

AHAC/CHAC - EXPRESSION OF INTEREST

The NSW Government is committed to ensuring appropriate representation of women, people of culturally diverse backgrounds, Aboriginal and Torres Strait Islander people, people with a disability and young people on Government Boards and Committees. Please complete the details below (please keep to 1 page) and the attached Criminal Record Check consent form and submit with a current Curriculum Vitae (of no more than 2 pages) to the address indicated on the advertisement for this position.

Full name			
Gender (please tick)	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth: <input style="width: 100px;" type="text"/>
Address			
Advisory council you are interested in		Position:	<input type="checkbox"/> Chair <input type="checkbox"/> Member
Are you a member of any other <u>NSW Government</u> boards or committees? If yes, please list:			
Do you identify as belonging to one of these groups? (Please tick)	<input type="checkbox"/> Aboriginal or Torres Strait Islander <input type="checkbox"/> Person with a disability <input type="checkbox"/> Person with experience in the provision of healthcare services <input type="checkbox"/> Person able to represent the interests of consumers of health services and the local community of the advisory council you are interested in <input type="checkbox"/> Person with expertise, knowledge or experience in relation to Aboriginal health		
What is your Ancestry?			
Are you an employee of the NSW Government?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a Visiting Medical Officer or a non-government doctor?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you contracted to provide services to any NSW Health entity?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please describe your qualifications and experience applicable to the position:			

Signed:		Date:	
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BOARD, TRIBUNAL, COUNCIL & COMMITTEE APPOINTMENT CRIMINAL RECORD CHECK CONSENT FORM	
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A Criminal Record Check will be conducted on candidates preferred by the NSW Minister for Health for appointment to a NSW Health Statutory board, tribunal, council or committee.

Please provide your full name as well as any other names / aliases by which you have been known.

	Family or Last Name	Given Name 1	Given Name 2	Given Name 3
Primary Name #				
Other / Alias 1				
Other / Alias 2				
Other / Alias 3				
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	/ /	(dd/mm/yy)
Place of Birth	City:	State:	Country:	
Address				
Telephone No.		Driver's Licence No.	State:	

I am aware that if considered for appointment, a Criminal Record Check will be undertaken.

I understand that a conviction for a serious sex or violence offence (including, but not limited to sexual assault, acts of indecency, child pornography, child prostitution and carnal knowledge) will automatically exclude me from appointment. This includes a charge that is proven in court but does not proceed to a conviction.

I consent to a Criminal Record Check being conducted and am aware that if any relevant record is identified, additional information relating to that record may be sought from sources such as courts, police, prosecutors, and past employers to enable a full and informed assessment.

I acknowledge that:

- i) any information obtained as part of this process may be used by Australian Police Services for law enforcement purposes, including the investigation of any outstanding criminal offences;
- ii) any information obtained during employment screening may be collected and used by the NSW Public Health Service for screening purposes.

Where a criminal record check proves positive, the information will be treated confidentially. A positive result from a criminal record check will not necessarily preclude a person from being appointed to a Government Board, Tribunal, Council or Committee. Each particular case will be determined on its merits. Should any decision be contemplated that would disadvantage a person, they will have an opportunity to speak with a representative of the Minister for Health before a decision is made.

I certify that the above information is accurate and understand that if I have provided false or misleading information it may result in a decision not to appoint me, or, if already appointed, may lead to my appointment being terminated.

Signature:

Date: / /

Record of identifying documents:

It is a requirement of NSW Police that all persons undergoing Criminal Record Checks present identifying documents prior to lodgement of a check. As a result, all candidates for appointment are required to provide copies of identifying documents as per 100 point ID check (details over page).

Please record relevant details in the table below and attach copies to this consent form:

Description of document	Date of Issue	Place/ Office of issue/ issuing organisation	Expiry date	Ref. or doc. number	Points
Total points					

100 Point Identification Check

ITEM	POINT SCORE
<i>Primary Documents – Only one of each may be submitted</i>	
<ul style="list-style-type: none"> • Birth Certificate • Birth Card issued by the New South Wales Registry of Births, Deaths and Marriages • Citizenship Certificate • Current Passport • Expired passport which has not been cancelled and was current within the preceding 2 years 	70
<i>Secondary Documents</i>	
<p style="text-align: center;">The following documents must have a PHOTOGRAPH and NAME:</p> <ul style="list-style-type: none"> • Driver Licence issued by an Australian State or Territory • Licence or permit issued under a law of the Commonwealth, a State or Territory Government (e.g. a boat licence) • Identification card issued to a public employee • An identification card issued by the Commonwealth, a State or Territory as evidence of the applicant's entitlement to a financial benefit • An identification card issued to a student at a tertiary education institution • A Proof of Age Card or NSW Photo Card issued by the NSW Roads and Traffic Authority (Note RTA Proof of Age Card will be valid until 13 December 2008) 	40
<p><i>The following documents must show NAME and ADDRESS:</i></p> <ul style="list-style-type: none"> • A document held by a cash dealer giving security over the applicant's property • A mortgage or other instrument of security held by a financial body • Council rates notice • Document from the applicant's current or former employer within the past 2 years • Document from the Credit Reference Association of Australia • Land Titles Office record 	35
<p>The following documents must show NAME and SIGNATURE – points from the same source may only be counted once (ie. a Mastercard and EFTPOS card issued by the same financial institution):</p> <ul style="list-style-type: none"> • Marriage Certificate (for maiden name only) • Credit Card • Foreign Drivers Licence • Medicare Card (signature not required) • Membership to a registered club • NRMA Membership • EFTPOS Card 	25
<p><i>The following documents must show NAME and ADDRESS:</i></p> <ul style="list-style-type: none"> • The electoral roll compiled by the Australian Electoral Commission and available for public scrutiny • A recent signed reference of recommendation from an acceptable referee (eg Doctor, Teacher, Clergy, Banker, Police etc) • Lease/rental agreement • Rent receipt from a licensed real estate agent • Records of a public utility – eg. Phone, water, gas or electricity bill) • Records of a financial institution • A record held under law other than a law relating to land titles 	25
<p><i>The following documents must show NAME and DATE OF BIRTH:</i></p> <ul style="list-style-type: none"> • The records of a primary, secondary, or tertiary institution attended by the applicant within the past 10 years • The records of a professional or trade association of which the applicant is a member 	25