



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 – practitioner member

February 2017

Application form – applying for appointment as a **practitioner member** on a National Board

Checklist for applicants

1. Please read the information guide for this vacancy before you complete this form.
2. 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".

3. Please read the privacy information and sign the declaration at the end of the application form. Unsigned application forms cannot be progressed.
4. Please attach your **CV or resume** (no longer than two pages).
5. Please download and complete the following forms available on the [Board recruitment page](#) on the AHPRA website:
 - **national criminal history check consent form** (please provide certified copies of proof of identity documents)
 - **private interests declaration form**
6. Submit your application via one of the following options:

Option 1	Option 2
Mail complete application to: Australian Health Practitioner Regulation Agency Attn: Statutory Appointments – National Office GPO Box 9958 Melbourne VIC 3001	Email the signed application form, CV and private interests declaration form to: statutoryappointments@ahpra.gov.au and then mail the national criminal history check consent form with accompanying certified proof of identity documents to: Australian Health Practitioner Regulation Agency Attn: Statutory Appointments – National Office GPO Box 9958 Melbourne VIC 3001

Applications close **Monday 20 March 2017**.

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

Your submission will be acknowledged by return email.

Vacancies and eligibility requirements

Note: 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.

<p>Practitioner member applicants</p> <p><i>(Note: vacancies are arising for practitioner members and Board Chairs as indicated)</i></p>	<p><input type="checkbox"/> Aboriginal and Torres Strait Islander Health Practice Board of Australia *</p> <p><input type="checkbox"/> Chinese Medicine Board of Australia *</p> <p><input type="checkbox"/> Chiropractic Board of Australia (To be eligible for vacancy you must be from South Australia)</p> <p><input type="checkbox"/> Medical Radiation Practice Board of Australia * (Not seeking applicants from South Australia or Western Australia as practitioner members have already been appointed from these states)</p> <p><input type="checkbox"/> Osteopathy Board of Australia (To be eligible for vacancy you must be from New South Wales or be from Western Australia)</p> <p><input type="checkbox"/> Occupational Therapy Board of Australia * (Not seeking applicants from Victoria as a practitioner member has already been appointed from this state)</p> <p>Your principal place of practice is:</p> <p><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</p>
	<p>* Do you have additional interest in serving in the capacity of Board Chair?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Section 1: Short bio

<p>Please provide a short bio to describe yourself and your interests and experience relevant to the vacancy (<i>max 150 words</i>)</p>	<p>Please either type directly into box or attach a separate sheet.</p>
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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"/> 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	Mobile
	Other
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? * If Yes would you like this information de-identified (kept anonymous)	Yes <input type="checkbox"/> No <input type="checkbox"/> 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: _____
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: _____ _____

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.

<p>All applicants: Registration details (Section 34(3)(a) of the National Law)</p>	<p>Do you hold current registration with a National Board? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what is your registration number? _____</p>
<p>If you are a medical radiation practitioner:</p>	<p>Please specify your division/s of registration: <input type="checkbox"/> Diagnostic radiographer <input type="checkbox"/> Nuclear medicine technologist <input type="checkbox"/> Radiation therapist</p>
<p>If you are a Chinese medicine practitioner:</p>	<p>Please specify your division/s of registration: <input type="checkbox"/> Acupuncturist <input type="checkbox"/> Chinese herbal medicine practitioner <input type="checkbox"/> Chinese herbal dispenser</p>
<p>All applicants:</p>	<p>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) _____</p>

Section 4: Summary of qualifications, experience, employment and membership of other bodies

If you are a registered health practitioner, are you –

<p>• a practitioner in current clinical practice?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>• a practitioner with education and training expertise?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>• other (please specify) (e.g. practising in an administrative or academic capacity)</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> _____</p>

Qualifications and professional memberships

<p>Qualifications, training, professional memberships – please summarise</p> <p>Qualification/s may be in addition to the qualification recognised for registration in the profession.</p> <p>If you are a member of a professional body you may wish to say so here.</p>	
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Employment

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

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 14 National Boards?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, which Board?</p> <p>_____</p>
<p>Are you currently a member of any other body directly relevant to the National Scheme</p> <p>(e.g. a NSW Health Professions Council; a committee of the National Board; a health conduct or performance panel or committee; or an accreditation authority)?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, what body/ies?</p> <p>_____</p> <p>From when:</p> <p>_____</p>

Appointments: other board and committee experience

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 board member appointed to a professional association or a member of a school committee.

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

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

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

Section 5: Board member attributes and final statement

Please provide a statement addressing the board member attributes listed below and described in the information guide (*maximum 2 pages*). If you are also interested in expressing interest in being appointed as a Board Chair (for the 4 National Boards where this office is also advertised) you may have a *maximum of 3 pages* to address the additional criteria.

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

Community member applicants:

- 7. Demonstrates strong community connection

National Board Chair applicants:

- 8. Demonstrates leadership
- 9. Engages externally
- 10. Chairs effectively

Please either type directly into box or attach a separate sheet.

Section 5: Referees

Provide the names and contact details of **three** referees, noting their relationship to you.

Referee 1

Name:	
Position:	
Contact phone:	
Email:	
Relationship to you:	

Referee 2

Name:	
Position:	
Contact phone:	
Email:	
Relationship to you:	

Referee 3

Name:	
Position:	
Contact phone:	
Email:	
Relationship to you:	

Section 6: 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:** _____