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### Application form

May 2016

ACT / TAS / VIC Regional Board of the Psychology Board of Australia

Checklist for applicants

1. Please read the application guide for this vacancy before you complete this form.
2. Please complete this application form.

Information marked with an \* is optional. If you provide this information, it may be used to measure diversity in appointments.

To use the ‘check boxes’ in the application form, please double-click on the box, and select “default value – checked”.

1. Please read the privacy information and sign the declaration at the end of the application form. Unsigned application forms cannot be progressed.
2. Please attach your **two (2) page** CV or resume.
3. Please download and complete the following form via the [board recruitment page](http://www.ahpra.gov.au/National-Boards/board-member-recruitment.aspx) on the AHPRA website:

* national criminal history check form (must provide certified copies of proof of identity documents)
* private interests declaration form

1. Send your application either by option 1 or option 2 :

|  |  |
| --- | --- |
| **Option 1** | **Option 2** |
| Mail the complete application to:  **Australian Health Practitioner Regulation Agency**  **Attn: Statutory Appointments Unit – National Office**  **GPO Box 9958**  **Melbourne VIC 3001** | Email the signed application form and CV to: [statutoryappointments@ahpra.gov.au](mailto:statutoryappointments@ahpra.gov.au)  **and then mail** the national criminal history check and certified proof of indentify documents to:  **Australian Health Practitioner Regulation Agency**  **Attn: Statutory Appointments Unit – National Office**  **GPO Box 9958**  **Melbourne VIC 3001** |

If you have any questions, please contact [statutoryappointments@ahpra.gov.au](mailto:statutoryappointments@ahpra.gov.au)

Your submission will be acknowledged by return email.

Please ensure to complete all fields in the following application form

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| --- | --- |
| **What are you applying for?**  *(minimum three years current and recent experience required)* | **Psychologist – registered practicing**  **Psychologist – registered non-practicing** |

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| --- | --- |
| **Please advise areas of expertise:** |  |

### Section 1: Personal details

|  |  |
| --- | --- |
| **Title** | Mr  Mrs  Ms  Miss  Dr  Other : |
| **Surname** |  |
| **First name** |  |
| **Other names** |  |
| **Date of birth** |  |
| **Gender** | Female  Male |
| **Principal place of practice address and postcode**  \*(Residential address for community members) |  |
| **Is your postal address the same as the address above?** | Yes  No  If no, please enter your mailing address: |
| **Telephone** | Business: |
|  | After hours: |
|  | Mobile: |
| **Preferred email address** |  |
| **How did you hear about this vacancy?** | AHPRA website  Board website  Word of mouth  Newspaper  Email from Statutory Appointments  Other: |

|  |  |
| --- | --- |
| **Do you live in a regional/rural area?** | Yes  No |
| **Do you identify as an Aboriginal person and/or a Torres Strait Islander person? \*** | Yes  No |
| **Were either of your parents born overseas? \*** | Yes  No |
| **Are you an Australian citizen?\*** | Yes  No  If no, what is your current status in Australia? |
| **What is your country of birth?\*** |  |
| **Do you speak a language other than English at home? \*** | Yes  No  Comments: |
| **Do you identify as a person with a disability? \*** | Yes  No  Comments: |

|  |  |
| --- | --- |
| **Declaration of status of a government employee:**  *Should you be successful, please be aware that AHPRA will request an acknowledgement of permission from your employer to be appointed as a board/committee/panel member, and/or receive remuneration.* | Yes  No  If yes, name of organisation and contact name:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

### Section 2: Assessing your eligibility for appointment

### Please answer all of the questions below.

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| --- | --- |
| **Registration details** | Are you a registered as a practitioner?  Yes  No  If yes, what is your registration number? |
| Please specify your area of practice endorsement(s), if applicable:  clinical neuropsychology  clinical psychology  community psychology  counselling psychology  educational and developmental psychology  organisational psychology  forensic psychology  health psychology  sport and exercise psychology | |

Section 3: Expressing interest in vacancy

**Please explain why you would like to be a member on a regional board and how you would contribute.**

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| --- |
|  |

**How will your specific skills, knowledge and experience contribute to the regional board?**

Using the board member attributes listed below and described in detail in the application guide please provide a statement to address these attributes. (Maximum 2 pages.)

1. Displays integrity

2. Thinks critically

3. Applies expertise

4. Communicates constructively

5. Focuses strategically

6. Collaborates in the interests of the National Scheme

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### Section 4: Summary of qualifications, experience, employment and membership of other bodies

* **Please attach** your resume or CV to this application (**no longer than 2 pages**). In addition**,** please complete the summary below

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| **Qualifications and training –** please summarise  *(*qualification/s may be in addition to the qualification recognised for registration in the profession) |  |

**Are you a registered health practitioner?**

|  |  |
| --- | --- |
| * **in current clinical practice?** | Yes  No |
| * **with education and training expertise?** | Yes  No |
| * **other (please specify)**   *(*e.g. practising in an administrative or academic capacity) | Yes  No |

| **Employment** | **Employer** | **Position** | **Period of service**  (e.g. 2006-2007) |
| --- | --- | --- | --- |
| **Current full-time employment**  (Please indicate role if self-employed) |  |  |  |
| **Previous employment within last 10 years** |  |  |  |

**Membership on Boards established under, or relevant to, the National Registration and Accreditation Scheme**

|  |  |
| --- | --- |
| **Have you ever previously been appointed by the Ministerial Council to one of the 14 National Boards?** | Yes  No  If yes, which Board? |
| **Are you currently a member of a state, territory or regional board of a National Board** | Yes  No  If yes, which Board? |
| **Are you currently a member of any other body relevant to the National Scheme**  (eg a NSW health professions council; a health conduct or performance panel or committee; or an accreditation authority)? | Yes  No  If yes, what body/ies? |

|  |  |
| --- | --- |
| **Do you have any conflicts of interest to declare?**  *Should you be appointed, will you have any actual or possible conflicts of interest* | Yes  No  If yes, details: |

**Current memberships on other bodies, including councils, community groups, boards and committees**

|  |  |  |
| --- | --- | --- |
| **Body** | **Position** | **Period of Service**  (e.g. 2013-Current) |
|  |  |  |

**Past memberships on other bodies – including professional associations, councils, community groups, boards (within last 10 years)**

|  |  |  |
| --- | --- | --- |
| **Body** | **Position** | **Period of service**  (e.g. 2006-2007) |
|  |  |  |

### Section 5: Referees

Provide the names and contact details of **three to four referees**, noting their relationship with you.

Applicants are advised to show consideration in selecting referees who can provide a balanced reflection of the applicants’ professional attributes.  Please note that current members of National Boards and their committees, AHPRA staff and other applicants to the vacant role may be considered unsuitable as referees due to conflict of interest.

Please ensure that you have contacted your referees before submitting your application, advising that they may be called. In most instances only two referees will be contacted; however there may be occasion where additional references are required.

**Referee 1**

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Contact phone |  |
| Email |  |
| Relationship with candidate |  |

**Referee 2**

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Contact phone |  |
| Email |  |
| Relationship with candidate |  |

**Referee 3**

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Contact phone |  |
| Email |  |
| Relationship with candidate |  |

**Referee 4**

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Contact phone |  |
| Email |  |
| Relationship with candidate |  |

### Section 6: Privacy statement

The Australian Health Practitioner Regulation Agency (AHPRA) is collecting your personal information to:

* process your application;
* assess your suitability for appointment to a state/territory/regional board under the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law); and
* manage your membership of a state/territory/regional board if you are appointed (e.g. by publishing your name on the board website and in AHPRA publications regarding the board’s activities).

If you do not provide the required information, it may not be possible to process your application. Board appointments are made by the Minister of Health.

AHPRA may disclose your personal information:

* government departmental staff , and other persons engaged by AHPRA for the purpose of processing and assessing your application;
* to other people (such as government agencies and health authorities) for information relevant to your application, such as identification, work history and immigration status;
* to organisations that issued your qualifications in order to establish their accuracy (and these organisations may be overseas); and
* where this is required or permitted by law (e.g. where AHPRA has to publicly report on Board activities).

Your personal details may also be included in a pool of persons who are interested in appointment to a state/territory/regional board. If a vacancy arises, you may then be contacted to determine if you are interested in applying.

AHPRA is committed to protecting your personal information in accordance with the Privacy Act 1988 (Cth). AHPRA’s privacy policy explains how you may: access and seek correction of your personal information held by AHPRA; how to complain to AHPRA about a breach of your privacy; and how your complaint will be dealt with. The policy can be accessed at: <http://www.ahpra.gov.au/About-AHPRA/Privacy.aspx>

When you provide us with information about other individuals, we rely on you to make them aware that such information will or may be provided to us as part of the application process.

**Consent and Declaration**

I consent to the use of personal information in this form (including any sensitive information such as gender or ethnic origin) by AHPRA and the relevant National Board(s) as part of administering this recruitment and appointment process.

I declare that:

* I have never been, nor am I currently insolvent; and
* I have not been disqualified from acting as a director or acting in the management of a company.

I grant permission for sharing personal information and for inquiries to be made to establish the accuracy of any of the information provided by me in this form and accompanying attachments and to determine my eligibility and suitability for appointment.

I understand that these inquiries will involve the disclosure of my information for these limited purposes. I understand that the AHPRA and other authorised persons may make these inquiries of any persons or organisations they consider appropriate to support the process for filling the vacancies.

By signing this declaration, I acknowledge that, I grant permission for the conduct of probity checks, which will consist of:

* an Australia-wide criminal record check by CrimTrac
* a check of the Australian Securities and Investment Commission (ASIC) register of persons prohibited/disqualified by ASIC under the provisions of *the Corporations Act* *2001* (Cth)
* a check of the Australian Financial Security Authority (AFSA) National Personal Insolvency Index which contains information about proceedings and administrations under the *Bankruptcy Act 1966* (Cth).

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| --- | --- | --- | --- |
| **Signature:** |  | **Date:** |  |