

Application Form

October 2014

List of approved persons for appointment to panels – Dental Board of Australia

Checklist for practitioners

- ✓ Read the privacy information at the end of the application form
- ✓ Make sure you complete and sign the entire application form and the declaration
 - *Please note that the information marked with an * is optional. If you provide this information, it may be used to measure diversity in appointments*
- ✓ Please attach your CV or resume, including the names of two referees
 - *Ensure your curriculum vitae is in the preferred AHPRA preferred format. The following link details this format <http://www.ahpra.gov.au/Registration/Registration-Process/Standard-Format-for-Curriculum-Vitae.aspx>*
- ✓ Please complete (Attachment 2) National Criminal History Check Form (consent to check and release criminal history information and proof of identity), alternatively available on the website.
 - *Remember to complete all questions and sign and date this form.*
 - *You will need to certify and attach proof of identity documents. Certified copies of ID as identified in the National Criminal History Check must be a combination of type A, B and C and proof of name change is essential.*
 - *Probity checks will only be conducted for shortlisted candidates however AHPRA requires this information to be submitted at the point of application.*
- ✓ Send your complete 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 documents to:</p> <p>National Board Appointments Australian Health Practitioner Regulation Agency GPO Box 9958 Melbourne VIC 3001</p>

Closing date: Friday 31 October 2014

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

Application form - for appointment to the list of approved persons for appointment to panels of the Dental Board of Australia

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).

Division of registration? <i>(minimum three years current and recent experience required¹)</i>	<input type="checkbox"/> General - Dentist
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Health practitioner applicants:

Which National Board are you applying for?	Dental Board of Australia
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Contact 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"/> Other _____
Residential address and postcode	
Postal address and postcode (if different from above)	
Telephone	Business:
	After hours:
	Mobile:
Email address	
Do you identify as Aboriginal or Torres Strait Islander?*	Yes <input type="checkbox"/> No <input type="checkbox"/>
Were you or at least one of your parents born overseas?*	Yes <input type="checkbox"/> No <input type="checkbox"/>
Your country of birth*	

¹ You must be able to demonstrate compliance with the Board's recency of practice requirements listed in the Board's Recency of practice registration standard published at <http://www.dentalboard.gov.au/Registration-Standards.aspx>.

Do you speak a language other than English at home?*	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a culturally and linguistically diverse background?*	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you identify as a person with a disability?*	Yes <input type="checkbox"/> No <input type="checkbox"/>
Education and formal qualifications	
Teaching experience in dental and/or oral health education program,	
Skills, special interests and areas of expertise	
Delivery of dental and/or oral health CPD education or programs	
Registration details	Profession:
	Registration number:

*Please note that the information marked with an * is optional. If you provide this information, it may be used to measure diversity in appointments*

Employment:

Employment	Employer	Position	Date of Service
Current full-time employment (Please indicate role if self-employed)			
Current part-time employment			
Previous employment (please list)			

You must attach your CV in the AHPRA format if you would like your application to be considered.

Memberships:

List memberships on all bodies including non-government (ie. board memberships, committees, council memberships, community groups)

Current:

Body	Position	Period of service (eg. 2006-current)	No. of times appointed

Past:

Body	Position	Period of service (eg. 2006-2007)

References:

Provide the names and contact details of two or 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	

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 to the list of approved persons for appointment to panels. 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 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, 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.

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.

Declaration

I wish to apply for appointment to the list of approved persons for appointment to panels.

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 to the list of approved persons for appointment to panels.

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 will be required to provide a completed *Declaration of private interests*, and 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: _____

Attachment 2: National criminal history check - NCHC-00

Consent to check and release criminal history information and proof of identity

You must complete form NCHC-00 and return the completed form to:

National Board Appointments
Australian Health Practitioner Regulation Agency
GPO Box 9958
Melbourne VIC 3001

To access NCHC-00:

- see separate attachment, or
- [click here](#) to download the form.