**Appointment – Expression of Interest Form**

**Podiatry Council of New South Wales**

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| **Council Membership (current or position applied for)** | | | | **Current Council membership (if applicable)** | | |
| Practitioner Member  President  Deputy President | | | | ☐ Practitioner member  ☐ Australian Lawyer  Community Member | | |
| **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. | |
| **If you are a practitioner member:**   |  |  | | --- | --- | | 1. Provide profession details: | Click/tap here to enter text. | | 1. Ahpra registration number: | Click/tap here to enter text. | | 1. Registration status: | Click/tap here to enter text. | | 1. Principal Place of Practice: | Click/tap here to enter text. |   **If you are an Australian lawyer:**   |  |  | | --- | --- | | 1. Have you provided evidence that you have been admitted to the legal profession? | Yes  No | | 1. Are you currently on the Supreme Court roll? | Yes  No |   **Qualifications and expertise** | | | | | | |
| Click/tap here to enter text. | | | | | | |
| **Do you identify as belonging to any of these groups?** | | | | |  | |
| Aboriginal and Torres Strait Islander  Person from a non-English speaking background  Person 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  No | |
| **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) * Evidence of admittance to the legal profession (for Australian lawyer applications)   Email to [hpca-ps-appointments@health.nsw.gov.au](mailto:hpca-ps-appointments@health.nsw.gov.au) by **9am 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) * Evidence of admittance to the legal profession (for Australian lawyer applications) |