

Application Form

July 2015

List of approved persons for appointment to panels of the Osteopathy Board of Australia

Checklist for practitioners

1. Please read the application guide for this vacancy before you complete this form.
2. 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. Read the privacy information and sign the declaration at the end of the application form.
4. Attach your CV or resume (*no longer than two pages*).
5. Please download and complete the following form from the [Panel 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)
 - declaration of private interest form
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: statutoryappointments@ahpra.gov.au and then mail the National Criminal History Check and Certified proof of indentity 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 **Friday 28 August 2015**.

If you have any questions, please contact statutoryappointments@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 of the Osteopathy Board of Australia

Your principal place of practice*:	<input type="checkbox"/> ACT <input type="checkbox"/> NT <input type="checkbox"/> TAS <input type="checkbox"/> SA <input type="checkbox"/> WA
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**Recruitment in accordance with s183(2) of the National Law, to the extent practicable, will exclude individuals whose residence or principal place of practice is in a co-regulatory jurisdiction (i.e. NSW).*

Health practitioner applicants:

Please advise areas of expertise:	<hr/> <hr/> <hr/>
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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 <input type="checkbox"/> :
Surname	
First name	
Other names	
Date of birth	
Gender	Female <input type="checkbox"/> Male <input type="checkbox"/> Other _____
Residential address and postcode	
Postal address and postcode (if different from above)	
Telephone	Business:
	After hours:
	Mobile:
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?
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:

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

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:
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Section 2: Assessing your eligibility for appointment

Please answer all of the questions below.

Registration details	Do you hold registration with the Osteopathy Board of Australia? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what is your registration number? <hr/>
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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

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

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

Employment:

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

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

Have you ever <u>previously</u> been appointed by the Ministerial Council to one of the 14 National Boards?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, which Board? _____
Are you <u>currently</u> a member of a committee of a National Board?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, which Board? _____

<p>Are you currently a member of any other body relevant to the National Scheme?</p> <p>(eg a NSW health professions council; a health conduct or performance panel or committee; or an accreditation authority)?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, what body/ies?</p> <hr/>
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<p>Do you have any conflicts of interest to declare?</p> <p><i>Eg. Should you be appointed, will you have any <u>actual or possible</u> conflicts of interest</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, details:</p> <hr/>
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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)

Section 4: Referees

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 to the list of approved persons for appointment to panels. 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 support of an application for 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 application 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.

Declaration

I wish to apply for appointment to the list of approved persons for appointment to panels.

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 to the list of approved persons for appointment to panels..

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: _____