

Application Form

February 2015

List of advisors – Occupational Therapy Board of Australia

Checklist for practitioners

- ✓ Read the privacy information at the end of the application form
- ✓ Make sure you complete and sign the entire application form and the declaration
 - *Please note that the information marked with an * is optional. If you provide this information, it may be used to measure diversity in appointments*
- ✓ Please attach your CV or resume, including the names of three referees
 - *Ensure your curriculum vitae is in the preferred AHPRA preferred format. The following link details this format <http://www.ahpra.gov.au/Registration/Registration-Process/Standard-Format-for-Curriculum-Vitae.aspx>)*
- ✓ Please complete (attached) *National Criminal History Check Form (consent to check and release criminal history information and proof of identity)*, alternatively available on the website.
 - *Remember to complete all questions and sign and date this form.*
 - *You will need to certify and attach proof of identity documents. Certified copies of ID as identified in the National Criminal History Check must be a combination of type A, B and C and proof of name change is essential.*
 - *Probitiy checks will only be conducted for shortlisted candidates however AHPRA requires this information to be submitted at the point of application.*
- ✓ Send your complete application either by **Option 1** or **Option 2**:

Option 1	Option 2
<p style="text-align: center;">Mail the complete application to:</p> <p style="text-align: center;">Statutory Appointments – National Office AHPRA Australian Health Practitioner Regulation Agency GPO Box 9958 Melbourne VIC 3001</p>	<p style="text-align: center;">Email the signed application form and CV to: boardappoint@ahpra.gov.au</p>

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 Occupational Therapy Board of Australia's list of advisors

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"/>
Residential address and postcode	
Telephone	Business
Preferred email address	
Your country of birth *	
Do you identify as a person with a disability? *	Yes <input type="checkbox"/> Comments: _____

Section 2: Assessing your eligibility for appointment

Please answer all of the questions below.

Registration details	Are you a registered as an occupational therapist by the Occupational Therapy Board of Australia? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what is your registration number? _____ What is your principle place of practice? _____
Occupational expertise:	Please advise areas of practice expertise: _____ _____ _____

Section 3: Expressing interest in vacancy

How will your specific skills, knowledge and experience contribute to being appointed to the list of advisors?

Using the below attributes, please provide a statement to address these attributes (maximum 2 pages)

1. extensive clinical experience and demonstrated expertise as a occupational therapist
2. specialist clinical skills in particular areas of occupational therapy practice including:
 - a. Pediatrics
 - b. Driving
 - c. Hand therapy
 - d. Work Health and Safety, return to work, functional capacity evaluation
 - e. Adult rehabilitation
 - f. Mental health
 - g. Home modifications, equipment prescription and attendant care / home services assessments
3. excellent clinical judgement
4. respect of peers
5. excellent interpersonal and communication skills including:
 - a. an ability to prepare high quality reports
 - b. ability to show respect, tact and empathy when dealing with other therapists
 - c. understanding of the legal framework in which chiropractic practise and broader laws applicable to the profession

Section 4: Summary of education, employment, and membership of other bodies

- Please attach your two (2) page resume or CV to this application.
- In addition, please complete the summary below.

Education / formal qualifications	
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Employment	Employer	Position	Period of service (eg 2 years, 2006-2007)
Current full-time employment (Please indicate role if self-employed)			
Current part-time employment			
Previous employment within last 10 years			

Current memberships on boards, committees, council memberships, community groups

Body	Position	Period of service	No. of times appointed

Past memberships on boards, committees, council memberships, community groups

Body	Position	Period of service (eg 2 years, 2006-2007)

References:

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

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	

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 may 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:

Statutory Appointments – National Office AHPRA
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.