

# ASA Director Probity Declaration

I, [Click or tap here to enter your full name](#), declare that:

- I am not disqualified from managing a corporation, within the meaning of the Corporations Act 2001 (Cth);
- I have not been subject to proceedings under the Bankruptcy Act 1966 (Cth);
- I am not disqualified by the Australian Charities and Not-for-profits Commissioner from being a Responsible Person (what the ACNC Act calls a 'responsible entity') of a registered charity;
- I have not been convicted of any criminal offence in any jurisdiction in Australia or overseas;
- I have not had any administrative penalty imposed either on me or on any entity of which I have management or control by any statutory regulatory authority in Australia or by any court in Australia after proceedings against me instigated by a regulator; and/or
- If applicable, I have not had any sanctions or restrictions imposed on me by any Commonwealth or State-based regulatory body responsible for investigating complaints against health practitioners or any professional body connected with my practice of sonography.

While I am a Director of Australasian Sonographers Association Limited (ASA), I agree to notify ASA as soon as possible if:

- I am disqualified from managing a corporation, within the meaning of the Corporations Act 2001 (Cth);
- I am subject to proceedings under the Bankruptcy Act 1966 (Cth);
- I am disqualified by the Australian Charities and Not-for-profits Commissioner from being a Responsible Person;
- I am convicted of any criminal offence in any jurisdiction in Australia or overseas;
- I have an administrative penalty imposed either on me or on any entity of which I have management or control by any statutory regulatory authority in Australia or by any court in Australia after proceedings against me instigated by a regulator; and/or
- I have any sanctions or restrictions imposed on me by any Commonwealth or State-based regulatory body responsible for investigating complaints against health practitioners or any professional body connected with my practice of sonography.
- I am compliant with my ASAR CPD requirements.

I acknowledge that in the event of my notifying ASA of any of these matters listed above, I will in accordance with ASA's Constitution immediately cease to be a Director of ASA.

Declared at [Click or tap here to enter the suburb and state where you are making this declaration](#)

on [Select the dropdown arrow to enter a date](#).

Signature \_\_\_\_\_