



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

August 2015

Australian Capital Territory Board of the Nursing and Midwifery Board of Australia

Guide 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.
4. Please attach your signed and dated CV or resume (**maximum two (2) pages**).
5. Please download and complete the following forms from the [Board Recruitment page](#) on the AHPRA website:
 - a. national criminal history check consent form (consent to check and release of criminal history information and provide certified copies of proof of identity documents)
 - b. declaration of private interests form
6. All forms must be completed in full and sent by either by option 1 or option 2 below :

Option 1	Option 2
Mail the complete application to : Statutory Appointments – National Office Australian Health Practitioner Regulation Agency GPO Box 9958 Melbourne VIC 3001	Email all completed documents with to: statutoryappointments@ahpra.gov.au and then mail the national criminal history check and certified proof of identity documents to: Statutory Appointments – National Office Australian Health Practitioner Regulation Agency GPO Box 9958 Melbourne VIC 3001

Closing date: Wednesday 12 August 2015.

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

Please ensure to complete all fields in the following application form

Name of Board applying for:	ACT Board of the Nursing and Midwifery Board of Australia
Position applying for:	<input type="checkbox"/> Registered midwife
Your principal place of practice:	<input type="checkbox"/> ACT

Section 1: Personal details

Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/> :
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 postal address the same as your residential address?	Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please enter your postal address:
Telephone	Business:
	After hours:
	Mobile:
Preferred email address	

Do you live in a regional/rural area?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, which location: _____
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"/>
Are you an Australian citizen?*	Yes <input type="checkbox"/> No <input type="checkbox"/> 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? *	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: <i>Should you be successful, please be aware that AHPRA will request an acknowledgement of permission from your employer to be appointed as a board/committee/panel member, and/or receive remuneration.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, name of organisation and contact name: _____
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Section 2: Assessing your eligibility for appointment

Please answer all of the questions below.

Registration details	Are you a registered as a practitioner? Yes <input type="checkbox"/> No - Community member <input type="checkbox"/> If yes, which profession? <hr/> If yes, what is your registration number? <hr/>
Have you ever been a registered health professional?	Yes <input type="checkbox"/> - specify details below (if known) No <input type="checkbox"/> Profession: Who issued registration: When registration was issued: Date of last registration:

Section 3: Expressing interest in vacancy

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 views and opinions as relevant to the Board? (Maximum of 2 pages)

How will your specific skills, knowledge and experience contribute to the relevant state or territory board?

Using the board member attributes listed below and described in detail in 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

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 –

<ul style="list-style-type: none">• in current clinical practice?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<ul style="list-style-type: none">• with education and training expertise?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<ul style="list-style-type: none">• other (please specify) (e.g. practising in an administrative or academic capacity)	Yes <input type="checkbox"/> No <input type="checkbox"/> <hr/>

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

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

Have you ever <u>previously</u> been appointed by the Ministerial Council to one of the 14 National Boards?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, which Board? _____
Are you <u>currently</u> a member of a state, territory or regional board of a National Board	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, which Board? _____
Are you currently a member of any other body relevant to the National Scheme (eg a NSW health professions council; a health conduct or performance panel or committee; or an accreditation authority)?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what body/ies? _____

Do you have any conflicts of interest to declare? <i>Should you be appointed, will you have any <u>actual</u> or <u>possible</u> conflicts of interest</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, details:
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Current memberships on other bodies – including professional associations, councils, community groups, boards

Body	Position	Period of Service (e.g. 2013-2015)	No. times appointed

Past memberships on other bodies – including professional associations, councils, community groups, boards

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

Section 5: 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

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

Section 6: Privacy statement

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 (the National Law); 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 of Health.

AHPRA may disclose your personal information:

- 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 [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 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 if shortlisted for selection, I will 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: _____