

Application Form

March 2015

Aboriginal and Torres Strait Islander Health Practice Board of Australia

- list of approved persons for appointment to panels, and
- accreditation committee

Checklist for practitioners

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".
3. Please read the privacy information and sign the declaration at the end of the application form.
4. Please attach your CV or resume (*no longer than two pages*).
5. Please download and complete the following form from the [Board Recruitment page](#) on the AHPRA website:
 - national criminal history check form (consent to check and release of criminal history information and provide certified copies of proof of identity documents)
6. Send your application either by option 1 or option 2 :

| Option 1 | Option 2 |
|--|---|
| <p>Mail the complete application to:</p> <p>Statutory Appointments – National Office Australian Health Practitioner Regulation Agency GPO Box 9958 Melbourne VIC 3001</p> | <p>Email the signed application form and CV to: boardappoint@ahpra.gov.au and then mail the National Criminal History Check and Certified proof of identify documents to:</p> <p>Statutory Appointments – National Office Australian Health Practitioner Regulation Agency GPO Box 9958 Melbourne VIC 3001</p> |

Expressions of interest close by **Monday 4 May 2015**.

If you have any questions, please contact boardappoint@ahpra.gov.au . Your submission will be acknowledged by return email.

Application form - for appointment to the list of approved persons for appointment to health panels, performance and professional standards hearings panels and/or the accreditation committee for the Aboriginal and Torres Strait Islander Health Practice Board

| | |
|---------------------------------------|---|
| Which categories apply to you? | <input type="checkbox"/> List of approved persons for appointment to panels <input type="checkbox"/> Accreditation committee |
|---------------------------------------|---|

| | |
|--|--|
| Current registration <i>(minimum three years current and recent experience required)</i> | <input type="checkbox"/> Practitioner – registered practicing <input type="checkbox"/> Practitioner – registered non-practicing <input type="checkbox"/> Non practitioner – non registered |
|--|--|

Health practitioner applicants:

| | |
|---------------------------------------|---|
| Which categories apply to you? | Please advise areas of expertise: <hr/> <hr/> <hr/> |
|---------------------------------------|---|

Section 1: Personal details

| | |
|--|--|
| Title | Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other: |
| Surname | |
| First name | |
| Other names | |
| Date of birth | |
| Gender | Female <input type="checkbox"/> Male <input type="checkbox"/> |
| Your country of birth | |
| Residential address and postcode | |
| Is your mailing address the same as your residential address? | Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please enter your mailing address: |
| Telephone | Mobile |
| | |

| | |
|--|--|
| Preferred email address | |
| Do you live in a regional/rural area? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Do you identify as an Aboriginal person and/or a Torres Strait Islander person? * | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Were either of your parents born overseas? * | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Do you speak a language other than English at home? * | Yes <input type="checkbox"/> No <input type="checkbox"/> Comments: _____ |
| Do you identify as a person with a disability? * | Yes <input type="checkbox"/> No <input type="checkbox"/> Comments: _____ |

| | |
|--|---|
| Declaration of status of a government employee: <i>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.</i> | Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, name of organisation and contact name: _____ |
|--|---|

Please note that the information marked with an * is optional. If you provide this information, it may be used to measure diversity in appointments

Section 2: Assessing your eligibility for appointment

| | |
|---|--|
| Registration details | Do you hold registration with the Aboriginal and Torres Strait Islander Health Practice Board of Australia Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what is your registration number? _____ |
| Have you ever previously been registered as a health practitioner? | Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please say what profession, and who issued your registration: _____ _____ |

Section 3: 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

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

Employment:

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

Memberships:

Current memberships on other bodies – including professional associations, councils, community groups, boards

| Body | Position | Period of Service (e.g. 2013-2015) | No. times appointed |
|------|----------|---------------------------------------|---------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Past memberships on other bodies – including professional associations, councils, community groups, boards

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

Section 5: Referees

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

Referee 1

Name:

Position:

Contact phone:

Email:

Relationship to you:

Referee 2

Name:

Position:

Contact phone:

Email:

Relationship to you:

Referee 3

Name:

Position:

Contact phone:

Email:

Relationship to you:

Privacy

The Australian Health Practitioner Regulation Agency (AHPRA) and the relevant National Health Practitioner Board(s) are collecting your personal information to assess your suitability for appointment. Your information will be stored in a secured database (the AHPRA database) and will only be accessed by authorised officers of AHPRA or the National Boards.

AHPRA and the National Boards treat all personal information provided by an individual in relation to an application for, or existing, appointment in accordance with the laws that apply to AHPRA, including the applicable provisions of the Privacy Act 1988 (Cth).

The personal information you provide in this form and any accompanying document is required for the purposes of processing and assessing your application and/or formalising the lapse of any current appointment/s you for which you do not seek re-appointment. It may be shared with other persons or organisations, such as organisations that issued your qualifications, in order to establish its accuracy and/or to assess your application and suitability for appointment. This may involve disclosing your personal information to overseas entities if, for example, your qualifications were obtained through overseas institutions.

If you do not provide the required information it may not be possible to proceed with your application or formalise the end of your current appointment/s.

Should you wish to gain access to your personal information held by AHPRA please contact our Privacy Officer by writing to the Privacy Officer at the AHPRA office in your state or territory. AHPRA's Privacy Policy sets out how you may access your information, seek correction of it, how you may complain if your privacy is breached and how that complaint will be dealt with. AHPRA's Privacy Policy is available at www.ahpra.gov.au.

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 appointments.

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 the relevant National Board(s), AHPRA and selection panels may make these inquiries of any persons or organisations they consider appropriate.

By signing this declaration, I acknowledge that if shortlisted for selection, I will be required to provide a completed *Declaration of private interests*, and 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 Insolvency and Trustee Service Australia (ITSA) National Personal Insolvency Index which contains information about proceedings and administrations under the *Bankruptcy Act 1966* (Cth).

Signature: _____

Date: _____

Attachment 2: National criminal history check - NCHC-00

Consent to check and release criminal history information and proof of identity

You must complete form NCHC-00 and return the completed form to:

National Board Appointments
Australian Health Practitioner Regulation Agency
GPO Box 9958
Melbourne VIC 3001

To access NCHC-00:

- see separate attachment, or
- [click here](#) to download the form.