

National Redress Scheme in Queensland

Verification of Practitioner Form

This form must be completed and signed by the counselling and psychological care provider, and must be submitted to the **Redress Counselling Program Team** at redresscounselling@cyjma.qld.gov.au prior to issuing your first invoice for payment.

Counselling and psychological care provider name:	
Practice Name:	
ABN:	
Payment Method: (EFT or Virtual Card)	
Terminal Merchant ID (if available) :	
Terminal Acquirer ID (if available):	
Bank account name:	
BSB:	
Account number:	
Physical address:	
PO Box (only if it is different to the physical address):	
Contact person:	
Contact number:	
Email address:	
Website (if applicable):	

I hereby declare that the information in this form is true and correct.

Signed:

Name (please print):

Practice Name:

Date: