



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 for appointment as a practitioner member / Chair on a National Board

22 March 2014

Checklist for applicants

1. Please read the **application guide for this vacancy** before you complete this form.
2. Please read the privacy information and complete the declaration at the end of the application form.
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 sign the application form and the declaration.
5. Please attach your **two-page** CV or resume, including the names of two or three referees and their contact details.
6. Please complete the **National Criminal History Check Form** (consent to check and release criminal history information and proof of identity), available on the website and organise for your proof of identity documents to be certified
7. Send your application either by option 1 or option 2 :

Option 1	Option 2
Mail the complete application to : National Board Appointments Australian Health Practitioner Regulation Agency GPO Box 9958 Melbourne VIC 3001	Email the signed application form and CV or resume to: boardappoint@ahpra.gov.au and then mail the National Criminal History Check and certified proof of identity documents to: National Board Appointments Australian Health Practitioner Regulation Agency GPO Box 9958 Melbourne VIC 3001

Closing date: Monday 14 April 2014

If you have any questions about completing this form, please either email boardappoint@ahpra.gov.au or phone (03) 8708 9313.

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

AHPRA may, at a later date, ask you to complete a declaration of private interests form.

Type of vacancy (Note: vacancies are arising as a result of the expiry of the current terms of board members and Chairs on 30 August 2014; and there is a current vacancy for a practitioner member from WA on the Osteopathy Board)	Practitioner member <input type="checkbox"/> Chiropractic Board of Australia <input type="checkbox"/> Osteopathy Board of Australia Your principal place of practice: <input type="checkbox"/> NSW <input type="checkbox"/> SA <input type="checkbox"/> WA
	Expressing interest in role of Chair of the National Board Do you have additional interest in serving in the capacity of Board Chair? Yes <input type="checkbox"/> No <input type="checkbox"/>

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"/>
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	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? *	Yes <input type="checkbox"/> No <input type="checkbox"/>

Were either of your parents born overseas? *	Yes <input type="checkbox"/> No <input type="checkbox"/>
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: _____

Section 2: Assessing your eligibility for appointment to the National Board

Please answer all of the questions below. Section 34 of the National Law sets out the eligibility requirements of National Board members.

A person is eligible to be appointed as a practitioner member only if the person is a registered health practitioner in the health profession for which the Board is established – i.e. your name appears on the National Register.

- A person is not eligible to be appointed as a member of a National Board if the person has –
- (a) in the case of a practitioner member, ceased to be registered as a health practitioner in the health profession for which the Board is established, whether before or after commencement of the National Law, as a result of the person’s misconduct, impairment, or incompetence; or
 - (b) at any time, been found guilty of an offence (whether in a state or territory or elsewhere) that in the opinion of the Ministerial Council, renders the person unfit to hold the office of member.

Registration and probity checks will be conducted on shortlisted applicants.

Registration details (Section 34(3)(a) of the National Law)	Do you hold current national registration? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what is your registration number? _____
Have you ever previously been registered? (e.g. 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) _____

Section 3: Summary of qualifications, experience, employment and membership of other bodies

- **Please attach** your **two-page** resume or CV to this application that includes the details for 2 referees.
- In addition, please complete the summary below
- You may attach additional pages if there is not sufficient space for your answer.

<p>Qualifications and training – please summarise</p> <p>(qualification/s may be in addition to the qualification recognised for registration in the profession)</p>	
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Are you a registered health practitioner –

<ul style="list-style-type: none"> • in current clinical practice? 	Yes <input type="checkbox"/> No <input type="checkbox"/>
<ul style="list-style-type: none"> • with education and training expertise? 	Yes <input type="checkbox"/> No <input type="checkbox"/>
<ul style="list-style-type: none"> • other (please specify) (e.g. practising in an administrative or academic capacity) 	Yes <input type="checkbox"/> No <input type="checkbox"/>

Employment	Employer	Position	Period of service (eg 2 years, 2006-2007)
<p>Current full-time employment</p> <p>(Please indicate role if self-employed)</p>			
<p>Previous employment within last 10 years</p>			

Membership on Boards established under, or relevant to, the National Registration and Accreditation Scheme

<p>Have you ever previously been appointed by the Ministerial Council to one of the 14 National Boards?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, which Board? _____</p>
<p>Are you currently a member of a state, territory or regional board of a National Board</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, which Board? _____</p>
<p>Are you currently a member of any other body relevant to the National Scheme (eg a health conduct or performance panel or committee or accreditation authority or a NSW health profession council)?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what body/ies?</p>

Current memberships on other bodies – including professional associations, councils, community groups, boards

Body	Position	Period of Service (eg 2 years, 2006-2007)	No. times appointed

Past memberships on other bodies – including professional associations, councils, community groups, boards

Body	Position	Period of service (eg 2 years, 2006-2007)

Section 4: Board member attributes and final statement

Using the board member attributes listed below and described in detail on Page 6 of the Information Guide, please provide a statement to address these attributes (*maximum 2 pages; 3 pages if also addressing additional attributes for role of Chair, National Board*)

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.

Additional attributes for applicants also expressing interest in the role of **Chair, National Board:**

7. Demonstrates leadership.
8. Engages externally.
9. Chairs effectively.

Please attach a separate sheet if your statement does not fit in the space provided.

Other experience – final statement

It is considered that a practitioner member will bring sound experience in the health profession for which the Board is established and will have an appreciation and understanding of the role of the National Board.

If you wish, you can use the space provided below to provide any other information that you consider supports your application, including any other relevant skills and experience you may have.

Section 5: Privacy statement

Privacy

The Australian Health Practitioner Regulation Agency (AHPRA) is collecting your personal information to assess your suitability for appointment. Appointments are made by the Australian Health Workforce Ministerial Council (the AHWMC). Your information will be stored in a secured database (the AHPRA database) and will only be shared and accessed by AHPRA officers and other authorised persons who are engaged as part of the process to fill this vacancy for appointment by the AHWMC.

All personal information provided by an individual in support of an application for appointment is treated 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 application is required for the purposes of processing and assessing your application for appointment by the AHWMC. It may be shared with other persons or organisations as part of this appointment process.

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.

Your personal details may also be included in a 'pool' of persons who are interested in appointment to the National Board. This means that when vacancies arise, authorised AHPRA officers will be able to search for eligible candidates with the qualities that are needed to fill the vacancy/vacancies. You may then be contacted to determine if you are interested in applying.

Declaration and consent (must be completed)

I declare that:

- (a) I have never been, nor am I currently insolvent; and
- (b) 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 eligibility and suitability for appointment by the Australian Health Workforce Ministerial Council (AHWMC).

I understand that these inquiries will involve the disclosure of my information for these limited purposes. I understand that AHPRA and other authorised persons may make inquiries of any person or organisation considered appropriate to support the process for filling the vacancies for appointment by the AHWMC.

By signing this declaration, I grant permission for the conduct of **probity checks**, which consist of:

1. a criminal record check Australia wide by Crim Trac
2. 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).
3. a check of the Insolvency and Trustee Service Australia (ITSA) National Personal Insolvency Index which contains information about proceedings and administrations under the *Bankruptcy Act 1966* (Cth).

I understand that AHPRA will only conduct the probity checks (above) as needed on shortlisted applicants.

I understand that AHPRA will contact me if further information is needed (including a declaration of private interests) or other information necessary to carry out these probity checks.

Signature:

Date:

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Thank you for expressing your interest in appointment to the National Board