

Expression of interest form

November 2022

Expressions of interest for appointment as an assessor of online case studies for the Podiatry Board of Australia

Checklist:

1. Carefully read the information guide for the expression of interest before you complete this form.
2. **Please note you cannot also be a member of a National Board**
3. When completing this expression of interest form, information marked with an * is optional. If you provide this information, it may be used to measure diversity in appointments.
4. To use the 'check boxes' in the expression of interest form, please double-click on the box, and select "default value – checked".
5. Please read the privacy information and sign the declaration at the end of the expression of interest form. *Unsigned expression of interest forms cannot be progressed.*
6. Please attach your **two (2) page** resume.
7. Please complete the private interests declaration form and submit the form with this expression of interest form by **20 January 2023**.
8. All forms must be completed in full and submitted via email to PodiatryBoardofAustralia@ahpra.gov.au

Your expression of interest 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: _____
Declaration of permission to work as an assessor of online case studies <i>If you are an employee, we kindly ask you to confirm that your employer will permit you to undertake paid work as an assessor of online case studies, including releasing you to perform the role during working hours.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of employer and contact number: _____

Section 2: Registration details

Registration details	<p>Do you hold general registration without conditions with the Podiatry Board of Australia?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, what is your registration number?</p> <p><i>If no, you are not suitable for appointment as an assessor of online case studies for the Podiatry Board of Australia</i></p>
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Section 3: Expressing interest for appointment as an assessor of online case studies for the Podiatry Board of Australia

Please respond to each of the selection criteria (Maximum of 1 page).

1. **Currently registered without conditions**, with the Podiatry Board of Australia
2. **Has experience as a Level B or C senior lecturer (or equivalent experience)** for podiatry programs in Australia with demonstrated attributes, including prescribing knowledge
3. **Has extensive knowledge and experience** of podiatry prescribing 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 podiatry prescribing in Australian health care system; and
 - knowledge and experience as a senior lecturer for podiatry programs in Australia (or equivalent experience and knowledge).
8. **Follows prescribed procedures and process:** is adherent, and ensures consistent approach is followed.

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 expression of interest, 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) in consultation with the Podiatry Board of Australia (Board) is collecting your personal information to assess your suitability for appointment as an assessor of online case studies for the Podiatry Board of Australia. 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 their expression of interest for appointment as an assessor of online case studies 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 expression of interest. It may be shared with other persons or organisations, in order to establish its accuracy and/or to assess your expression of interest and suitability for the role of assessor of online case studies.

If you do not provide the required information it may not be possible to proceed with your expression of interest.

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 expression of interest 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 the expression of interest 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 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 the role of assessor of online case studies for the Podiatry Board of Australia. 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:
