



Application form - Podiatry Board of Australia Registration and Notification Committee

March 2017

Application form – applying for appointment as a **practitioner member**

Checklist for applicants

1. Please read the information guide for this position 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 **CV or resume** (no longer than two pages).
5. Please download and complete the following forms available on [the Committee Recruitment page](#) of the AHPRA website.
 - **national criminal history check consent form** (please provide certified copies of proof of identity documents)
 - **private interests declaration form**
6. Submit your application via one of the following options:

Option 1	Option 2
<p style="text-align: center;">Mail complete application to:</p> <p style="text-align: center;">Australian Health Practitioner Regulation Agency Attn: Statutory Appointments – National Office GPO Box 9958 Melbourne VIC 3001</p>	<p style="text-align: center;">Email the signed application form, CV and private interests declaration form to: statutoryappointments@ahpra.gov.au</p> <p style="text-align: center;">and then mail the national criminal history check consent form with accompanying certified proof of identity documents to:</p> <p style="text-align: center;">Australian Health Practitioner Regulation Agency Attn: Statutory Appointments – National Office GPO Box 9958 Melbourne VIC 3001</p>

Applications close **Monday 17 April 2017**

For enquiries, please contact statutoryappointments@ahpra.gov.au

Your submission will be acknowledged by return email.

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:
Surname	
First name	
Other names	
Date of birth	
Gender	Female <input type="checkbox"/> Male <input type="checkbox"/>
Residential address and postcode	
Is your mailing address the same as your residential address?	Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please enter your mailing address:
Telephone	Mobile
	Other
Preferred email address	
Do you identify as an Aboriginal person and/or a Torres Strait Islander person? * If Yes would you like this information de-identified (kept anonymous)	Yes <input type="checkbox"/> No <input type="checkbox"/> 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 *	
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: If you are a government or statutory employee, we kindly ask you to advise AHPRA accordingly.	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, name of organisation and contact name: _____ _____

Section 2: Assessing your eligibility for appointment

<p>All applicants: Registration details</p>	<p>Do you hold current registration with the Podiatry Board of Australia? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what is your registration number? _____</p>
<p>Type of registration:</p>	<p>Please specify your type of registration: e.g general, specialist or non-practising</p>
<p>All applicants:</p>	<p>Have you ever previously been registered? (e.g. as a practitioner under a former state or territory registration system) Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please say what profession, who issued your registration, and when (if known)</p>

Section 3: Summary of experience, employment and membership of other bodies

Are you:

<p>• a practitioner in current clinical practice?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>• other (please specify) (e.g. practising in an administrative or academic capacity)</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> _____</p>

Employment

Employment	Employer	Position	Period of service (e.g. 2006-2007)
<p>Current full-time employment (Please indicate role if self-employed)</p>			

Previous employment within last 10 years			

Appointments: made under the National Registration and Accreditation Scheme or relevant to the scheme

<p>Are you currently a member of any other body directly relevant to the National Scheme</p> <p>(e.g. a NSW Health Professions Council; a health conduct or performance panel; or an accreditation authority)?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, what body/ies?</p> <hr/> <p>From when:</p> <hr/>
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Section 4: Committee member skills, experience and attributes

Skills and experience

<p>Please provide us with a brief statement as to why this position interests you and what you can bring to the role in terms of skills and experience (<i>max 200 words</i>)</p> <p>See Information Guide – <i>Committee member skills, experience and attributes</i></p>	<p>Please either type directly into box or attach a separate sheet.</p>
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Attributes:

Please provide a statement addressing the committee member attributes listed below and described in the information guide (*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

Please either type directly into box or attach a separate sheet.

Section 5: Referees

Provide the names and contact details of **two** referees, noting their relationship to you.

Referee 1

Name:	
Position:	
Contact phone:	
Email:	
Relationship to you:	

Referee 2

Name:	
Position:	
Contact phone:	
Email:	
Relationship to you:	

Section 6: Privacy statement

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. AHPRA treats all personal information provided by an individual in relation to an application for appointment in accordance with the laws that apply to AHPRA, including the applicable provisions of the Privacy Act 1988 (Cth).

If you do not provide the required information, it may not be possible to process your application. Appointments to the Podiatry Board of Australia's (the Board) Registration and Notification Committee are made by the Board.

AHPRA may disclose your personal information:

- to members of the Selection Advisory Panel for this appointment
- where this is required or permitted by law (e.g. where AHPRA has to publicly report on Board activities).

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: <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 as part of administering this recruitment 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 by the Board to the Registration and Notification Committee. 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 position for appointment by the Board.

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

- an Australia-wide criminal history 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), and
- 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:** _____