

Workforce Survey Form

Profession: Chiropractic



COMPLETING THIS SURVEY	3. LAST WEEK, why were you not working as a chiropractor in Australia?
Information supplied on this form may be provided to other persons and agencies for workforce planning. The Chiropractic Board of Australia and	Mark one box only
the Australian Health Practitioner Regulation Agency (AHPRA) are	Working as a chiropractor overseas
committed to ensuring the privacy and confidentiality of personal	Go to question 5
information held and will adhere to the National Privacy Principles under the Privacy Act 1988 (Cth) when collecting, using, disclosing, securing and providing access to private information.	Working in an occupation other than as a chiropractor Go to the next question
Read all instructions	Not working in paid employment at all Go to question 5
Print clearly in BLOCK LETTERS using a black or blue pen	Retired from regular work
Place X in ALL applicable boxesThese questions are optional	Go to question 17
These questions are optional	4. LAST WEEK, what was your occupation?
Today's date:	a de la constanta de constanta de la constanta
(DD / MM / YYYY)	
SECTION A: Your qualifications	
Where did you obtain your initial chiropractic qualification?	5. LAST WEEK, did you take active steps to look for work as a
Mark one box only Australia	chiropractor in Australia?
New Zealand	Looking for work includes (either part-time or full-time): • applying for work
Other overseas - Please specify:	enquiring about a job
	answering an advertisement
	registering with an employment agencyadvertising for work
	contacting people about a job.
	No Go to question 17
CECTION D. Vour amployment	Yes Go to question 17
SECTION B: Your employment	
For the following questions, working includes the practice of	For questions 6-11, if you were on leave last week, answer for a typical week. Exclude hours on call not worked.
chiropractic, or work that is principally concerned with that discipline, e.g. research, administration or teaching of chiropractic,	
in which you:	6. LAST WEEK, how many hours did you work in total as a chiropractor?
 worked in Australia for a total of one hour or more LAST WEEK in a job or business (including own business) for pay, commission, 	Clinical roles
payment in kind or profit;	(including managers and supervisors
 usually work, but were away from work on leave, on strike or locked out or rostered off. 	also providing clinical services)
	Non-clinical roles (including teacher, researcher,
2. LAST WEEK, were you working as a chiropractor in Australia?	administrator or other)
Mark one box only	Total
Yes (including on leave for less than three months) Go to question 6	listic
Yes (but currently on leave for three months or more)	7. LAST WEEK, in your <u>clinical</u> role, how many hours did you
Go to question 6	work in each sector as a chiropractor?
☐ No	Private Public
Go to the next question	(including non-profit organisations)
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3.	In the last year, on average how many hours per week did you practice via tele-health in chiropractic?		con o					f pı	ract	ice (i	if ap	oplica	able)						
	Tele-health is the use of telecommunication techniques for the purpose of providing chiropractic care and education over a distance.		Ag	ute jed (ca	re	ndit	ion	ma	ınag	Δm	ont							
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	For questions 9-12, answer for the job in which you worked the most hours last week.		Pa	edia ima	atr														
9.	LAST WEEK, what was your principal role in your main job as a chiropractor?			her	-			sp	ecii	y:									
	Mark one box only																		
	Clinician (including managers and supervisors also providing clinical services)																		
	Administrator (including managers not providing clinical services)																		
	Teacher or educator Researcher	11. LA								the ctor		ncip	al w	ork	sett	ting	of yo	ur	
	Other - Please specify:	Ma	irk o	ne t	box	con	dy .												
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10.	LAST WEEK, what were the principal scopes of practice of			`		,				re s	erv	ice							
	your main job as a chiropractor?			spit		-		, arti			0. •	100							
	Main scope of practice (Mark one box only)		١	•			he	alth	ı ca	re fa	acili	tv							
	Acute care									192 8		-							
	Aged care									5 5CI	VIC	E							
	Chronic condition management	/		luca					-										
	Wellness care			rrec					ce										
	Dehebilitation			efen															
	Rehabilitation				_	vei	rnn	nen	t de	part	me	nt o	r ag	ency	'				
	Sports		Ot	her															
	Sports Paediatrics Primary care Other - Please specify:	12. LA	СТ	\A/E	гv		۔ ماء			. 46.		4:		. e		:	iah .		
	Primary care		irop			•	/IIE	re v	was	uit	; 10	cau	on c)I YU	ur II	iaiii	Jon (as a	
	Other - Please specify:						νn	nark	c on	e box	v on	ılv							
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SECTION D: Your details
17. Are you of Aboriginal or Torres Strait Islander origin? Mark one box only No Yes - Aboriginal Yes - Torres Strait Islander Both Aboriginal and Torres Strait Islander 18. Are you a temporary resident? No Thank you, no further questions. Yes Specify your visa type below 309 - Partner (offshore) 402 - Training and Research 417 - Working Holiday 422 - Medical Practitioner 444 - Special Category 457 - Business (Long Stay)/Temporary Work (Skilled) 485 Skilled (Graduate) 572 - Vocational Education and Training Sector 574 - Postgraduate Research Sector 820 - Partner (onshore) Other Thank you, no further questions.
Please return this workforce survey to AHPRA in the same envelope as your renewal application

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