



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 for appointment to the Dental Board of Australia – Registration and Notification Committees

June 2014

Checklist 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, including the names of two referees.
6. Please complete the **national criminal history check form** (consent to check and release criminal history information and proof of identity), available on the website and organise for your proof of identity documents to be certified.
7. Send your application either by option 1 or option 2 :

Option 1	Option 2
<p>Mail the complete application to:</p> <p>National Board Appointments Australian Health Practitioner Regulation Agency GPO Box 9958 Melbourne VIC 3001</p>	<p>Email the signed application form and CV to: boardappoint@ahpra.gov.au</p> <p>and then mail the national criminal history check and certified proof of identity (POI) documents to:</p> <p>National Board Appointments Australian Health Practitioner Regulation Agency GPO Box 9958 Melbourne VIC 3001</p>

Closing date: Monday 7 July 2014

If you have any questions about completing this form, please either 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

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 *	
Do you speak a language other than English at home? *	Yes <input type="checkbox"/> Comments: _____
Do you identify as a person with a disability? *	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments: _____

Section 2: Assessing your eligibility for appointment

Please answer all of the questions below.

<p>Registration details</p> <p>Given the membership requirements of each committee, practitioners with a principal place of practice in the relevant jurisdiction and residing in the relevant jurisdiction are preferred.</p>	<p>Are you a registered as a dental practitioner by the Dental 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>
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	What is your principle place of practice? <hr/>
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Section 3: Expressing interest in vacancy

How will your specific skills, knowledge and experience contribute to the Registration and Notification Committee?

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

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

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

Education / formal qualifications	
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Employment	Employer	Position	Period of service (eg 2 years, 2006-2007)
Current full-time employment (Please indicate role if self-employed)			
Current part-time employment			
Previous employment within last 10 years			

Current memberships on boards, committees, council memberships, community groups

Body	Position	Period of service	No. of times appointed

Past memberships on boards, committees, council memberships, community groups

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

Section 5: Privacy & consent

Privacy statement

The Australian Health Practitioner Regulation Agency (AHPRA) and the Dental Board of Australia 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 AHPRA officers or the Dental Board of Australia.

AHPRA and the Dental Board of Australia treats all personal information provided by an individual in support of an application for 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 application is required for the purposes of processing and assessing your application. It may be shared with other persons or organisations in order to assess your application. 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.

Your personal details may also be included in a 'pool' of persons who are interested in appointment as members of Committees of the Board. This means that when vacancies arise, authorised AHPRA officers will be able to search for candidates with the qualities that are needed for that Committee. You may then be contacted to determine if you are interested in applying for the vacancy.

Declaration (must be completed)

I declare that:

- (a) I have never been, nor am I currently insolvent; and
- (b) 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 eligibility and suitability for appointment by the Dental Board of Australia.

I understand that these inquiries will involve the disclosure of my information for these limited purposes. I understand that AHPRA and other authorised persons may make inquiries of any person or organisation considered appropriate to support the process for filling the vacancies for appointment by the Dental Board of Australia.

By signing this declaration, I grant permission for the conduct of **probity checks**, which will consist of:

1. a criminal record check Australia wide by Crim Trac
2. 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)
3. 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).

I understand that AHPRA will only conduct the probity checks (above) on shortlisted applicants.

I understand that AHPRA will contact me if further information is required to carry out these probity checks.

Signature:

Date:

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Thank you for expressing your interest in appointment.