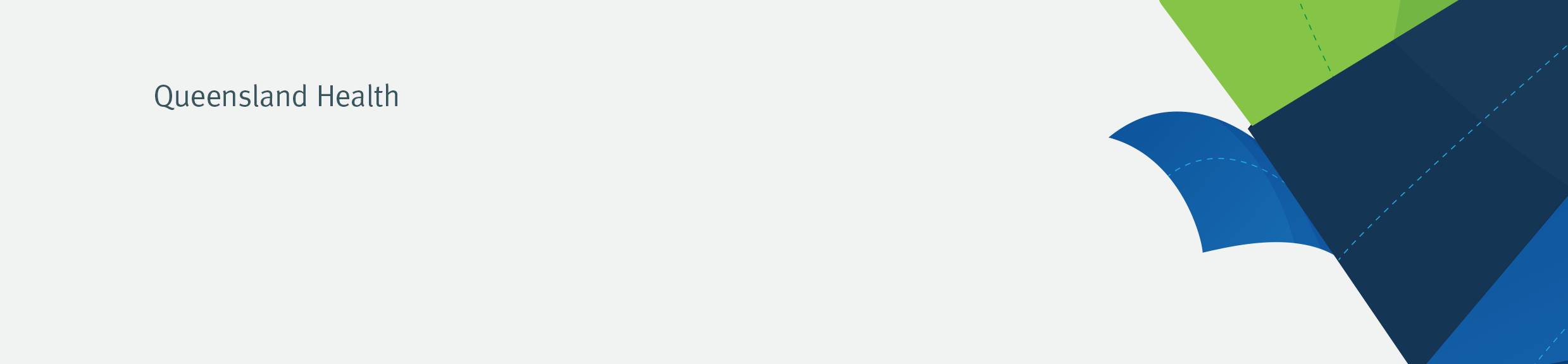
### OHSA-A1



Application for appointment

Health Ombudsman

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| Important information |
| This form is to be used for individuals applying for the position of Health Ombudsman. The information is sought to assist in assessing your eligibility and suitability for nomination and/or appointment.  To apply you must:   * complete this form * provide a Covering Letter **(maximum 2 pages)** * provide a Curriculum Vitae **(maximum 2 pages)** * provide proof of identity (please refer to the list of documents required under Appendix 1 Proof of identify)   Your personal information will be treated as confidential and will only be used or accessed by authorised persons for the purposes connected with your current candidacy for appointment, and should you be successful in appointment, to ensure an accurate record of nominees and appointees to statutory bodies.  Personal information collected by the Department of Health (or its Suppliers such as a specialist recruitment agency) is handled in accordance with the *Information Privacy Act 2009*. The personal information provided by you will be securely stored and made available only to appropriately authorised officers. Personal information recorded on this form will not be disclosed to other parties without your consent, unless required by law.  Personal information may be disclosed as part of the recruitment process, for example, in contacting referees. |

This nomination form includes:

Part A – Personal Details

Part B – Criminal History Consent

Part C – Personal Particulars

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| Part A  Section 1: Personal details | | | | | | | | | |
| Title |  | | | | | NOTE: These names should be as per your driver licence or, if you do not have a driver licence, your passport. Unless indicated otherwise, the name on your submitted proof of identity will be used for formal documentation. | | | |
| Last name |  | | | | |
| First name |  | | | | |
| Postnominals  ([Australian Honours List Only](https://www.gg.gov.au/australian-honours-and-awards)) |  | | | | |
| Middle name(s) |  | | | | | | | | |
| All previous and other names known by (these names will not be published, and are used to facilitate probity checks) |  | | | | | | | | |
| Date of birth |  | | | | | | | | |
| Country of birth |  | | | | | | | | |
| Place of birth (city/town) |  | | | | | | | | |
| State or territory of birth (if within Australia) | QLD | VIC | NSW | SA | WA | | NT | TAS | ACT |

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| Section 2: Contact details | |
| Phone number(s) |  |
| Email |  |
| **Residential address**  Street address |  |
| Suburb (or city/town) |  |
| State or territory |  |
| Postcode |  |
| Country (if other than Australia) |  |

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| Section 2: Contact details (continued) | | | |
| Is this your mailing address? | Yes  Continue to Part 3. | No  Provide your mailing address below. |  |
| Street address or  PO Box |  | | |
| Suburb (or city/town) |  | | |
| State or territory |  | | |
| Postcode |  | | |
| Country (if other than Australia) |  | | |

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| **Section 3: Diversity information (optional)** |
| Answers to these questions are optional. Your responses to the questions below will support the Queensland Government's commitment to developing strategies and programs to promote diversity and inclusion on Queensland Government boards, committees and other government bodies. |
| **Are you an Aboriginal or Torres Strait Islander person?** An Aboriginal or Torres Strait Islander person is a person of Aboriginal or Torres Strait Island descent, who identifies as such, and is accepted as such by the Aboriginal and/or Torres Strait Islander community in which he or she lives.  Yes, I am an Aboriginal person  Yes, I am a Torres Strait Islander person  ☐ Yes - I am both an Aboriginal person and Torres Strait Islander person  No - I am not an Aboriginal person or a Torres Strait Islander person  ☐ I do not wish to provide this information |
| **Do you come from a non-English speaking background/culturally and linguistically diverse background?**  A person from a non-English speaking background is defined as a person who either:   * migrated to Australia and whose first language is a language other than English; **or** * one (or both) parent(s) migrated to Australia and did not have English as a first language.   Please select one box only.  ☐ Yes - I migrated to Australia and my first language is a language other than English  ☐ Yes - One or both of my parents migrated to Australia and did not have English as a first language  ☐ No - I come from an English-speaking background  ☐ I do not wish to provide this information |
| **Do you have a disability?**  A person with a disability is defined as a person who has, or has had a disability of a type, listed below:   * Physical * Sensory (hearing, speech or vision) which cannot be corrected by appropriate aids such as hearing aids or glasses * Intellectual or learning * Psychiatric.   Please select one box only.  Yes, I identify as having a disability  ☐ No, I do not identify as having a disability  ☐ I do not wish to provide this information |
| **Are you a woman?**  Please select one box only.  Yes  No  Prefer not to say |

Your answers to the questions below will not automatically include or exclude you from selection unless there is a corresponding legislative basis. It is important you refer to the expression of interest for the role you are applying for as you may be required to provide additional documents in relation to your answers in this section.

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| Section 4: Additional information | | | |
| Are you admitted to the legal profession under the *Legal Profession Act 2007 (Queensland)* or a corresponding law? | Yes | You must attach a certified copy of your certificate of admission if it is a requirement of the position you are applying for. | No |
| Are you, or have you ever been, a health practitioner (within Australia or overseas)? | Yes | What is/was your profession? | No  Skip to Part B |
|  |  |
| Are you currently registered as a health practitioner under the *Health Practitioner Regulation National Law* (the National Law), as in force in each state and territory? | Yes | What is your registration number? | No |
| Do you hold specialist registration as a medical practitioner with the Medical Board of Australia? | Yes | What is your specialty?  What is your field of specialty practice (if applicable)? | No |
| Is your registration as a health practitioner under the National Law subject to conditions that limit your right to practise the profession or have you entered an into an undertaking with the relevant National Board? | Yes | Please provide details – you may attach a separate page. | No |

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| Part B - Criminal history check consent | |
| Criminal history checks are undertaken for nominees to health portfolio statutory bodies, to assist in determining whether prospective nominees are suitable to perform the duties required. Criminal history checks will not be undertaken without your consent. Please read the following criminal history consent form carefully before signing to ensure you agree to the terms of the criminal history check.   * I am the applicant noted on the form and confirm that the details provided are true and correct. * I consent to checks against all Australian police jurisdictions (including associated records) undertaken by the Queensland Police Service and the release of information which is related to me to the Department of Health or it Supplier. * I have attached 100 points of certified identification (please see Appendix 1 for further information as to what constitutes 100 points of identification) | |
| **Signature of applicant** |  |
| **Name of applicant** |  |
| **Date** |  |

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| Probity checks |
| The following probity checks may also be conducted to assist in assessing your suitability for this role:   * consideration of declarations of interest and other matters as outlined in the Personal Particulars Form * review of the Australian Securities & Investments Commission insolvency and banned and disqualified registers * review of the Queensland Government lobbyist register * review of the Queensland Register of Appointees to government bodies register * general internet searches.   These checks are consistent with whole of government due diligence checks required to be undertaken in relation to potential nominees for appointment to statutory agencies. |

**PART C - Appointment to government body**

Personal particulars form – Candidates

Private and confidential

Candidates for appointment to a government body are requested to complete and sign this form.   
The information is sought to assist in assessing a candidate’s suitability for nomination/appointment.   
An answer of yes to any question(s) will not automatically exclude a person from selection unless there is a corresponding legislative requirement prohibiting appointment.

Your response will be treated as confidential and will only be used for purposes connected with   
your current candidacy for appointment.

[Please print]

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| **Title** |  | **Postnominals**  **(**[**Australian Honours List only**](https://www.gg.gov.au/australian-honours-and-awards)**)** |  |
| **Name:** |  | | |
| **Address:** |  | | |
| **Date of birth:** |  | | |
| **Place of birth:** |  | | |

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| **Please answer all of the following questions. If there is insufficient space below, please attach details.** |
| If selected, would you have any conflicts of interest, that is, do you have any private interests that may affect or appear to affect your public duty, eg employment, directorships, partnerships, assets or liabilities? (If YES, please specify) |
| Are you affected by bankruptcy action? (If YES, please specify. For the purposes of this question, a person is affected by bankruptcy action if the person - (a) is bankrupt; or (b) has compounded with creditors; or (c) as a debtor, has otherwise taken, or applied to take, advantage of any law about bankruptcy.) |
| Do you have any disclosable criminal convictions, ie convictions as an adult that form part of your criminal history and which have not been rehabilitated under the *Criminal Law (Rehabilitation of Offenders) Act 1986*? (If YES, please specify) If you are unsure about the status of any criminal convictions which you have, you may wish to seek legal advice in responding to this question. |
| Are you aware of any charges pending against you or are there any matters involving offences which are under investigation and which may involve you? (If YES, please specify) |
| Are you or have you ever been the subject of a complaint to a professional body in Australia which has been substantiated or is currently under investigation, including the Crime and Misconduct Commission or the former Criminal Justice Commission? (If YES, please specify) |
| Are you or your company listed on the Register of Lobbyists? (If YES, please specify) |
| Do you know of any reason why you should not be appointed? (If YES, please specify) |
| **Declaration**  I consent to provide the above information in respect of myself and understand that there is no legal obligation for me to do so. I declare that the personal information provided by me in this form is complete and correct to the best of my knowledge. I understand that I may be asked to consent to a criminal history check being undertaken in respect of myself and that the results of that check may be taken into account by the Queensland Government in assessing my suitability for appointment.  **Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

Note: If selected, it is requested that you advise the relevant Minister in writing of any changes to the above information on becoming aware of such changes at any time during the term of your appointment.

Appendix 1: Proof of identity

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| Primary documents  Applicants must provide suitable proof of identity. This is based on a 100-point identity check. You must provide legible, colour certified copies of identity documents. The below table provides a guide. | Points |
| Australian Birth Certificate or Birth Card | 70 |
| Australian Passport (current or expired within last two years) | 70 |
| Australian Citizenship Certificate | 70 |
| International Passport (passport must have a current valid Australian visa) | 70 |
| Secondary documents  Note: Only one secondary document will attract 40 points, subsequent secondary documents will attract 25 points per item. Secondary documents with a photo will be accepted as primary identity documents but only attract the points listed in the below table. | Points |
| Australian Photo Driver Licence **(both sides required)** | 40 or 25 |
| Australian Photo Firearms Licence | 40 or 25 |
| State or Federal Government Employee Photo Identity | 40 or 25 |
| Tertiary Education Institution Photo Identity | 40 or 25 |
| Australian Learner’s Permit | 40 or 25 |
| Department of Veterans Affairs Card | 40 or 25 |
| Centrelink or Social Security Card | 40 or 25 |
| Proof of Age Card | 25 |
| Medicare Card | 25 |
| Council Rates Notice | 25 |
| Property Lease/Rental Agreement | 25 |
| Motor Vehicle Registration or Insurance Documents | 25 |
| Utility Bills (e.g. Telephone, Gas, Electricity, Water) | 25 |
| Credit/Account Card | 25 |
| Bank Statement/Passbook | 25 |
| Health Care Card | 25 |

A change of name document is required if a document is in a different name however does not contribute to the points score. Accepted change of name documents are Marriage Certificate (official), Divorce Papers and Change of Name Certificate from the Registrar General.