



Application Form

October 2017

Appointment to the Registration and Notification Committees of the Dental Board of Australia – All jurisdictions

Checklist for practitioners and community members

1. Please read the application guide for this vacancy before you complete the application form.
2. Answer all questions in each of the documents. Information marked with an * is optional. If you provide this information, it may be used to measure diversity in appointments.
3. To use the 'check boxes' in the application form, please double-click on the box, and select "default value – checked"
4. Read the 'Privacy Statement' and sign the declaration at the end of the application form.
5. Carefully read the Private Interests Declaration Form. All questions must be answered and where you have answered 'ye' you must provide an explanation.
6. Provide the names of three referees, with full details, within this document.
7. Attach your current CV or resume (maximum 3 pages)
8. Download and complete the following forms available on the [Committee recruitment page](#) on the AHPRA website:
 - **national criminal history check consent form** (include certified copies of proof of identity documents)
 - **private interests declaration form**
9. All forms must be completed in full and submitted following the steps below:

Step 1	Step 2
Email all documents to: statutoryappointments@ahpra.gov.au	Mail the National Criminal History Check Consent Form and certified proof of identity documents to: Statutory Appointments – National Office Australian Health Practitioner Regulation Agency GPO Box 9958 Melbourne VIC 3001

Closing date: Friday 10 November 2017

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

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

Vacancies and eligibility requirements

Note: These vacancies have specific **eligibility requirement/s** in accordance with the Health Practitioner Regulation National Law, that requires you to be from a particular jurisdiction.

All applicants	You reside in: <input type="checkbox"/> ACT <input type="checkbox"/> NT <input type="checkbox"/> SA <input type="checkbox"/> Tas <input type="checkbox"/> Vic
Community member applicants	<input type="checkbox"/> Northern Territory Registration and Notification Committee of the Dental Board of Australia <input type="checkbox"/> South Australian Registration and Notification Committee of the Dental Board of Australia
Practitioner member applicants	<input type="checkbox"/> Australian Capital Territory Registration and Notification Committee of the Dental Board of Australia <input type="checkbox"/> Northern Territory Registration and Notification Committee of the Dental Board of Australia <input type="checkbox"/> South Australian Registration and Notification Committee of the Dental Board of Australia <input type="checkbox"/> Tasmanian Registration and Notification Committee of the Dental Board of Australia <input type="checkbox"/> Victorian Registration and Notification Committee of the Dental Board of Australia Your principal place of practice is: <input type="checkbox"/> ACT <input type="checkbox"/> NT <input type="checkbox"/> NSW <input type="checkbox"/> SA <input type="checkbox"/> Tas <input type="checkbox"/> Vic

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 _____
Surname	
First name	
Other names	
Date of birth	
Gender	Female <input type="checkbox"/> Male <input type="checkbox"/>
Residential address and postcode	
Telephone	Mobile
	Business

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? * If Yes would you like this information de-identified (kept anonymous)	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Were either of your parents born overseas? *	Yes <input type="checkbox"/> No <input type="checkbox"/>
Your country of birth * If you were not born in Australia, please provide a certified copy of a citizenship certificate, passport or visa/work permit pages.	_____
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 or work: Are you employed by, or consult for, a government agency or authority. If you are a government or statutory employee, or consult to another government body we kindly ask you to advise AHPRA accordingly.	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , please provide the name of the organisation and your title (or position) with that entity: _____ _____

Section 2: Assessing your eligibility for appointment

Section 34 of the National Law sets out the eligibility requirements of Board and Committee members. Please refer to the **information guide** for more information.

All applicants: Registration details (Section 34(3)(a) of the National Law)	Do you hold current registration with a National Board? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what is your registration number? _____
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If you are a health practitioner:	Please specify your division/s of registration:
All applicants:	<p>Have you ever previously been registered? (e.g. as a practitioner under a former state or territory registration system)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please say what profession, who issued your registration, and when (if known)</p>

Section 3: Expressing interest in vacancy

How will your specific skills, knowledge and experience contribute to the Dental Board of Australia? (Maximum 3 pages)

Using the attributes listed below and described in the *Information Guide*, please provide a statement that addresses your experience and skills to the following attributes and questions:

1. Why are you seeking appointment or re-appointment to the Dental Board of Australia Registration and Notifications Committee (RNC)?
2. Describe your relevant experience with regulation and in particular dealing with matters that require an assessment of facts and its application to legislation.
3. How do you display integrity in the work you do?
4. Provide an example within your work context where you are required to think critically to come to a decision.
5. Describing your strongest skills and knowledge; how do you apply your expertise?
6. What is your style of communication and how do you achieve consensus on a decision within a team?
7. Provide an example where you were required to interpret legislation and make a decision or demonstrate your understanding of the National Law in regards to regulatory decisions.
8. What can you contribute to in collaborating in the interests of the National Scheme

Community member applicants are asked to address this additional attribute:

1. **Strong community connection:** can demonstrate a strong community connection/s and an ability to bring a public/lay perspective and voice to the regulatory work of Registration and Notifications Committee of the Dental Board of Australia.

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

Qualifications and professional memberships

<p>Qualifications, training, professional memberships – please summarise</p> <p>Qualification/s may be in addition to the qualification recognised for registration in the profession.</p> <p>If you are a member of a professional body you may wish to say so here.</p>	
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Employment History:

Employment	Employer	Position	Date of Service
<p>Current employment (part time or full time or casual) (Please indicate role if self-employed)</p>			
<p>Previous employment (please list <u>last 10 years only</u>)</p>			

Memberships:

List memberships on all bodies including non-government (i.e. board memberships, committees, council memberships, community groups). *List from most current to last 10 years.*

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

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 Statement

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 may 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 – National Criminal History Check (NCHC)
- 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 a National Personal Insolvency Index check conducted through the Australian Financial Security Authority (AFSA) which contains information about proceedings and administrations under the Bankruptcy Act 1966 (Cth), and
- in the case of a practitioner member applicant, a check of the national register and the AHPRA database will be undertaken to ensure that the practitioner is of good standing

Signature: _____

Date: _____