



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

September 2017

Appointment to the Scheduled Medicines Advisory Committee- Pharmacist member

Checklist for applicants seeking appointment as a member of the Scheduled Medicines Advisory Committee (the Committee) - Pharmacist member:

1. Please read the information guide for this vacancy before you complete this form.
2. **Please note the pharmacist Committee member cannot also be a member of a National Board**
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 read the privacy information and sign the declaration at the end of the application form. Unsigned application forms cannot be progressed.
5. Please attach your **two (2) page** CV or resume.
6. Please download and complete the following forms via the [committee recruitment page](#) on the AHPRA website:
 - national criminal history check form (must provide certified copies of proof of identity documents)
 - private interests declaration form
7. Send your application either by option 1 or option 2:

Option 1	Option 2
<p>Mail the complete application to:</p> <p>Australian Health Practitioner Regulation Agency Attn: Statutory Appointments – National Office GPO Box 9958 Melbourne VIC 3001</p>	<p>Email the signed application form, CV and private interests declaration form to: statutoryappointments@ahpra.gov.au</p> <p>and then mail the National Criminal History Check and certified proof of identity documents to:</p> <p>Australian Health Practitioner Regulation Agency Attn: Statutory Appointments – National Office GPO Box 9958 Melbourne VIC 3001</p>

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

Your submission will be acknowledged by return email.

Application for appointment

Please provide a short bio that outlines your experience as relevant to the role.

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Section 1: Personal details

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other:
Surname	
First name	
Preferred name	
Date of birth	
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other/unspecified
Residential address and postcode	
Is your postal address the same as the address above?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please enter your mailing address:
Telephone	Mobile
	Business
	Afterhours
Preferred email address	
Do you live in a regional/rural area?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you identify as an Aboriginal person and/or a Torres Strait Islander person?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were either of your parents born overseas?*	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are you an Australian citizen?*	<input type="checkbox"/> Yes <input type="checkbox"/> No 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?*	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Do you identify as a person with a disability?*	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Declaration of status of a government employee: <i>If you are a government or statutory employee, we kindly ask you to advise AHPRA accordingly.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of organisation and contact name: <hr/>
How did you hear about this vacancy?	<input type="checkbox"/> AHPRA website <input type="checkbox"/> Word of mouth <input type="checkbox"/> Newspaper <input type="checkbox"/> Email from Statutory Appointments <input type="checkbox"/> Other:

Section 2: Registration details

Please answer all of the questions below.

Registration details	Do you hold current registration with one the 14 National Boards? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is your registration number?
	If applicable, please specify your registration, division/s, specialty or area of endorsement as it appears on the public register:

Section 3: Expressing interest in appointment

Please outline your skills, knowledge, attributes and experience as relevant to the key selection criteria detailed in the information guide (maximum 2 pages with a minimum of size 10 font).
Please type here or attach a separate page.

Section 4: Membership of other bodies

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

<p>Are you <u>currently</u> a member of a committee of a National Board?</p>	<p><input type="checkbox"/> No If yes, please note that you are not eligible for this role</p>
<p>Have you ever <u>previously</u> been appointed to one of the 14 National Boards?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which Board?</p>
<p>Are you currently a member of any other body relevant to the National Scheme? e.g. a NSW health professions council; a health conduct or performance panel or committee; or an accreditation authority</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what body/ies?</p>
<p>Are you engaged in any work which may present any actual or perceived conflict of interest, if successfully appointed to the committee?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, details:</p>

Current memberships on other bodies, including councils, community groups, boards and committees

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

Past memberships on other bodies, including councils, community groups, boards and committees (within the last 10 years)

Body	Position	Period of service (eg. 2006-2008)

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Section 4: Referees

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

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

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 statement

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. It may be shared with other persons or organisations, in order to establish its accuracy and/or to assess your application and suitability for appointment.

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.

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 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 Australian Financial Security Authority (AFSA) National Personal Insolvency Index which contains information about proceedings and administrations under the *Bankruptcy Act 1966* (Cth).

Signature: _____

Date: _____