



## Application form – for appointment as a community member on a National Board

18 October 2014

### Guide 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".

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 forms from the [Board Recruitment page](#) on the AHPRA website:
  - i. national criminal history check form (consent to check and release of criminal history information and provide certified copies of proof of identity documents)
  - ii. national declaration of private interests form
6. Send your application either by option 1 or option 2 :

Option 1	Option 2
Mail the complete application to : <b>National Board Appointments Australian Health Practitioner Regulation Agency GPO Box 9958 Melbourne VIC 3001</b>	Email the signed application form and CV to: <a href="mailto:boardappoint@ahpra.gov.au">boardappoint@ahpra.gov.au</a> <b>and then mail</b> the national criminal history check and certified proof of identity documents to: <b>National Board Appointments Australian Health Practitioner Regulation Agency GPO Box 9958 Melbourne VIC 3001</b>

**Closing date: Wednesday 12 November 2014**

If you have any questions about completing this form, please either email [boardappoint@ahpra.gov.au](mailto:boardappoint@ahpra.gov.au) or phone (03) 8708 9147.

Your submission will be acknowledged by return email within 48 hours of receipt.

Thank you for expressing your interest in appointment as a community member on the National Board/s.

<p><b>Type of vacancy</b></p> <p>(Note: the majority of vacancies are arising as a result of the expiry of the current terms of board members in May and August 2015)</p>	<p><b>Community member</b></p> <p><input type="checkbox"/> Chinese Medicine Board of Australia</p> <p><input type="checkbox"/> Chiropractic Board of Australia</p> <p><input type="checkbox"/> Dental Board of Australia</p> <p><input type="checkbox"/> Medical Board of Australia</p> <p><input type="checkbox"/> Nursing and Midwifery Board of Australia</p> <p><input type="checkbox"/> Occupational Therapy Board of Australia</p> <p><input type="checkbox"/> Optometry Board of Australia</p> <p><input type="checkbox"/> Osteopathy Board of Australia</p> <p><input type="checkbox"/> Pharmacy Board of Australia</p> <p><input type="checkbox"/> Physiotherapy Board of Australia</p> <p><input type="checkbox"/> Podiatry Board of Australia</p> <p><input type="checkbox"/> Psychology Board of Australia</p> <p>(please check the box for each board you are interested in)</p>
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**Section 1: Personal details**

<b>Title</b>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Prof <input type="checkbox"/> Other:
<b>Surname</b>	
<b>First name</b>	
<b>Other names</b>	
<b>Date of birth</b>	
<b>Gender</b>	Female <input type="checkbox"/> Male <input type="checkbox"/>
<b>Residential address and postcode</b>	
<b>Is your mailing address the same as your residential address?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please enter your mailing address:
<b>Telephone</b>	<b>Mobile</b>
<b>Preferred email address</b>	
<b>Do you live in a rural/remote area?</b> Section 33(7) of the National Law requires at least one member of a National Board to live in a regional or rural area.	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Do you identify as an Aboriginal person and/or a Torres Strait Islander person? *</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>Were either of your parents born overseas? *</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Your country of birth *</b>	
<b>Do you speak a language other than English at home? *</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments: _____
<b>Do you identify as a person with a disability? *</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments: _____

**Section 2: Assessing your eligibility for appointment to the National Board**

\* **Please answer all of the questions below.** Section 34 of the National Law sets out the eligibility requirements of National Board members.

A person is eligible to be appointed as a community member only if the person

- (a) is not a registered health practitioner in the health profession for which the Board is established and
- (b) has not at any time been registered as a health practitioner in the health profession under this Law or a corresponding prior Act, or
- (c) at any time, been found guilty of an offence (whether in a state or territory or elsewhere) that in the opinion of the Ministerial Council, renders the person unfit to hold the office of member.

Probity checks will be conducted on shortlisted applicants.

Please answer all of the questions below.

<b>Are you a registered health practitioner?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please say what profession, and who issued your registration: _____
<b>Have you ever previously been registered as a health practitioner?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please say what profession, who issued your registration, and when (if known) _____  Date of last 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.

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

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

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

**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**

<b>Body</b>	<b>Position</b>	<b>Period of service</b> (e.g. 2006 – 2007)

**Section 4: Board member attributes and final statement**

Using the board member attributes listed below and described in detail on page 7 of the application guide, please provide a statement to address these attributes (*maximum 2 pages*)

**All community member applicants:**

1. Displays integrity.
2. Thinks critically.
3. Applies expertise.
4. Communicates constructively.
5. Focuses strategically.
6. Collaborates in the interests of the National Scheme.
7. Demonstrates strong community connection.

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

**Other experience – final statement**

**Please explain how you can best represent community views and opinions as relevant to the Board?**

If you wish, you can use the space provided below to provide any other information that you consider supports your application, including any other relevant skills and experience you may have.

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

**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: \_\_\_\_\_

## Section 6: Privacy statement

### Privacy and confidentiality

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

- process your application;
- assess your suitability for appointment to a national 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 national 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 Australian Health Workforce Ministerial Council (the Ministerial Council), which includes ministers responsible for health from the Commonwealth and each state and territory.

AHPRA may disclose your personal information:

- to members of the Ministerial Council and 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 national 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 [Complete and sign only if you are applying for appointment]

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 by the Australian Health Workforce Ministerial Council (AHWMC). 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 for appointment by the AHWMC.

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 Australian Financial Security Authority (AFSA) National Personal Insolvency Index which contains information about proceedings and administrations under the *Bankruptcy Act 1966* (Cth).

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ / 11 / 2014