Te Poari Tiaki Waewae O Aotearoa

**Feedback document for the proposed**

**Naming Policy for the**

**Podiatrists Board**

Please provide your feedback to us by Thursday 13 February 2020.

Feedback can be made by email to registrar@podiatristsboard.org.nz – please ensure the email has a subject line of **Naming Consultation.**

Note that due to the timeframe requirements for finalising and publishing this document, late submissions will not be considered.

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| Submission form: Name  |  |
| Contact email address |  |
| On behalf of  | Practitioner / Other (please state):  |

# **Consultation Questions:**

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| Section of Naming Policy | Yes | No |
| **Section 2** |
| Do you agree with the proposed circumstances under which a podiatrist may be named? |  |  |
| Under what circumstances do you think a podiatrist should be named?  |  |

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| **Section 3 and 4** |
| Do you agree with the principles the Board proposes to use when making decisions about naming a podiatrist? |  |  |
| What other factors should the Board consider when making naming decisions? |  |

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| **Section 5** |
| Do you agree with the information the Board may disclose when naming a practitioner? |  |  |
| What information do you think should be disclosed by the Board? |  |

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| **Section 6** |
| Do you agree with the proposed methods of naming a podiatrist? |  |  |
| What notification methods should the Board use when naming a podiatrist? |  |

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| **Section 7** |
| Is the notification period (20 business days) to the practitioner adequate? |  |  |
| What time period should it be? |  |

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| Any other comments |  |