



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 – National Board member

February 2019

Application form – applying for appointment to a **National Board** as a practitioner member or community member

Checklist for applicants

1. Please read the **information guide** before you complete this form. Eligibility requirements apply for practitioner members, for details refer to page 2.
2. Please complete this **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".
3. Please read the privacy information and sign the declarations at the end of the application form. Unsigned forms cannot be progressed.
4. Please attach your **CV or resume** (no longer than two pages).
5. Please download and complete the following **additional forms** available on AHPRA website: <http://www.ahpra.gov.au/National-Boards/National-Boards-recruitment/Board-member-recruitment.aspx>
 - national criminal history check consent form
 - private interests declaration form
6. Submit your **signed** application form by the closing date of Monday **18 March 2019** 5pm AEST via email to: statutoryappointments@ahpra.gov.au (please ensure to include your CV, private interests declaration form and your national criminal history check consent form with accompanying **certified proof of identity** documents).

Vacancies and eligibility requirements

Note: Please read the Information Guide before you complete this form – some of these vacancies have specific **eligibility requirement/s** in accordance with the Health Practitioner Regulation National Law that requires you be from a particular jurisdiction/s.

Type of application	I am applying to be appointed as a <input type="checkbox"/> Practitioner member or <input type="checkbox"/> Community member
Type of vacancy Eligibility requirements <ul style="list-style-type: none"> • Practitioner members must be registered in the relevant profession in accordance with section 33 of the National Law. • Community members may be from any state or territory. If you are applying to be a community member, you may ask for your application to be considered for more than one Board. 	National Boards (★ indicates a Board where applications are sought for both practitioner and community members): <ul style="list-style-type: none"> <input type="checkbox"/> Chinese Medicine Board of Australia (Seeking community member applicants only) <input type="checkbox"/> Medical Radiation Practice Board of Australia★ (Seeking community member applicants and practitioner member applicants from South Australia and Western Australia only, as members have already been appointed from other states and territories) <input type="checkbox"/> Occupational Therapy Board of Australia (Seeking practitioner member applicants from Victoria only, as members have already been appointed from other states and territories) <input type="checkbox"/> Paramedicine Board of Australia (Seeking community member applicants only) <input type="checkbox"/> Physiotherapy Board of Australia (Seeking practitioner member applicants from Tasmania only, as members have already been appointed from other states and territories)
Jurisdiction	<input type="checkbox"/> ACT <input type="checkbox"/> NT <input type="checkbox"/> NSW <input type="checkbox"/> Qld <input type="checkbox"/> SA <input type="checkbox"/> Tas <input type="checkbox"/> Vic <input type="checkbox"/> WA For practitioner member applicants, this is your principal place of practice. For community member applicants, this is the state or territory where you live.

Section 1: Short bio

Please provide a short bio to describe yourself and your interests and experience relevant to the vacancy (<i>max 150 words</i>)	Please either type directly into box or attach a separate sheet.
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Section 2: Personal details

Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Professor <input type="checkbox"/> Other:
Surname	<input type="text"/> Post nominal: <input type="text"/>
First name	<input type="text"/>
Other names (if applicable)	<input type="text"/>
Date of birth	<input type="text"/>
Gender Please select the gender that best describes how you identify yourself within the community.	Female <input type="checkbox"/> Male <input type="checkbox"/> Indeterminate/intersex/unspecified <input type="checkbox"/> Comments: <input type="text"/>
Your country of birth	<input type="text"/>
Residential address and postcode	<input type="text"/>
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: <input type="text"/>
Telephone	Mobile <input type="text"/>
	Other <input type="text"/>
Preferred email address	<input type="text"/>
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"/> I identify as an Aboriginal person Yes <input type="checkbox"/> I identify as a Torres Strait Islander person No <input type="checkbox"/> Comments: <input type="text"/>
Were either of your parents born overseas? *	Yes <input type="checkbox"/> No <input type="checkbox"/> Country: <input type="text"/>

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: If you are a government or statutory employee, we kindly ask you to advise AHPRA accordingly.	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, name of organisation and contact name: _____
How did you find about the vacancies?	<input type="checkbox"/> Advertisement <input type="checkbox"/> Word of mouth <input type="checkbox"/> AHPRA website <input type="checkbox"/> Social media <input type="checkbox"/> Other (please specify: _____)

Section 3: Assessing your eligibility for appointment

Section 34 of the National Law sets out the eligibility requirements of National Board 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? _____
All applicants:	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) _____
If you are a Chinese medicine practitioner:	Please specify your division/s of registration: <input type="checkbox"/> Acupuncturist <input type="checkbox"/> Chinese herbal medicine practitioner <input type="checkbox"/> Chinese herbal dispenser
If you are a medical radiation practitioner:	Please specify your division/s of registration: <input type="checkbox"/> Diagnostic radiographer <input type="checkbox"/> Nuclear medicine technologist <input type="checkbox"/> Radiation therapist

Section 4: National Board member attributes

Please provide a statement addressing the board member attributes listed below and described in the information guide. *(Maximum 2 pages; 3 pages if you are also expressing interest in Board Chair)*

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 attribute for community member applicants:

7. Strong community connection

Note – the information guide has more detail on each of these attributes.

<p>You may either address the attributes by typing directly into box (will expand as you type) or via an attachment (no longer than two-three pages).</p>

Section 5: Summary of appointments, other qualifications, employment and membership of other bodies

Appointments: made under the National Registration and Accreditation Scheme or relevant to the scheme

<p>Have you ever <u>previously</u> been appointed by the Ministerial Council to one of the National Boards?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, which Board?</p> <hr/>
<p>Are you currently a member of any other body directly relevant to the National Scheme?</p> <p>For example</p> <ul style="list-style-type: none"> • a NSW Health Professions Council • a state or territory board, or a committee of a National Board • an accreditation authority 	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, what body/ies?</p> <hr/> <p>From when:</p> <hr/>

Appointments: on other boards or committees

Are you appointed as a sitting member on a board or committee or executive of a government agency, private agency or not for profit organisation (e.g. board member, committee member, council member, community member)? This can be paid or unpaid positions – for example a member appointed to the executive board of a professional association or a member of a school committee.

Body	Appointed position	Period of service (e.g. 2013-current)	No. times appointed

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Please list any former appointments (within the past 5-10 years).

Body	Appointed position	Period of service (e.g. 2013-2015)	No. times appointed

Qualifications and professional memberships

<p>Qualifications & professional memberships</p> <p><i>(please include who issued the qualification and when)</i></p> <p>If you are a member of a professional or community organisation you may wish to say so here.</p>	
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Employment

Employment	Employer	Position	Period of service (e.g. 2010-2013)
<p>Current employment (full or part-time)</p> <p>(Please indicate role if self-employed)</p>			

Previous employment within last 10 years as relevant to your application			
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Section 6: Referees

I provide the names and contact details of **three referees** (if not already included in your CV)

Referee 1

Name:	
Position:	
Contact phone:	
Email:	
Relationship to you (eg manager, professional colleague)	

Referee 2

Name:	
Position:	
Contact phone:	
Email:	
Relationship to you: (eg manager, professional colleague)	

Referee 3

Name:	
Position:	
Contact phone:	
Email:	
Relationship to you: (eg manager, professional colleague)	

Section 7: Privacy statement

The Australian Health Practitioner Regulation Agency (AHPRA) is 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. AHPRA treats all personal information provided by an individual in relation to an application for appointment in accordance with the laws that apply to AHPRA, including the applicable provisions of the Privacy Act 1988 (Cth).

If you do not provide the required information, it may not be possible to process your application. National Board appointments are made by the Australian Health Workforce Ministerial Council (the Ministerial Council), which includes ministers responsible for health from the Commonwealth and each state and territory.

AHPRA may disclose your personal information:

- to members of the Ministerial Council and government departmental staff, and other persons engaged by AHPRA for the purpose of processing and assessing your application
- to other people (such as government agencies and health authorities) for information relevant to your application, such as identification, work history and immigration status
- to organisations that issued your qualifications in order to establish their accuracy (and these organisations may be overseas), and
- where this is required or permitted by law (e.g. where AHPRA has to publicly report on Board activities).

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: <http://www.ahpra.gov.au/About-AHPRA/Privacy.aspx>

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 as part of administering this recruitment 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 sharing personal information and 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 Ministerial Council. I understand that these inquiries will involve the disclosure of my information for these limited purposes. I understand that the AHPRA and other authorised persons may make these inquiries of any persons or organisations they consider appropriate to support the process for filling the vacancies for appointment by the Ministerial Council.

By signing this declaration, I acknowledge that I will be required to provide a completed *private interests declaration* and grant permission for the conduct of probity checks, which will consist of:

- an Australia-wide criminal history record check by CrimTrac
- 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), and
- a check of the Australian Financial Security Authority (AFSA) National Personal Insolvency Index which contains information about proceedings and administrations under the *Bankruptcy Act 1966* (Cth).

Signature: _____

Date: _____

Thank you for taking the time to express your interest in being appointed to a National Board

For enquiries, please contact: statutoryappointments@ahpra.gov.au

Your application will be acknowledged