

Application form

June 2023

Appointment as the Optometry Board of Australia's nominated member of the Optometry Council of Australia and New Zealand (OCANZ)

Checklist:

1. Carefully read the information guide before you complete this form.

You must hold current registration and have previous experience as a member of the Optometry Board of Australia (the Board) under the National Registration and Accreditation Scheme (the National Scheme).

Please note you cannot also be a current Board member, Board committee member, member of a co-regulatory authority or elected member of Parliament or public servant.

2. To use the 'check boxes' in the form, please double-click on the box, and select "default value – checked".
3. Please read the privacy information and sign the declaration at the end of the form. *Unsigned expression of interest forms cannot be progressed.*
4. Please attach a **two (2) page** resume.
5. Please complete the declaration of private interests and submit it with this form via email to statutoryappointments@ahpra.gov.au by **Sunday 2 July 2023**.

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:
First name	
Last 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
Email address	

Section 2: Registration details

<p>Registration details</p>	<p>Do you hold current general registration, without conditions with the Optometry Board of Australia (the Board)?</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 eligible for this position.</i></p>
<p>Describe when you were a Board member under the National Scheme, whether you held any chair roles and what committees were you on.</p>	<p>[Please type here or attach a separate page]</p>
<p>Are you a current member of the Board, a Board committee, a member of a co-regulatory authority or an elected member of Parliament or public servant?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>If yes, you are not eligible for this position.</i></p>
<p>Have you been an employee of OCANZ within the past 5 years?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>If yes, you are not eligible for this position.</i></p>

Section 3: Response to attributes

Please respond to each of the attributes listed below (maximum of 1 page).

1. **Displays integrity:** is ethical, committed, diligent, prepared, organised, professional, principles-based and respectful; values diversity; and shows courage and independence
2. **Thinks critically:** is objective and impartial; uses logical and analytical processes; distils the core of complex issues and weighs up options
3. **Applies expertise:** actively applies relevant knowledge; skills and experience to contribute to decision-making
4. **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
5. **Focuses strategically:** takes a broad perspective; can see the big picture; and considers long term impacts
6. **Collaborates in the interests of the National Scheme:** is a team player; flexible and cooperative; and creates partnerships within and between boards and Ahpra.

[Please type here or attach a separate page]

Privacy statement

The Australian Health Practitioner Regulation Agency (Ahpra) in consultation with the Optometry Board of Australia (the Board) is collecting your personal information to assess your suitability for appointment as the Board's nominated member of the Optometry Council of Australia and New Zealand (OCANZ). 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 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 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 grant permission for enquiries 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. I understand that these enquiries will involve the disclosure of my information for these limited purposes. I understand that Ahpra and selection panels may make these enquiries of any persons or organisations they consider appropriate.

Signature:

Date: