



Application form

July 2015

Accreditation Committee of the Medical Radiation Practice Board of Australia

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 signed and dated CV or resume (**maximum two pages**).
5. Please download and complete the following forms from the [vacancy page](#) on the Medical Radiation Practice Board of Australia's website:
 - national criminal history check consent form (consent to check and release of criminal history information and provide certified copies of proof of identity documents)
 - declaration of private interests form

6. All forms must be completed in full and sent by either by option 1 or option 2 below:

Option 1	Option 2
Mail the complete application to: Statutory Appointments – National Office Australian Health Practitioner Regulation Agency GPO Box 9958 Melbourne VIC 3001	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: Statutory Appointments – National Office Australian Health Practitioner Regulation Agency GPO Box 9958 Melbourne VIC 3001

Closing date: Monday 24 August 2015

If you have any questions, please email statutoryappointments@ahpra.gov.au

Thank you for expressing your interest in appointment.

Section 1: Personal details

What are you applying for? <i>(minimum three years current and recent experience required)</i>	<input type="checkbox"/> Practitioner – registered practicing <input type="checkbox"/> Practitioner – regisetered non-practicing <input type="checkbox"/> Non practitioner / community member
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Please advise areas of expertise:	<hr/> <hr/> <hr/>
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Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/> :
Surname	
First name	
Other names	
Date of birth	
Gender	Female <input type="checkbox"/> Male <input type="checkbox"/>
Residential address and postcode	
Telephone	Mobile
	Other
Preferred email address	
Do you live in a rural/remote 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"/>
Are you an Australian citizen?*	Yes <input type="checkbox"/> No <input type="checkbox"/> If no, what is your current status in Australia?
What is your country of birth?*	

<p>Do you speak a language other than English at home? *</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Comments:</p>
<p>Do you identify as a person with a disability? *</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Comments:</p>
<p>Declaration of status of a government employee:</p> <p><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></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, name of organisation and contact name:</p> <hr/>

Section 2: Assessing your eligibility for appointment

Please answer all of the questions below.

<p>Registration details</p>	<p>Do you hold registration with the Medical Radiation Practice Board of Australia?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, what is your registration number?</p> <p>Please specify your division/s of registration:</p> <p>Diagnostic radiographer <input type="checkbox"/></p> <p>Nuclear medicine technologist <input type="checkbox"/></p> <p>Radiation therapist <input type="checkbox"/></p>
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Section 3: Expressing interest in vacancy

Please provide a response against the selection criteria:

Committee members should possess experience in at least one of the following:

- experience and currency in course design and evaluation
- familiarity and currency with both the self-accrediting and non-self-accrediting sector
- experience and currency in own field
- experience in health and education regulation
- knowledge of international developments in medical radiation education and/or regulation
- expertise and currency in teaching and research
- formal qualifications in education
- eligibility and currency for general registration (without conditions/notations) with the Board is preferable

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

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

<p>Education / formal qualifications</p> <p>(qualification/s may be in addition to the qualification recognised for registration in the profession)</p>	
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Employment:

Employment	Employer	Position	Date of Service
<p>Current full-time employment (Please indicate role if self-employed)</p>			
<p>Current part-time employment</p>			
<p>Previous employment (please list)</p>			

Memberships:

List memberships on all bodies, government and non-government (i.e. board memberships, committees, council memberships, community groups).

Current:

Body	Position	Period of service (eg. 2006-current)	No. of times appointed

Past:

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

References:

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

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. 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.

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 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: _____