

Application Form

June 2015

Chinese Medicine Board of Australia

- list of approved persons for appointment to panels, and/or
- Registration and Notifications Committee

Checklist for applicants

1. Please read the application guide for the vacancies 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 CV or resume (*no longer than two pages*).
5. Please download and complete the following forms from the [Recruitment page](#) on the AHPRA website:
 - national criminal history check form (consent to check and release of criminal history information and provide certified copies of proof of identity documents)
 - declaration of private interest form
6. Send your application either by option 1 or option 2 :

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 the signed application form and CV to: boardappoint@ahpra.gov.au and then mail the National Criminal History Check and Certified proof of indentity documents to: Statutory Appointments – National Office Australian Health Practitioner Regulation Agency GPO Box 9958 Melbourne VIC 3001

Expressions of interest close by **Monday 13 July 2015**.

If you have any questions, please contact boardappoint@ahpra.gov.au . Your submission will be acknowledged by return email.

Application form

<p>Which category applies to you?</p> <p><i>(Applicants may apply for both vacancies, however successful candidates will only be appointed to either the Committee or the list of approved persons for appointment to panels to avoid any potential conflicts.)</i></p>	<p><input type="checkbox"/> List of approved persons for appointment to panels*</p> <p><input type="checkbox"/> Registration and Notifications Committee</p>
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*Recruitment in accordance with s183(2) of the National Law, to the extent practicable, will exclude individuals whose residence or principal place of practice is in a co-regulatory jurisdiction (i.e. NSW).

<p>Current registration</p> <p><i>(minimum five years current and recent experience required)</i></p>	<p><input type="checkbox"/> Practitioner – Acupuncture</p> <p><input type="checkbox"/> Practitioner – Chinese herbal medicine</p> <p><input type="checkbox"/> Practitioner – Chinese herbal dispensing</p> <p><input type="checkbox"/> Community Member (committee applicants only)</p>
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Health practitioner applicants:

<p>Please advise areas of expertise:</p>	<hr/> <hr/> <hr/>
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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"/>
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 live in a regional/rural 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"/>
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"/> Please specify language(s) spoken: _____
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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Please note that the information marked with an * is optional. If you provide this information, it may be used to measure diversity in appointments

Section 2: Assessing your eligibility for appointment

Registration details	Do you hold registration with the Chinese Medicine Board of Australia? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what is your registration number? _____
Have you ever previously been registered as a health practitioner?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please say what profession, and who issued your registration: _____

Section 3: Expressing interest in either vacancy

Please provide a statement addressing the relevant selection criteria below:

1. Practitioner member applicants:
 - at least five (5) years clinical experience;
 - a minimum of Bachelor degree level Chinese medicine qualification.
2. Community member applicants: (*committee applicants only*)
 - ability to read and analyse/synthesise large volumes of information;
 - understanding of the health system.

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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Employment:

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			

Memberships:

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 to you:

Referee 2

Name:

Position:

Contact phone:

Email:

Relationship to you:

Referee 3

Name:

Position:

Contact phone:

Email:

Relationship to you:

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. 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

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

Signature: _____

Date: _____