

Application Form

October 2016

Appointment to the National Psychology Examination Committee – Psychology Board of Australia

Checklist for practitioners

1. Please read the application guide for this vacancy before you complete this form and complete the following:
2. Read the privacy information and complete the declaration at the end of the application form.
3. 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. Sign the application form and the declaration.
5. Attach your CV or resume, including the names of three referees.
6. 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: statutoryappointments@ahpra.gov.au</p>

Closing date: Monday 7 November 2016

If you have any questions about completing this form, please either email statutoryappointments@ahpra.gov.au or phone (03) 8708 9147.

Your submission will be acknowledged by return email within 48 hours of receipt.

Please note: Should you be successful on appointment you will be required to complete a National Criminal History Check (NCHC). The NCHC will inquire into your past and to date convictions, except those protected by the Spent Convictions Scheme (see Part VIIC of the *Crimes Act 1914*). Eg. This may also include traffic infringements for some State and Territories.

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	Mobile
	Business
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 * If you were not born in Australia, please provide a certified copy of a citizenship certificate, passport or visa/work permit pages.	_____
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: _____

Section 2: Assessing your eligibility for appointment

Please answer all of the questions below.

Registration details	Do you hold registration with the Psychology Board of Australia? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what is your registration number? _____ What is your principle place of practice? _____
Please answer the following:	Are you in current psychological practice? Yes <input type="checkbox"/> No <input type="checkbox"/> Do you have education, training and/or assessment expertise? Yes <input type="checkbox"/> No <input type="checkbox"/> Does your experience include practice, academic or both? Practice <input type="checkbox"/> Academic <input type="checkbox"/> Both <input type="checkbox"/> Other (e.g. practising in an administrative or academic capacity, please specify)? Yes <input type="checkbox"/> No <input type="checkbox"/>

Section 3: Expressing interest in vacancy

How will your specific skills, knowledge and experience contribute to the National Psychology Examination 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

Demonstrate your experience in the following areas:

1. ethics and professional issues
2. assessment and psychological testing
3. interventions
4. communications including cross-cultural and diverse groups, and
5. multiple-choice test construction (test validation, parallel forms, statistics)
6. knowledge of capabilities required for general registration in the profession

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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:

Employment	Employer	Position	Date of Service
Current full-time employment (Please indicate role if self-employed)			
Current part-time employment			
Previous employment (please list last 7 years only)			

Memberships:

List memberships on all bodies including non-government (i.e. 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 (e.g. 2006-2007)

References:

Provide the names and contact details of 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	

Assurance

Assurance of not gaining commercial advantage or private means

I advise that I am not seeking appointment to the Psychology Board of Australia, National Examination Committee for private gain or means in relation to gain a commercial or financial advantage.

I am aware that all information discussed at the National Examination Committee of the Psychology Board of Australia will be confidential and cannot be used outside for which the original purpose of intent that it is recommended for.

I am aware that the information within the context of the National Examination Committee under the Psychology Board of Australia is the intellectual property of the Psychology Board of Australia.

Signature: _____

Date: _____

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. 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.

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 may 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: _____