



Aboriginal and Torres Strait
Islander Health Practice
Chinese Medicine
Chiropractic
Dental
Medical
Medical Radiation Practice
Nursing and Midwifery

Occupational Therapy
Optometry
Osteopathy
Pharmacy
Physiotherapy
Podiatry
Psychology

Australian Health Practitioner Regulation Agency

Application form – first appointments to the Paramedicine Board

April 2017

Expressions of interest and nominations – practitioner and community members (inaugural Paramedicine Board of Australia)

! Important information

- This call for expressions of interest and nominations is made with the agreement of the Australian Health Workforce Ministerial Council to support first appointments being made by Ministers around September 2017.
- The *Health Practitioner Regulation National Law* must be amended to enable regulation of paramedics under the National Registration and Accreditation Scheme and for Ministerial appointment of a Paramedicine Board of Australia.
- If these amendments to the National Law are not passed and enacted, the Paramedicine Board will not be established to regulate the profession, no board appointments will be made, and applications will not be progressed. This call for expressions of interest/nominations is not intended to pre-empt the outcome of debate and potential passage of the Amendment Bill.

Checklist for applicants

1. Please read the **information guide** before you complete this form.
2. Please complete this **form** – including if you are being nominated by a third party.
 - 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 declarations at the end of the application form. Unsigned forms cannot be progressed.
4. Please attach your **CV or resume** (no longer than two pages).
5. Please download and complete the following **additional forms** available on AHPRA website: <http://www.ahpra.gov.au/National-Boards/National-Boards-recruitment/Board-member-recruitment.aspx>
 - national criminal history check consent form
 - private interests declaration form
6. Submit your application by the closing date of **Monday 29 May 2017** via one of the following options:

Option 1	Option 2
<p>Mail complete application to:</p> <p>Australian Health Practitioner Regulation Agency Attn: Statutory Appointments – National Office GPO Box 9958 Melbourne VIC 3001</p>	<p>Email the signed application form, CV and private interests declaration form to: statutoryappointments@ahpra.gov.au</p> <p>and then mail the national criminal history check consent form with accompanying certified proof of identity documents to:</p> <p>Australian Health Practitioner Regulation Agency Attn: Statutory Appointments – National Office GPO Box 9958 Melbourne VIC 3001</p>

Expressions of interest / nominations for appointment to National Board

All applicants	<p>Please tick the relevant boxes:</p> <p><input type="checkbox"/> I am expressing my own interest in being appointed to the Board; <i>OR</i></p> <p><input type="checkbox"/> I am interested in being appointed to the Board and am nominated by:</p> <p>_____</p> <p><i>(name of third party organisation or entity)</i></p> <p>Please ensure that section 3 of this form is completed by the nominator.</p>
Type of appointment	<p><input type="checkbox"/> practitioner (paramedic) member; <i>OR</i></p> <p><input type="checkbox"/> community member</p>
	<p>Do you want to be considered for appointment to the role of Board Chair?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Jurisdiction	<p><input type="checkbox"/> ACT <input type="checkbox"/> NT <input type="checkbox"/> NSW <input type="checkbox"/> Qld <input type="checkbox"/> SA <input type="checkbox"/> Tas <input type="checkbox"/> Vic <input type="checkbox"/> WA</p> <p>Please note.</p> <ul style="list-style-type: none"> There is no eligibility requirement for community members to be from a particular jurisdiction. Please identify the state that you are from (eg where you live). For practitioner members, Ministers must appoint at least one practitioner from each of the larger jurisdictions (defined as QLD & NSW & SA & VIC & WA), and appoint at least one practitioner member from a smaller jurisdiction (defined as NT <i>or</i> ACT <i>or</i> TAS). Please identify the state in which you are currently employed (or work as) a paramedic.

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"/> Professor <input type="checkbox"/>
	Other:
Surname	Post nominal:
First name	
Other names (if applicable)	
Date of birth	
Gender	Female <input type="checkbox"/> Male <input type="checkbox"/>
Your country of birth	
Residential address and postcode	
Is your mailing address the same as your residential address?	Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please enter your mailing address:

Telephone	Mobile
	Other
Preferred email address	
Do you live in a regional/rural area? 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"/>
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"/> Country: _____
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: _____
Declaration of status of a government employee: If you are a government or statutory employee, we kindly ask you to advise AHPRA accordingly.	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, name of organisation and contact name: _____ _____
How did you find out about this vacancy? (optional)	<input type="checkbox"/> Press advertisement <input type="checkbox"/> AHPRA website <input type="checkbox"/> Word of mouth <input type="checkbox"/> Other _____

Section 2: Assessing your eligibility for first appointment to an inaugural National Board

The National Law sets out the eligibility requirements for appointments to the National Board – for practitioner and community members.

However, **special arrangements will apply** for first-time **practitioner (paramedic) member appointments** to the Paramedicine Board. Subject to the National Law being amended, the Ministerial Council will have an authority to appoint practitioner members to the Board who the Council *is satisfied have the skills and experience in paramedicine that are relevant to the Board's functions*. This is the same authority that Ministers had in 2011 when the new National Boards for four other professions were first appointed and national registration for those health professions had also not yet started. These arrangements will enable paramedics to be appointed to the inaugural Paramedicine Board and work with AHPRA during the preparation phase to prepare the paramedic profession for regulation under the National Scheme.

After the participation day, practitioner members will need to hold registration as a paramedic to continue with their appointment on the Board. There will be more than one way to seek registration – including a time-limited additional pathway where you can seek registration on the basis of your qualifications, training and/or experience.

ALL applicants: <ul style="list-style-type: none"> • Registration details (if relevant) 	Do you hold current registration with a National Board? (eg, in a profession other than paramedicine such as a registered nurse)? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what is your registration number? <hr/>
	Have you ever previously been registered? (eg as a practitioner under a former state or territory registration system) Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please say what profession, who issued your registration, and when (if known) <hr/>

Section 3: Nominator’s reasons for proposing you for consideration of appointment

To be completed by the third party who is nominating you (if applicable). Please note that it is not a requirement that applicants be nominated in order to be considered for appointment.

Name of nominator and organisation	
Contact details (including phone and email)	
Reasons for nominating applicant <i>Please summarise below (box will expand) or attach a letter of support that describes the reasons for nominating this person.</i>	

Section 4: National Board member attributes

Please provide a statement addressing the board member attributes listed below and described in the information guide. *(Maximum 2 pages; 3 pages if also addressing additional attributes of Board Chair).*

All 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

Community member applicants:

7. Demonstrates strong community connection

Additional attributes for applicants also expressing interest in the role of Chair:

1. Demonstrates leadership
2. Engages externally
3. Chairs effectively

You may either address the attributes by typing directly into box (will expand as you type) or via an attachment.

Section 5: Summary of appointments, other qualifications, employment and membership of other bodies

Appointments: made under the National Registration and Accreditation Scheme or relevant to the scheme

<p>Have you ever <u>previously</u> been appointed by the Ministerial Council to one of the 14 National Boards?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, which Board?</p> <hr/>
<p>Are you currently a member of any other body directly relevant to the National Scheme</p> <p>(e.g. a NSW Health Professions Council; a state or territory board or a committee of a National Board; an accreditation authority)?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, what body/ies?</p> <hr/> <p>From when:</p> <hr/>

Appointments: other board and committee experience

Are you appointed as a sitting member on a board or committee or executive of a government agency, private agency or not for profit organisation (e.g. board member, committee member, council member, community member)? This can be paid or unpaid positions – for example a board member appointed to a professional association or a member of a school committee.

Body	Appointed position	Period of service (e.g. 2013-current)	No. times appointed

Please list any former appointments (within the past 5-10 years).

Body	Appointed position	Period of service (e.g. 2013-2015)	No. times appointed

Qualifications and professional memberships

<p>Qualifications & professional memberships</p> <p><i>(please include who issued the qualification and when)</i></p> <p>Tip! If you are a practitioner (paramedic) applicant, this section is for qualification/s that are <u>in addition</u> to your paramedicine qualification</p> <p>If you are a member of a professional or community organisation you may wish to say so here.</p>	
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Employment

Employment	Employer	Position	Period of service (e.g. 2010-2013)
Current employment (full or part-time) (Please indicate role if self-employed)			
Previous employment within last 10 years as relevant to your application			

Section 6: Letters of support and referees

- I **attach letter/s of support** – including from the person/organisation who is nominating me (if relevant). A *maximum* of 3 letters of support may be submitted. **Tip!** Refer to **section 4** of the information guide for information about whether or not you need to provide a letter/s of support.
- I provide the names and contact details of **three referees** (if not already included in your CV or if different to your letter/s of support)

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 7: Privacy statement

The Australian Health Practitioner Regulation Agency (AHPRA) is 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. AHPRA treats all personal information provided by an individual in relation to an application for appointment in accordance with the laws that apply to AHPRA, including the applicable provisions of the Privacy Act 1988 (Cth).

If you do not provide the required information, it may not be possible to process your application. National 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).

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: <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 as part of administering this recruitment 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 Ministerial Council. 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 Ministerial Council.

By signing this declaration, I acknowledge that I will be required to provide a completed *private interests declaration* and grant permission for the conduct of probity checks, which will consist of:

- an Australia-wide criminal history 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), and
- 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).

Acknowledgement: first appointments to National Board (please tick the relevant box(es))

I acknowledge that:

- appointments to the inaugural Paramedicine Board of Australia can only be made by Australian Health Ministers if the *Health Practitioner Regulation National Law* is amended to regulate the paramedicine profession under NRAS.

- (*practitioner member applicants only*) If I am appointed by Australian Health Ministers as a practitioner (paramedic) member, I understand that I will be required to hold national registration as a paramedic from the participation day to continue to be eligible for appointment to the National Board.
- (*Chair applicants only*) If I have expressed interest in being appointed as National Board Chair, I understand that Australian Health Ministers may only appoint eligible board members to this role in accordance with the National Law as in force when the appointments are made.

Signature: _____ **Date:** _____

Thank you for taking the time to express your interest in being appointed to the inaugural Paramedicine Board.

For enquiries, please contact: statutoryappointments@ahpra.gov.au

Your application will be acknowledged by return email.