



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

June 2014

Medical Board of Australia

Queensland Board of the Medical Board of Australia

Guide 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 CV or resume (no longer than two pages), including the names of three referees.
6. Please provide certified copies of proof of identity (POI) documents.
7. Please download and complete the following forms from the [Board Recruitment page](#) on the AHPRA website:
 - a) national criminal history check form (consent to check and release criminal history information and proof of identity)
 - b) personal particulars form
8. 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 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: Monday 21 July 2014

If you have any questions about completing this form, please email boardappoint@ahpra.gov.au or phone (03) 8708 9314. Your submission will be acknowledged by return email within 48 hours of receipt.

Section 1: Personal details

<p>Position applying for:</p> <p>Please note: there is a current vacancy for a practitioner member from QLD on the Medical Board of Australia (MBA).</p> <p>Vacancies arising on the QLD Board of the MBA are due to the expiry of the current terms of state board members and Chair on 15 December 2014.</p>	<p>Medical Board of Australia</p> <p>Health practitioner <input type="checkbox"/></p> <p>QLD Board of the Medical Board of Australia</p> <p>Health practitioner <input type="checkbox"/></p> <p>Community member <input type="checkbox"/></p> <p>Do you have additional interest in serving in the capacity of Board Chair?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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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"/>
Residential address and postcode	
Telephone	Business:
	Mobile:
Preferred email address	
Do you live in a rural/remote 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"/>
Your country of birth *	
If you were not born in Australia, please provide a certified copy of a citizenship certificate, passport or visa/work permit pages.	_____
Do you speak a language other than English at home? *	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments: _____

<p>Do you identify as a person with a disability? *</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Comments: _____</p>
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Section 2: Assessing your eligibility for appointment

Please answer all of the questions below.

<p>Registration details</p>	<p>Are you a registered as a medical practitioner by the Medical Board of Australia?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, what is your registration number?</p> <p>_____</p> <p>What is your principle place of practice?</p> <p>_____</p>
<p>Have you ever been a registered health professional?</p>	<p>Yes <input type="checkbox"/> - specify details below (if known) No <input type="checkbox"/></p> <p>Profession _____</p> <p>Who issued registration _____</p> <p>When registration was issued _____</p> <p>Date of last registration _____</p>

Section 3: Expressing interest in vacancy

Please explain why you would like to be a member on a National and/or state, 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? (maximum of 2 pages)

How will your specific skills, knowledge and experience contribute to the National and/or state Medical Board of Australia?

Using the board member attributes listed below and described in detail in Page 4 of the Application Guide please provide a statement to address these attributes (maximum 2 pages).

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 on the QLD Board of the Medical Board of Australia:

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

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

- Please attach your two page resume or CV to this application.
- In addition, please complete the summary below.

Education / formal qualifications	
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Employment (Note if self-employed & list part-time employment)	Employer	Position	Period of service (eg 2 years, 2006-2007)

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

Body	Position	Period of service	No. of times appointed

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

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

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) and the relevant National Health Practitioner Board(s) are collecting your personal information to assess your suitability for appointment to the list of approved persons for appointment to panels or to effect the lapse of any current appointment/s for which you do not seek re-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 and/or formalising the lapse of any current appointment/s you for which you do not seek re-appointment. 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 or formalise the end of your current appointment/s.

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.

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 [Complete and sign only if you are applying for appointment]

I consent to the use of personal information in this form (including any sensitive information such as gender or ethnic origin) by AHPRA and the relevant National Board(s) 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 relevant National Board(s), 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 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: _____