

Application form

December 2020

Expressions of interest for inclusion in the list of approved clinical assessors
for the Chinese Medicine Board of Australia

Checklist for applicants:

1. Please read the information guide for this position before you complete this form.

2. Please note you cannot also be a member of a National Board.

3. 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".

4. Please read the privacy information and sign the declaration at the end of the application form.

Unsigned application forms cannot be progressed.

5. Please attach your **two (2) page** resume.

6. Please download the private interests declaration form from the [committee recruitment page](#) on the Ahpra website and submit the completed form with this application form

7. All forms must be completed in full and submitted via email to cmbaregulatoryexam@Ahpra.gov.au

Your application will be acknowledged by return email.

Section 1: Personal details

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other:
Surname	
First name	
Preferred name	
Date of birth	
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other/unspecified
Residential address and postcode	
Is your postal address the same as the address above?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please enter your mailing address:
Telephone	Mobile
	Business
	Afterhours
Preferred email address	
Do you live in a regional/rural area?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you identify as an Aboriginal person and/or a Torres Strait Islander person?*	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate if you identify as an Aboriginal, Torres Strait Islander or Both:
Were either of your parents born overseas?*	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are you an Australian citizen?*	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, what is your current status in Australia?
What is your country of birth?*	
Do you speak a language other than English?*	<input type="checkbox"/> Yes <input type="checkbox"/> No

	Comments:
Do you identify as a person with a disability?*	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Declaration of status of a government employee: <i>If you are a government or statutory employee, we kindly ask you to advise Ahpra accordingly.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of organisation and contact name: <hr/>
How did you hear about this vacancy?	<input type="checkbox"/> Ahpra website <input type="checkbox"/> Word of mouth <input type="checkbox"/> Other:

Section 2: Registration details

Registration details	Do you hold general registration without conditions with the Chinese Medicine Board of Australia? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what is your registration number? <i>If no, you are not suitable for inclusion in the Board's list of approved clinical assessors</i>
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Section 3: Expressing interest in inclusion in the CMBA list of approved clinical assessors

Please respond to each of the selection criteria.

1. **Currently registered without conditions**, with the Chinese Medicine Board of Australia: ideally as both an acupuncturist and as a Chinese herbal medicine practitioner – provide details in Section 2
2. **Has experience as a clinical examiner/assessor** for Chinese medicine students in Australia
3. **Has extensive knowledge and experience** of Chinese medicine acupuncture practice and/or Chinese herbal medicine practice within the Australian health care system
4. **Displays integrity**: is ethical, committed, diligent, prepared, organised, professional, principles-based and respectful, values diversity, and shows courage and independence.
5. **Thinks critically**: is objective and impartial, uses logical and analytical processes, distils the core of complex issues and weighs up options.
6. **Communicates constructively**: is articulate, persuasive and diplomatic, is self-aware and reflects on personal impact and effectiveness, listens and responds constructively to contributions from others.
7. **Applies expertise**: actively applies -
 - knowledge of Chinese herbal medicine and/or acupuncture practice in Australian health care system; and
 - knowledge and experience as a clinical assessor for Chinese medicine students in Australia.
8. **Follows prescribed procedures and process**: is compliant, and ensures consistent approach is followed in assessing applicants.

Please type here or attach a separate page.

Section 4: Referees

Provide the names and contact details of **two referees**, noting their relationship with you.

Please ensure that you have contacted your referees before submitting your application, advising that they may be called upon.

Referee 1

Name	
Position	
Contact phone	
Email	
Relationship with candidate	

Referee 2

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 approval as a CMBA clinical assessor. 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, in order to establish its accuracy and/or to assess your application and suitability for appointment.

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 Ahpra and selection panels may make these inquiries of any persons or organisations they consider appropriate.

Signature:

Date: