

Application form

January 2016

List of approved mentors - Chiropractic Board of Australia

Guide for applicants

1. 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".

2. Please read the privacy information and sign the declaration at the end of the application form. Unsigned application forms cannot be progressed.
3. Please attach your two (2) page CV or resume.
4. Please download and complete the following form via the board recruitment page on the AHPRA website:
 - national criminal history check form (must provide certified copies of proof of identity documents)
 - private interests declaration form
5. Send your application either by option 1 or option 2 :

Option 1	Option 2
<p>Mail the complete application to :</p> <p>Statutory Appointments Unit Australian Health Practitioner Regulation Agency GPO Box 9958 Melbourne VIC 3001</p>	<p>Email all completed documents with to: statutoryappointments@ahpra.gov.au and then mail the national criminal history check and certified proof of identity documents to:</p> <p>Statutory Appointments Unit Australian Health Practitioner Regulation Agency GPO Box 9958 Melbourne VIC 3001</p>

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

Please ensure to complete all fields in this application form

Area/s of speciality?	
Your principal place of practice:	<input type="checkbox"/> ACT <input type="checkbox"/> NSW <input type="checkbox"/> NT <input type="checkbox"/> QLD <input type="checkbox"/> SA <input type="checkbox"/> TAS <input type="checkbox"/> VIC <input type="checkbox"/> WA

Section 1: Personal details

Title	<input type="checkbox"/> 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	<input type="checkbox"/> Female <input type="checkbox"/> Male
Principal place of practice address and postcode	
Is your postal address the same as the address above?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please enter your postal address:
Telephone	Business:
	After hours:
	Mobile:
Preferred email address	

Do you live in a regional/rural area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you identify as an Aboriginal person and/or a Torres Strait Islander person? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were either of your parents born overseas? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you an Australian citizen?*	<input type="checkbox"/> Yes <input type="checkbox"/> 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? *	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments: _____
Do you identify as a person with a disability? *	<input type="checkbox"/> Yes <input type="checkbox"/> No 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>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of organisation and contact name: _____
How did you hear about this vacancy?	<input type="checkbox"/> AHPRA website <input type="checkbox"/> Board website <input type="checkbox"/> Word of mouth <input type="checkbox"/> Newspaper <input type="checkbox"/> Email from Statutory Appointments <input type="checkbox"/> Other :

Section 2: Assessing your eligibility for appointment

Please answer all of the questions below.

Registration details	Are you a registered as a practitioner? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is your registration number? _____ If applicable, please specify your registration, division/s, specialty or area of endorsement as it appears on the public register:
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Section 3: Expressing interest in appointment

Please address the below selection criteria listed below (**maximum 2 pages**)

1. **Displays Integrity:** *(ethical, committed, diligent, prepared, organised, professional, principles-based and respectful, values diversity, and shows courage and independence)*
2. **Thinks critically:** *(objective and impartial, uses logical and analytical processes, distils the core of complex issues and weighs up options)*
3. **Applies Expertise:** *(actively applies relevant knowledge, skills and experience to contribute to decision-making)*
4. **Communicates constructively:** *(articulate, persuasive and diplomatic, self-aware and reflects on personal impact and effectiveness, listens and responds constructively to contributions from others)*
5. **Focuses strategically:** *(takes a broad perspective, can see the big picture, and considers long term impacts)*
6. **Collaborates in the interests of the scheme:** *(a team player, flexible and cooperative, creates partnerships within and between boards and AHPRA)*

Please explain why you would like to be a member on the list of approved mentors and how you would contribute (maximum of 1 page)

A large, empty rectangular box with a thin black border, intended for the applicant to provide their response to the question above. The box occupies most of the page's vertical space.

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

<p>Qualifications and training – please summarise</p> <p>(qualification/s may be in addition to the qualification recognised for registration in the profession)</p>	
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Are you a registered health practitioner?

<ul style="list-style-type: none"> • in current clinical practice? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> • with education and training expertise? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> • other (please specify) (e.g. practising in an administrative or academic capacity) 	<input type="checkbox"/> Yes <input type="checkbox"/> No <hr/>

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>			

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

<p>Have you ever <u>previously</u> been appointed by the Ministerial Council to one of the 14 National Boards?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which Board? _____</p>
<p>Are you <u>currently</u> a member of a state, territory or regional board of a National Board</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which Board? _____</p>
<p>Are you currently a member of any other body relevant to the National Scheme <small>(eg a NSW health professions council; a health conduct or performance panel or committee; or an accreditation authority)?</small></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what body/ies? _____</p>
<p>Do you have any conflicts of interest to declare? <i>Should you be appointed, will you have any <u>actual</u> or <u>possible</u> conflicts of interest</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, details: _____</p>

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

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

Past memberships on other bodies within the last 10 years – 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** 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

Please ensure you have contacted your referees before submitting your application, advising they may be called upon.

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).

Signature: _____

Date: _____