Shared Lay Members Panel

Expression of Interest Form

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| **Title** | **First Name** | **Middle Name** | **Last Name** | **Post-nominals** |
| Choose an item. | Click/tap here to enter text. | Click/tap here to enter text. | Click/tap here to enter text. | Click/tap here to enter text. |
| **Residential Address** | **Gender** | **Date of Birth** |
| Click/tap here to enter text. | Click or tap here to enter text. | Click/tap here to enter text. |
| **Email Address** | **Telephone** | **Mobile** |
| Click/tap here to enter text. | Click/tap here to enter text. | Click/tap here to enter text. |
| **Qualifications and expertise** |
| Click/tap here to enter text. |
| **Do you identify as belonging to any of these groups?** |  |
| Aboriginal and Torres Strait IslanderPerson from a non-English speaking backgroundPerson with a disability | ☐ Yes ☐ No☐ Yes ☐ No ☐ Yes ☐ No |
| What is your ancestry? English, Italian, Chinese, etc | Click/tap here to enter text. |
| **Are you:** |  |
| 1. a public sector employee?

If Yes, does your employer support your nomination? | ☐ Yes ☐ No ☐ Yes ☐ No |
| 1. on the Lobbyist Register?
 | ☐ Yes ☐ No |
| 1. a member of other Government boards and committees?
 | ☐ Yes ☐ NoIf yes, list the names of the boards and committees below:Click/tap here to enter text. |
| 1. a lawyer who has held a practising certificate in Australia or overseas at any time?

Note: Applicants who are legal practitioners will not be eligible to apply for a lay member position. This includes any individual who has a current practising certificate in Australia or overseas or who at any time has held a practising certificate in Australia or overseas.  | ☐ Yes ☐ No |
| **Profession details**  |  |
| 1. Are you currently registered in a health profession in Australia or overseas?
 | ☐ Yes ☐ NoIf yes, provide profession details below:Click/tap here to enter text.Ahpra registration number:Click/tap here to enter text. |
| 1. Have you ever held registration in a health profession in Australia or overseas?
 | ☐ Yes ☐ NoIf yes, provide profession details below:Click/tap here to enter text. |
| **Vaccination Status:** |
| 1. Have you received a primary course of a TGA approved COVID-19 vaccine?
2. If you have answered no to question 1, do you have a medical contraindication certificate?

Prior to any appointment being confirmed you will be required to provide evidence of your vaccination status. The HPCA does not intend to hold any medical information of any applicants or members. Upon receiving a COVID-19 vaccination certificate, HPCA will verify it and the copy of the certificate will be destroyed safely and securely.  | ☐ Yes ☐ No☐ Yes ☐ No |

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| **Details of two referees:** |
| Name: Click/tap here to enter text.Position: Click/tap here to enter text.Email Address: Click/tap here to enter text.Phone Number:Click/tap here to enter text. | Name: Click/tap here to enter text.Position: Click/tap here to enter text.Email Address: Click/tap here to enter text.Phone Number: Click/tap here to enter text. |
| **Checklist before you submit your application** |
| * Expression of interest form
* Brief statement addressing each of the selection criteria (no more than three pages)
* Up- to- date curriculum vitae (no more than five pages)

Email to hpca-ps-appointments@health.nsw.gov.au **by Friday 6 January 2023.**  |

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| **Office use only** |  |
| Date of receipt | Click or tap to enter a date. |
| Staff receiving  | Click/tap here to enter text. |
| Documents checklist | * Expression of interest form
* Brief statement addressing each of the selection criteria (no more than three pages)
* Up- to- date curriculum vitae (no more than five pages)
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