**Code of Practice Annual Review (2023)**

**Submission Form**

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| **Name:** |  | **Phone Number:** |  |
| **Title:** |  | **Email:** |  |
| **Company:** |  | **Date of Submission:** |  |

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| **Submission Receipt Confirmed:** |  |

Please note, your contact details are requested to ensure that we can confirm receipt of your submission and contact you for further information if required. These details will not be circulated to any party outside of the CHP Australia Secretariat.

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| **Code of Practice Clause**: |  |
| **Primary Matter of Concern**: |  |
| **Suggested Changes / Modifications to the Clause:**  **(optional)**: |  |

**For Secretariat Use Only:**

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| --- | --- | --- |
| **Date** | **Status** | **Recommendation/Outcome** |
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**Send completed form to: Steve Scarff (**[**steve.scarff@chpaustralia.com.au**](mailto:steve.scarff@chpaustralia.com.au)**)**