

Attachment 2

Application form for appointment to a state, territory or regional board of a National Board

Checklist for applicants:

- Please read the **Information guide for this vacancy** before you complete this form.
- Please read the privacy information and complete the declaration at the end of the application form.
- 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.
- Please attach your CV or resume, including the names of two or three referees.
- 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.
- Send your application either by option 1 or option 2:**

Option 1

Mail the complete application to :

**National Board Appointments
Australian Health Practitioner Regulation Agency
GPO Box 9958
Melbourne VIC 3001**

Option 2

Email the signed application form and CV to:
boardappoint@ahpra.gov.au

and then mail the National Criminal History Check and certified POI documents to:

**National Board Appointments
Australian Health Practitioner Regulation Agency
GPO Box 9958
Melbourne VIC 3001**

Closing date:

If you have any questions about completing this form, please contact boardappoint@ahpra.gov.au or phone (03) 8708 9147.

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

Please fill in the application form to be considered for any of the following positions.

Position applying for:

State, territory or regional board member

Committee member

Panel member

Name of Board(s) applying for:

Please note that a community member can apply for more than one board in their jurisdiction

Position type

Health practitioner

Community member

Contact details

Title Mr Mrs Ms Miss Dr Other _____

Surname _____

First name _____

Other names _____

Date of birth _____

Gender Female Male

Residential address and postcode

Telephone

Business _____

After hours _____

Mobile _____

Preferred email address _____

Do you identify as Aboriginal person or a Torres Strait Islander person?* Yes No

Were you or at least one of your parents born overseas?* Yes No

Your country of birth* _____

Do you speak a language other than English at home?* Yes No

Do you have a culturally and linguistically diverse background?* Yes No

Do you identify as a person with a disability?* Yes No

Education

Skills, specialisations, other formal qualifications

Registration details

Profession

Registration number

Have you ever been a registered health professional? Yes - specify details below (if known): No

Profession

Who issued registration

When registration was issued

Date of last registration

*Please note that the information marked with an * is optional. If you provide this information, it may be used to measure diversity in appointments*

Employment history

Employment Please note if self-employed & list part-time employment	Employer	Position	Date of service

Memberships

Current memberships on all other government bodies (i.e. board memberships, committees, council memberships, community groups).

Body	Position	Period of membership

Please explain why would you like to be a member on a state, territory and/or regional board and how you would contribute.

If applying as a community member, please also describe how you can best represent community views and opinions as relevant to the Board?

Using the board member attributes listed below, please provide a statement to demonstrate how you address each attribute.

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 expressing interest in the role of Chair:

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

Provide the names and contact details of two or 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

AHPRA and the National Boards of Australia are 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 AHPRA officers or the relevant state, territory or regional board of Australia.

AHPRA and the National Boards of Australia treat all personal information provided by an individual in support of an application for 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 application is required for the purposes of processing and assessing your application. 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 as members of a National Board or a State or Territory Board of a National Board. This means that when vacancies arise, authorised AHPRA officers or other National Boards will be able to search for candidates with the qualities that are needed for that National Board. You may then be contacted to determine if you are interested in applying for the vacancy.

Declaration and consent

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 Board, AHPRA and selection panels may make these inquiries of any persons or organisations they consider appropriate.

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

- an criminal record check Australia-wide 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 Insolvency and Trustee Service Australia (ITSA) National Personal Insolvency Index which contains information about proceedings and administrations under the *Bankruptcy Act 1966* (Cth).

I also consent to the Board and AHPRA's collection of the information (including any sensitive information) such as gender or ethnic origin) as part of administering appointments to the list of approved panel members of the Board. This information may be shared with other persons or organisations as part of assessing the application.

<input type="text"/>	<input type="text"/>
Signature	Date