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|  | **Australian Health Ministers’ Advisory Council** |

**Application form**

**Appointment to the AHPRA Agency Management Committee**

### Checklist for applicants

1. Please read the information guide for this vacancy before you complete this form.
2. Complete this application form:
   * *Information marked with an \* is optional. If you provide this information, it may be used to measure diversity in appointments.*
3. Complete the private interest’s declaration form.
4. Attach your **two (2) page CV/resume** highlighting your suitability and experience as relevant to the role (please see the eligibility requirements on page 2 of the information guide).
5. Submit your application **via email** to the Health Workforce Principal Committee (HWPC) Secretariat at [hwpc@dhhs.vic.gov.au](mailto:hwpc@dhhs.vic.gov.au)
6. Submit your National Criminal History Check form with certified proof of identity documents by way of mail to:

**Australian Health Practitioner Regulation Agency  
Attn: Statutory Appointments – National Office**

**GPO Box 9958**

**Melbourne VIC 3001**

**Closing date: 5pm AEDT Monday 28 November 2016**

If you have any general enquiries or questions about completing the forms, please email [statutoryappointments@ahpra.gov.au](mailto:statutoryappointments@ahpra.gov.au).

For all other enquiries about the process, please email [hwpc@dhhs.vic.gov.au](mailto:hwpc@dhhs.vic.gov.au).

APPLICATION FOR APPOINTMENT

Please provide a short bio to describe yourself, your interests and relevant experience to this vacancy

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| *Please either type directly into box or attach a separate sheet.* |

**APPLICATION SUMMARY**

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| **Are you applying to be appointed as:**  *Section 29 of the National Law requires the Committee to consist of at least 5 people:*   * *a Chair who is not a registered health practitioner and has not been a health practitioner in the last 5 years* * *at least 2 people with expertise in health and/or education and training* * *at least 2 people with business or administrative expertise who are not current or previous registered health practitioners* | Member with expertise in health  Member with expertise in education and/or training  Member with expertise in business and administration |

**PERSONAL DETAILS**

|  |  |
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| **Title** | Mr  Mrs  Ms  Miss  Dr  Other |
| **Surname** |  |
| **First name** |  |
| **Other names** |  |
| **Date of birth** |  |
| **Gender** | Female  Male |
| **Residential address and postcode** |  |
| **Telephone** | **Business** |
| **After Hours** |
| **Mobile** |
| **Email Address** |  |
| **Do you identify as Aboriginal or Torres Strait Islander?\*** | Yes  No |
| **Were you or at least one of your parents born overseas?\*** | Yes  No |
| **Your country of birth\*** |  |
| **Do you speak a language other than English at home?\*** | Yes  No |
| **Do you have a culturally and linguistically diverse background?\*** | Yes  No |
| **Do you identify as a person with a disability?\*** | Yes  No |

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| **Declaration of status of a government employee:**  *If you are a government or statutory employee, please advise.* | Yes  No  If yes, name of employer and contact name: |
| **How did you hear about this vacancy?** | AHPRA website  Word of mouth  Newspaper  Email from Statutory Appointments  Other: |

**ELIGIBILITY FOR APPOINTMENT**

Please address the following eligibility questions for appointment as Chair or member of the AHPRA Agency Management Committee.

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| Are you a registered health practitioner? | Yes  No  If yes, what profession: |
| Have you been registered as a health practitioner under the National Law or a prior State or Territory registration Act within the last 5 years? | Yes  No  If yes, what profession:  If yes, when were you registered: |
| Do you have expertise in   * Health * Education and/or training | Yes  No  Yes  No  If yes, please ensure that your CV and/or your cover letter clearly provides information on this criteria. |
| Do you have business or administrative expertise? | Yes  No  If yes, please ensure your CV and/or your cover letter clearly provides information on this criteria. |
| If you are also applying to be appointed as Chair, please ensure your CV and/or cover letter clearly provides information about your experience as relevant to the role of Chair. |  |
| Do you have any other areas of expertise? |  |

**SUMMARY OF EDUCATION, EMPLOYMENT AND MEMBERSHIPS OF OTHER BODIES**

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| **Education / formal qualifications**  (you may attach information separately) |  |

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| **Employment** | **Employer** | **Position** | **Period of service**  (e.g. 2006-2007) |
| **Current full-time employment** (please indicate role if self-employed) |  |  |  |
| **Current part-time employment** |  |  |  |
| **Previous employment**  **(please list)** |  |  |  |

**Are you appointed as a sitting member on a board or committee formed by a government agency, private agency or not for profit organisation (e.g. board member, committee member, council member, community member). This can be paid or unpaid positions.**

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| **Body** | **Position** | **Period of Service**  (e.g. 2006-2007) | **No. of times appointed** |
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**Please list any former appointments (within the past 5-10 years).**

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| **Body** | **Position** | **Period of Service**  (e.g. 2006-2007) | **No. of times appointed** |
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**Please list any other current memberships (e.g. community organisation, professional association, union, educational institution).**

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| **Body** | **Position** | **Period of Service**  (e.g. 2006-2007) | **No. of times appointed** |
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**Privacy and confidentiality**

The AHMAC Health Workforce Principal Committee (HWPC) Secretariat is collecting your personal information as part of administering the process to fill the vacancies on the Agency Management Committee of the Australian Health Practitioner Regulation Agency, for appointment by the Australian Health Workforce Ministerial Council. Your information will be stored securely and will only be accessed by authorised officers for the purposes of assessing applications and appointing potential candidates to fill a vacancy or vacancies by the Australian Health Workforce Ministerial Council (AHMAC).

All personal information provided by an individual in support of an application for appointment is treated in accordance with the Commonwealth *Privacy Act 1988*. Should you wish to gain access to your personal information please contact the Privacy Officer by writing to the Australian Health Practitioner Regulation Agency (AHPRA) office in your state or territory.

Your personal information may be shared with other persons or organisations in order to assess your application for appointment to the Agency Management Committee. This may include officers from AHPRA, officers from departments of health in participating jurisdictions (all states and territories) and the Commonwealth who are members of or who provide assistance to the Australian Health Workforce Advisory Council (AHMAC) and its Health Workforce Principal Committee (HWPC).

When you provide information about your referees as part of the reference check, we rely on you to make them aware that such information will or may be provided to us as part of the application process and stored for this purpose.

**Consent and declaration**

I have read and understood the terms of the privacy statement and consent to the use of personal information in this form as part of the process to fill the vacancy/ies to the Agency Management Committee for appointments to be made by the Australian Health Workforce Ministerial Council. This information may be shared with other persons or organisations if necessary as part of this 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 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 suitability for appointment.

I understand that these inquiries will involve the disclosure of my information for these limited purposes. I understand that AHMAC’s Health Workforce Principal Committee Secretariat; AHPRA and selection advisory panels may make these inquiries of any persons or organisations they consider appropriate to support the process for filling the vacancy/ies for appointment by the Australian Health Workforce Ministerial Council.

By signing this declaration, I acknowledge that I may be required to complete a declaration of private interests.

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:** |  |