SIRA approved allied health practitioner on 15 July 2022.

Optional information:

Reason

☐ I am no longer a practising allied health practitioner.

☐ I no longer want to provide services in the NSW workers compensation scheme.

☐ Other (if other, describe below)

Signature

Date (DD/MM/YYYY)