



Appendix B: Expression of interest for clinician members

To apply for the role of a clinician member of the Newborn Bloodspot Screening (NBS) Program Management Committee (PMC), please complete this expression of interest form and provide your current curriculum vitae (CV).

There are 7 parts to this form: please make sure that you complete all 7 parts of the form in full.

If you have any questions or if you require assistance or adjustments to fully participate in the application process for this role, please email the NBS PMC secretariat (nbs.secretariat@ahaconsulting.com.au).

Part 1: Your details

Title:

Name:

Pronouns (optional):

Email:

Phone:

Address:

Part 2: Professional information

Current profession and employer:

Formal qualifications:

Please note that you may be requested to provide evidence for your formal qualifications.

Professional memberships and organisations:

Current and previous positions (for the last 5 years) held on committees or boards:

Have you previously provided advice to or participated in the NBS PMC? Yes No

*If yes, please provide the period and capacity (e.g. as a member, proxy member or observer/invited guest) in which you provided advice to the NBS PMC:

Part 3: Key selection criteria

1. Clinical experience (required)

Please briefly describe how your clinical experience is relevant to the NBS PMC. For example, you may reference your experience managing paediatric patients with metabolic disorders or genetic conditions.

(maximum of 200 words)

2. Advisory experience (desirable)

Please briefly describe your experience providing clinical advice to government or, if you do not have this experience, please describe your ability to do so.

(maximum of 200 words)

3. Experience in the following areas (desirable)
- treating/managing paediatric populations
 - participating in committees and/or providing independent technical clinical advice to inform health policy.
- (maximum of 200 words)

Part 4: Additional information

Please answer the following by checking Yes or No:

I am over 18 years old.	Yes	No
I am an Australian citizen.	Yes	No
I am currently registered with the Australian Health Practitioner Regulation Agency	Yes	No

Part 5: Confidentiality and conflicts of interest

All NBS PMC information is to be treated in strict confidence unless otherwise specified.

All members of the NBS PMC are required to declare any real or apparent conflicts of interests. Conflicts of interest are any circumstances or affiliations in which the signing participant has a direct or indirect interest (whether financial or non-financial) that is affecting, will affect, or could be perceived to affect their ability to participate in the PMC in a diligent, fair, and independent manner.

Successful candidates will be required to complete a *Deed of Confidentiality and Conflict of Interest form* at the time of appointment and commit to declaring any new conflicts of interests should they arise.

The Australian Public Service Commission publishes advice regarding [conflicts of interest in the APS Values and Code of Conduct in practice](#).

Please declare any conflicts of interests, real or apparent.

1. Name of company, organisation, institution or person with which you are associated

Nature of relationship

Nature of actual or perceived conflict of interest

2. Name of company, organisation, institution or person with which you are associated

Nature of relationship

Nature of actual or perceived conflict of interest

Part 6: Referees

Please provide the name, relationship and contact details of 2 professional referees.

Referee 1

Name:

Relationship:

Phone:

Email:

Referee 2

Name:

Relationship:

Phone:

Email:

Part 7: Declaration

Please answer the following by checking Yes or No:

I have provided my CV.	Yes	No
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I consent to the department retaining my details and contacting me in relation to future opportunities to support NBS PMC.	Yes	No
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By signing this form, I:

- certify that the statements made by me and any supporting documentation (e.g. CV, academic details) are true and complete at the time of submission
- understand that any false or misleading information made in my application may result in it being excluded from further consideration
- consent to the Department of Health, Disability and Ageing conducting any pre-employment checks required
- consent to Australian Healthcare Associates and the Department of Health, Disability and Ageing collecting personal information about me for the purposes of assessing your application and suitability for the role
- have obtained the consent of any individuals whose personal information is included in my application.

Signature of applicant:

Date: