# Healthway Health Promotion Research Assessment Committee

# Instructions

In order to be considered as a member of the Research Assessment Committee, please complete the following and submit via email to [recruitment@heathway.wa.gov.au](mailto:recruitment@heathway.wa.gov.au) by **5pm, Friday 25 June 2021.**

* Application form below; and
* Current resume.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Full Name | Family Name: | | | Given Name/s: | | | | Title: | | | |
| 2. Gender | Male  Female | | | 3. Date of Birth: | | | |  | | | |
| 4. Address | Residential: | Number / Street: | | | | | | | | | |
| Suburb / Town: | | | | | | | | | |
| State: | | | | | Postcode: | | | | Country: |
| Postal: | Same as above | | | | | | | | | |
| 5. Contact Details:  *Please provide at least one contact number* | Mobile: | | | | Business: | | | | Private: | | |
| Email: | | | | | | | | | | |
| 6. Are you of Aboriginal or Torres Strait Islander Origin? | | | Yes  No | | | If yes, please identify which | | | | | |
| 7. Do you have a Doctor of Philosophy? | | | Yes  No | | | If yes, provide the title of your thesis, and year of completion. | | | | | |
| 6. Are you a member of any other WA Government Boards or Committees? | | | Yes  No | | | If yes, please list | | | | | |
| 7. Do you identify as belonging to one or more of these groups? | | | Person with a disability  Person from a non-English speaking background | | | | | | | | |
| 8. Are you an employee of the WA Government? | | | | | | Yes  No | If yes please name the organisation. | | | | |
| 9. Do you have any current convictions for any offences from any Court, or are you currently the subject of any charges before the courts? | | | | | | Yes  No |  | | | | |
| 10. Please provide the names and daytime contact numbers of two (2) referees that are willing to support your application | | | | | | Referee Name: | | | | Contact Number: | |
| Position: | | | | | |
| Referee Name: | | | | Contact Number: | |
| Position: | | | | | |

## Declaration

I declare that all the above statements and attached supporting information are true. I acknowledge that any statement, which is found to be false or deliberately misleading, will make me ineligible for an appointment to the Research Assessment Committee.

I grant permission for enquiries to be made to establish the accuracy of any of the information provided by me in this form and accompanying attachments and to determine my suitability for nomination. I understand that these enquiries will involve the disclosure of my information for these limited purposes.

By signing this declaration, I acknowledge that I will be required to grant permission for the conduct of probity checks, if I am shortlisted for and appointment to the Research Assessment Committee consisting of:

* A National Criminal Record Check Australia wide by the National Police Checking Service – CrimTrac and a Working with Children Check; and
* A check of the Australian Securities and Investment Commission (ASIC) Register of the persons prohibited/disqualified from managing corporations under the provision of the Corporations Act 2001 (Cth).

**Signature of Applicant:** **Date:**

Information required to submit your application:

This application form  
 Curriculum Vitae

**Expressions of Interest may be submitted by:**

Email: [recruitment@healthway.wa.gov.au](mailto:recruitment@healthway.wa.gov.au)