



National Registration and Accreditation Scheme for the Health Professions Medical Radiation Practice–Practitioner Board Member Application (Form 1MRP)

For appointment to the inaugural Medical Radiation Practice Board of Australia

Important notes

- Please read the **Application Guide** before you complete this form.
 - You may use this form to **express your interest** to be considered for appointment as a practitioner member of the Medical Radiation Practice Board of Australia.
 - You must complete the applicant declaration and consent **at Section 4**. You may attach letters of support from a nominating third party to your submission or alternatively any letters can be sent directly from the nominating third party. Details of the nominator are required in **Section 5**
 - Please read the privacy statement at **Section 6**. The collection and handling of personal information will be consistent with **the privacy** statement.
 - Please note that all applicants must give consent to probity checks being carried out. However, these checks will only be conducted for shortlisted applicants.
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APPLICANT CHECK LIST

- Have you completed all required sections of the application form? (Note: incomplete applications cannot be assessed)
- Have you attached a resume/CV, **or** completed the form's summary of employment, qualifications, skills and experience?
- Have you:
 - attached evidence of your current registration; or
 - if you were previously registered in your profession; or have not ever been registered – completed the '*Form for Eligibility Assessment for Appointment to the Medical Radiation Practice Medical Board of Australia*' at Attachment 1?
- Have you completed the declaration and consent at section 4?
- Have you attached any letters of support from the person or organisation nominating you for appointment to the National Board (if applicable)?
- Have you read the Privacy Statement at section 6?

SECTION 1: NATIONAL BOARD AND CATEGORY OF APPOINTMENT

There are four National Boards to be established. This form is for expressions of interest and nominations for practitioner member appointments to the –

Medical Radiation Practice Board of Australia

! Please also specify your practitioner category:

Diagnostic radiographer Nuclear medicine technologist Radiation therapist

SECTION 2: PERSONAL DETAILS – PRACTITIONER MEMBER APPLICANT

Personal information collected in this form is required for assessment and selection of practitioner members for the Medical Radiation Practice Board of Australia and may be shared with other bodies as part of the assessment

Title			
Surname			
First name			
Other names (if applicable)			
Date of birth	(DD/MM/YY)	Sex	<input type="checkbox"/> Female <input type="checkbox"/> Male
Postal address, including suburb, state, & postcode			
Telephone	Business	After Hours	Mobile
Email Address			

Questions 1 to 5 are optional. If provided, this information may be used to measure diversity in appointments

1. Do you identify as an Aboriginal person; or a Torres Strait Islander person; or an Aboriginal and Torres Strait Islander person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. What is your country of birth	

<p>3. Were either of your parents born overseas? If so, what country?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>4. Do you speak a language other than English at home? If so, please specify:</p>	<p><input type="checkbox"/> Yes or <input type="checkbox"/> No</p>
<p>5. Do you identify as a person with a disability?</p>	<p><input type="checkbox"/> Yes or <input type="checkbox"/> No</p>

The following information will be used to assist in the assessment of composition requirements

<p>6. Are you interested in consideration for appointment as –</p>	<p><input type="checkbox"/> Member of Board; or <input type="checkbox"/> Chair of Board; or <input type="checkbox"/> Both</p>
<p>7. Are you a practitioner in current clinical practice?</p>	<p><input type="checkbox"/> Yes or <input type="checkbox"/> No</p>
<p>8. Are you a practitioner with education and training expertise?</p>	<p><input type="checkbox"/> Yes or <input type="checkbox"/> No</p>
<p>9. Do you reside or practice in a regional or rural area/s? [see s.33(7) of the National Law]</p>	<p><input type="checkbox"/> Yes or <input type="checkbox"/> No</p>
<p>10. Are you from a large participating jurisdiction – if so which one? [see s.33(5) of the National Law] <input type="checkbox"/> NSW <input type="checkbox"/> Qld <input type="checkbox"/> SA <input type="checkbox"/> Vic <input type="checkbox"/> WA</p>	<p><input type="checkbox"/> Yes or <input type="checkbox"/> No</p>
<p>11. Are you from a smaller participating jurisdiction – if so which one? [see s.33(5) of the National Law] <input type="checkbox"/> ACT <input type="checkbox"/> NT <input type="checkbox"/> Tasmania</p>	<p><input type="checkbox"/> Yes or <input type="checkbox"/> No</p>

The following information will help with the assessment of your eligibility for appointment to the Medical Radiation Practice Board of Australia

<p>12. Please tick 'yes' to Box A or Box B or Box C below</p>	
<p>A. Are you registered in the Medical radiation profession under the law of a State or Territory?</p> <p>If so, which jurisdiction/s:</p> <p>Answer 'yes' to Box A –</p> <p>If you hold registration with one or more of the six State and Territory Registration Boards¹ (the 6 S/T Boards) or you hold New Zealand registration.</p> <p>You must provide evidence of your current registration – eg a <u>certified copy</u> of your registration certificate. Registration status will be verified.</p>	<p>Box A or</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>[s.302(a)]</p> <p><input type="checkbox"/> evidence attached (please tick)</p>
<p>B. Do you hold a qualification that entitles you to registration in the Medical radiation practice profession under the law of a State or Territory?</p> <p>Answer 'yes' to Box B –</p> <p>If you hold a qualification that is recognised for registration by one of the 6 S/T Boards (including if you were previously registered with one of the 6 S/T Boards on the basis of a previously recognised qualification)</p> <p>Qualifications are listed in Appendix A of the Application Guide</p> <p>Your eligibility for appointment will need to be assessed.</p> <p>To enable this assessment to occur please complete the Eligibility Assessment Form at Attachment A and follow the prompts in the form.</p>	<p>Box B or</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>[s.302(b)]</p> <p><input type="checkbox"/> Eligibility Assessment Form completed and attached (please tick)</p>
<p>C. Are you otherwise eligible to apply for, or hold registration in the Medical radiation practice profession under law of a State or Territory?</p> <p>Answer 'yes' to Box C –</p> <p>If you are otherwise eligible to apply for, or hold registration, with one of the 6 S/T Boards (eg, if you hold another qualification other than those listed in Appendix A and/or have experience in practising the profession)</p> <p>Your eligibility for appointment will need to be assessed.</p> <p>To enable this assessment to occur please complete the Eligibility Assessment Form at Attachment A and follow the prompts in the form.</p>	<p>Box C or</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>[s.302(c)]</p> <p><input type="checkbox"/> Eligibility Assessment Form completed and attached (please tick)</p>
<p>¹ The 6 S/T Boards are: Medical Radiation Scientists Board of the Australian Capital Territory; Radiographers Board of the Northern Territory; Medical Radiation Technologists Board of Queensland; Medical Radiation Science Professionals Registration Board of Tasmania; Medical Radiation Practitioners Board of Victoria; Medical Radiation Technologists Board of Western Australia.</p>	

13. Have you recently applied for registration with one or more of 6 S/T Boards? If so, which board	<input type="checkbox"/> Yes or <input type="checkbox"/> No
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• **General eligibility requirements**

Please note that the general eligibility requirements of s.34(4) of the National Law apply to first appointments.

A person is not eligible to be appointed as a practitioner member of a board if the person has:

- ceased to be registered as a health practitioner in the health profession for which the Board is established, whether before or after the commencement of the National Law, as a result of the person’s misconduct, impairment, or incompetence, or
- been found guilty of an offence, in the opinion of the Australian Health Workforce Ministerial Council, renders the person unfit to hold the office of member.

To help assess against this criteria, your registration status will be verified and probity checks will be conducted – but **only for shortlisted** candidates for appointment.

However, **consent to probity checks is sought from all applicants** – please consent to these checks at **Section 4**.

SECTION 3: APPLICANT’S EMPLOYMENT, QUALIFICATIONS, SKILLS AND EXPERIENCE

Please either:

(a) **attach** a Resume or Curriculum Vitae (CV) that summarises your employment history, qualifications, skills and experience, as identified in A – F below, **OR**

(b) complete A – F in the space provided below.

(tick box if Resume or CV is attached)

A: Employment summary (for the last 10 years)

Employment	Employer	Position	Period of service
Current full-time employment <i>(Please indicate role if Self-Employed)</i>			
Current part-time employment			
Previous relevant employment <i>(please list)</i>			

B: Qualifications (relevant educational, professional, or vocational qualifications)

Qualification	Name of Institution (eg University, TAFE college)	Year of conferral

C: Current memberships – registration boards, committees, councils, community groups (summary)

Body	Position	Length of Membership	No. of times appointed

D: Previous memberships – registration boards, committees, councils, community groups (summary)

Body	Position	Period of Membership	No. of times appointed

E: Other relevant skills and experience

If there is not enough room, you can provide additional information as an attachment

**F: Please provide a brief statement on why you should be appointed to the National Board
(maximum one page please)**

If there is not enough room, you can provide additional information as an attachment

SECTION 4: APPLICANT'S DECLARATION & CONSENT

This section must be completed by the person who has expressed their interest **or** has been nominated for appointment as a practitioner member of a National Board.

If I am successful in my application, I am willing to serve on the Medical Radiation Practice Board of Australia. I understand that board members are required to act impartially and in the public interest in the exercise of the member's functions.

I understand that **if I am shortlisted for appointment** as a member of the Board, probity checks will be carried out and my appointment is subject to completion of these probity checks.

I hereby give my consent to the conduct of probity checks, which will consist of:

- a criminal record check Australia-wide by Crim Trac
- 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).

I consent to the use of personal information in this form (including any sensitive information such as gender or ethnic origin) as part of the assessment and selection processes for Board membership which may include verifying my registration status.

I give permission to the information I have provided in this application form and attachments being shared (where necessary) with other persons or organisations as part of assessing the application and recommending candidates for appointment.

I confirm that all information I have provided in this form and supporting documents is true and correct.

I have read the Privacy Statement at **Section 6**.

Signature:

Date:

Name:

SECTION 5: LETTERS OF SUPPORT / NOMINATIONS

This section must be completed by the third party providing a letter of support that nominates a person for appointment as a practitioner member. The letter of support should be attached to this application or be sent directly from the nominating third party (eg an organisation, registration board, government, or an individual).

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Name of nominator (individual or organisation)

Name of nominator (individual or organisation)

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Nominating organisation contact (if applicable)

Nominating organisation contact (if applicable)

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Postal address, suburb, state & postcode

Postal address, suburb, state & postcode

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Telephone number (business) Mobile number

Telephone number (business) Mobile number

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Email address

Email address

Please describe below (or attach separately) the main reasons for nominating this person for membership of the Medical Radiation Practice Board of Australia.

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SECTION 6: PRIVACY STATEMENT

The NRAS 2012 Project Team located within the Australian Health Practitioner Regulation Agency (AHPRA) is collecting personal information to assess suitability for appointment as a member of the Medical Radiation Practice Board of Australia. All information collected will be stored in a secured database (the AHPRA database) and will only be accessed by authorised officers. The NRAS 2012 Project Team and AHPRA treats all personal information provided by individual/s 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 provided in this application is required for the purposes of processing and assessing the application. It may be shared with other persons or organisations in order to assess the 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 future appointments as members of the National 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 National Board. The person may then be contacted to determine interest in applying for the vacancy.

LODGING THE APPLICATION – Electronic lodgment is preferred

- Please save the completed application using the following naming convention: BoardName—Lastname-Firstname
- For example: please save the document as: MRPBA-Brown-Jane
- Submit the application to contact@nras2012.ahpra.gov.au by 5.00pm on Friday, 8 April 2011. You will receive an email acknowledgement as your receipt.
- If you are unable to lodge the application electronically, please send to: **Attention: NRAS 2012 Project Team, GPO Box 9958, Canberra, ACT, 2601**

Thank you for your interest in National Board membership