



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

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September 2017

### AHPRA Community Reference Group

#### Checklist for applicants

1. Please read the application guide for the vacancies 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.
4. Please attach your resume (*no longer than two pages*).
5. Please download and complete the following forms from the [Recruitment page](#) on the AHPRA website:
  - national criminal history check consent form
  - declaration of private interests form
6. Send your application either by option 1 or option 2:

Option 1	Option 2
Mail the complete application to:  <b>Statutory Appointments – National Office Australian Health Practitioner Regulation Agency GPO Box 9958 Melbourne VIC 3001</b>	Email the signed application form and CV to: <a href="mailto:statutoryappointments@ahpra.gov.au">statutoryappointments@ahpra.gov.au</a> <b>and mail</b> the national criminal history check consent form and certified proof of identify documents to:  <b>Statutory Appointments – National Office Australian Health Practitioner Regulation Agency GPO Box 9958 Melbourne VIC 3001</b>

If you have any questions, please contact [statutoryappointments@ahpra.gov.au](mailto:statutoryappointments@ahpra.gov.au). Your submission will be acknowledged by return email.

## Application form

<b>Vacancy</b>	<b>AHPRA Community Reference Group</b>
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### Section 1: Personal details

<b>Title</b>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Prof <input type="checkbox"/> Other:
<b>Surname</b>	
<b>First name</b>	
<b>Other names</b>	
<b>Date of birth</b>	
<b>Gender</b>	Female <input type="checkbox"/> Male <input type="checkbox"/>
<b>Residential address and postcode</b>	
<b>Is your mailing address the same as your residential address?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please enter your mailing address:
<b>Telephone</b>	<b>Mobile</b>
	<b>Other</b>
<b>Preferred email address</b>	
<b>Do you live in a rural/remote area?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Do you identify as an Aboriginal person and/or a Torres Strait Islander person? *</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Were either of your parents born overseas? *</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Your country of birth *</b>	
<b>Do you speak a language other than English at home? *</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments: _____
<b>Do you identify as a person with a disability? *</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments: _____

<p><b>Declaration of status of a government employee:</b></p> <p><i>Should you be successful, please be aware that AHPRA will request an acknowledgement of permission from your employer to be appointed and/or receive remuneration.</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, name of organisation and contact name:</p> <hr/>
<p><b>How did you hear about this vacancy?</b></p>	<p>AHPRA/Board Website <input type="checkbox"/> Social Network <input type="checkbox"/></p> <p>Newspaper Advertisement <input type="checkbox"/> Word of mouth <input type="checkbox"/></p> <p>Email from AHPRA <input type="checkbox"/> Other: _____</p> <hr/>

## Section 2: Assessing your eligibility for appointment

Please answer all of the questions below.

Please note, the following persons are ineligible for appointment:

- anyone who has served as a member of an AHPRA National Board, panel or committee
- anyone who has been involved in any official capacity in the National Registration and Accreditation Scheme, or
- a currently registered health practitioner.

<p><b>Are you a registered health practitioner?</b></p> <p><i>Please note, registered health practitioners are ineligible for appointment to the Community Reference Group.</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please say what profession, and who issued your registration:</p> <hr/>
<p><b>Have you ever previously been registered as a health practitioner?</b></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please say what profession, who issued your registration, and when (if known)</p> <hr/> <p>Date of last registration?</p> <hr/>
<p><b>Are you currently, or have you ever been involved in any official capacity in the National Registration and Accreditation Scheme, as a National Board, panel or committee member, or otherwise?</b></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please detail your appointment and/or involvement:</p> <hr/> <hr/> <hr/>
<p><b>Areas of expertise</b></p>	<p><b>Please advise areas of expertise:</b></p> <hr/> <hr/> <hr/>

### Section 3: Expressing interest in vacancy

#### How will your skills, knowledge and experience contribute to the AHPRA Community Reference Group?

Using the member attributes listed below please provide a statement to address these attributes (maximum 2 pages).

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 consumers and members of the community:** is a team player, flexible and cooperative.
7. **Demonstrates experience:** as a consumer or community advisory committee member.
8. **Is active and engaged:** as a consumer or community advisor or advocate, beyond one organisation, cause or interest group.

**Section 4: Summary of education, employment, and membership of other bodies**

- Please attach your two (2) page resume to this application.
- In addition, please complete the summary below.

<b>Education / formal qualifications</b>	
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**Employment:**

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

**Memberships:**

List memberships on all bodies, government and non-government (i.e. board memberships, committees, council memberships, community groups)

Current:

Body	Position	Period of service (eg. 2006-current)	No. of times appointed

Past: (within last 10 years)

Body	Position	Period of service (eg. 2006-current)	No. of times appointed

**Referees:**

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

**Referee 1**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Position

\_\_\_\_\_  
Contact phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Relationship with candidate

**Referee 2**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Position

\_\_\_\_\_  
Contact phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Relationship with candidate

**Referee 3**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Position

\_\_\_\_\_  
Contact phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Relationship with candidate

## Privacy

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 or the National Boards.

AHPRA and the National Boards treat all personal information provided by an individual in relation to an application for, or existing, appointment 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 application. It may be shared with other persons or organisations, such as organisations that issued your qualifications, in order to establish its accuracy and/or to assess your application and suitability for appointment. This may involve disclosing your personal information to overseas entities if, for example, your qualifications were obtained through overseas institutions.

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](http://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 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 appointments.

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 appointment. I understand that these inquiries will involve the disclosure of my information for these limited purposes. I understand that the AHPRA may make these inquiries of any persons or organisations they consider appropriate.

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

- an Australia-wide criminal 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)
- 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:**