

Application form

March 2016

Appointment to the Queensland Board of the Medical Board of Australia

Checklist for applicants

1. Please read the application 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 **two (2) page** CV or resume.
5. Please download and complete the following form via the [board recruitment page](#) on the AHPRA website:
 - national criminal history check form (must provide certified copies of proof of identity documents)
 - private interests declaration form
6. Send your application either by option 1 or option 2 :

Option 1	Option 2
<p>Mail the complete application to:</p> <p>Australian Health Practitioner Regulation Agency Attn: Statutory Appointments Unit – National Office GPO Box 9958 Melbourne VIC 3001</p>	<p>Email the signed application form and CV to: statutoryappointments@ahpra.gov.au and then mail the national criminal history check and certified proof of indentify documents to:</p> <p>Australian Health Practitioner Regulation Agency Attn: Statutory Appointments Unit – National Office GPO Box 9958 Melbourne VIC 3001</p>

If you have any questions, please contact statutoryappointments@ahpra.gov.au

Your submission will be acknowledged by return email.

Application form – for appointment to the Queensland Board of the Medical Board of Australia

Which category are you applying for?	<input type="checkbox"/> Medical practitioner – general registration <input type="checkbox"/> Medical practitioner – specialist registration <input type="checkbox"/> Community member
Area/s of expertise?	
Do you have additional interest in serving in the capacity of Board Chair?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please address the Chair attributes in Section 3 (page 4)

Section 1: Personal details

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other :
Surname	
First name	
Preferred name	
Date of birth	
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male
Principal place of practice address and postcode <small>*(Residential address for community members)</small>	
Is your postal address the same as the address above?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please enter your mailing address:
Telephone	Mobile
	Business
	Afterhours
Preferred email address	

Do you live in a regional/rural area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you identify as an Aboriginal person and/or a Torres Strait Islander person?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were either of your parents born overseas?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you an Australian citizen?*	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, what is your current status in Australia?
What is your country of birth?*	
Do you speak a language other than English at home?*	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Do you identify as a person with a disability?*	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:

Declaration of status of a government employee: <i>If you are a government or statutory employee, we kindly ask you to advise AHPRA accordingly.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of organisation and contact name: _____
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How did you hear about this vacancy?	<input type="checkbox"/> AHPRA website <input type="checkbox"/> Board website <input type="checkbox"/> Word of mouth <input type="checkbox"/> Newspaper <input type="checkbox"/> Email from Statutory Appointments <input type="checkbox"/> Other:
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Section 2: Assessing your eligibility for appointment

Please answer all of the questions below.

Registration details	Do you hold current registration with one the 14 National Boards? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is your registration number?
	If applicable, please specify your registration, division/s, specialty or area of endorsement as it appears on the public register:

Section 3: Expressing interest in appointment

Please address the desired board member attributes listed below (**maximum 2 pages**). A description of these attributes can be found on **page 5 of the application guide**.

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

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

If applying as a community member, please also describe how you can best represent community view and opinions as relevant to the Board? **(maximum of 2 pages)**

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

Please attach your resume or CV to this application (no longer than 2 pages). In addition, please complete the summary below.

<p>Qualifications and training – please summarise</p> <p>(Qualification/s may be in addition to the qualification recognised for registration in the profession.)</p>	
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Are you a registered health practitioner –

<p>• in current clinical practice?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>• with education and training expertise?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>• other (please specify)</p> <p>(e.g. practising in an administrative or academic capacity)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <hr style="border: 0; border-top: 1px solid black; margin-top: 5px;"/>

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>			

Membership on boards established under, or relevant to, the National Registration and Accreditation Scheme

<p>Are you <u>currently</u> a member of a committee of a National Board?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which Board?</p>
<p>Have you ever <u>previously</u> been appointed to one of the 14 National Boards?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which Board?</p>
<p>Are you currently a member of any other body relevant to the National Scheme? e.g. a NSW health professions council; a health conduct or performance panel or committee; or an accreditation authority</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what body/ies?</p>

<p>Are you engaged in any work which may present any actual or perceived conflict of interest, if successfully appointed to a board?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, details:</p>
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Current memberships on other bodies, including councils, community groups, boards and committees

Body	Position	Period of Service (e.g. 2013-Current)

Past memberships on other bodies – including professional associations, councils, community groups, boards (within last 10 years)

Body	Position	Period of service (e.g. 2006-2007)

Section 5: Referees

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

Please ensure that you have contacted your referees before submitting your application, advising that they may be called.

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:

- process your application
- assess your suitability for appointment to a state/territory/regional board under the Health Practitioner Regulation National Law, as in force in each state and territory, and
- manage your membership of a state/territory/regional board if you are appointed (e.g. by publishing your name on the board website and in AHPRA publications regarding the board's activities).

If you do not provide the required information, it may not be possible to process your application. Board appointments are made by the Minister for Health.

AHPRA may disclose your personal information:

- to 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).

Your personal details may also be included in a pool of persons who are interested in appointment to a state/territory/regional board. If a vacancy arises, you may then be contacted to determine if you are interested in applying.

AHPRA is committed to protecting your personal information in accordance with the Privacy Act 1988 (Cth). AHPRA's privacy policy explains how you may: access and seek correction of your personal information held by AHPRA; how to complain to AHPRA about a breach of your privacy; and how your complaint will be dealt with. The policy can be accessed 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 and the relevant National Board(s) as part of administering this recruitment and appointment 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. 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.

By signing this declaration, I acknowledge that, I 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: