

**EXPRESSION OF INTEREST**

**APPLICATION FORM**

**Medical Officer in AFP Canberra SHIELD Hub**

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| **Application Requirements** |

If you would like to be part of shaping the future of health and wellbeing for the AFP and are an individual with the suitable skills, experience and qualifications required to perform this role, the application requirements are set up below.

To apply for this EOI process please complete and return the documents listed below to [shield@afp.gov.au](mailto:shield@afp.gov.au) by the EOI Closing Date and Time:

1. a completed Application Form;
2. a copy of your CV; and
3. a statement of claims.

**Statement of Claims**

Using the information provided about the role and the person we are looking for that has been outlined above, your application should include a statement of claims (a short ‘pitch’ of one page being 500 words or less) that draws out why you are interested in the role, what you can offer the AFP, your skillset, relevant career history and achievements and your leadership attributes.

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| **Response to the Expression of Interest** |

**Medical Officers for AFP’s Canberra SHIELD Hub**

Applicants should provide a response to each of the following questions.

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| **Applicants Details** | | |
| **Name** | *<insert detail>* | |
| **Address** | *<insert detail>* | |
| **Postal Address** | *<insert detail>* | |
| **Phone** | *<insert detail>* | |
| **Email** | *<insert detail>* | |
| **ABN** | *<insert detail>* | |
| **Australian Government Security Clearance**  (please indicate if you have a current security clearance and provide the details of your security clearance) | Yes ☐ No ☐  Agency and Level of Australian Government Security Clearance\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Grant Date of Australian Government Security Clearance\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **CV Attached**  (please ensure that you attach your current CV with the EOI) | Yes ☐ | |
| **Statement of Claims**  (please ensure that you attach a statement of claims with the EOI) | Yes ☐ | |
| **Mandatory Requirements** | | |
| To be considered as part of this EOI process, Applicants **must satisfy** each of the below mandatory requirements. If an Applicant is unable to meet any of these requirements, their application will not be considered.  **The AFP will only accept applications from individuals (including sole traders) or firms that primarily exist to provide the services of an individual, and will not accept applications from other entity types, including recruitment companies or large-scale medical service providers.** | | |
| **The Mandatory Requirements** | | **Response** |
| 1. Applicant is an Australian Citizen | | Yes ☐ No ☐ |
| 1. Applicant has a minimum of 5 years’ post graduate experience in primary health care, public health and occupational setting | | Yes ☐ No ☐ |
| 1. Applicant has a current unconditional and unrestricted registration as a Medical Practitioner, General in Australia with the Australian Health Practitioners Regulation Agency (AHPRA) | | Yes ☐ No ☐ |
| 1. Applicant has a Fellowship of the Royal Australian College of General Practitioners (FRACGP) or Fellowship of the Australian College of Rural and Remote Medicine (FACRRM) or vocational registration | | Yes ☐ No ☐ |
| 1. Applicant has recently participated in Continuous Professional Development (CPD) activities in accordance with AHPRA | | Yes ☐ No ☐ |
| 1. Applicant has the ability to obtain an AFP Security Clearance (refer to the [Security Vetting Gateway page on the AFP website](https://www.afp.gov.au/careers/entry-level-recruit-policing-and-protective-service-officer-recruitment/security-vetting) for further information) | | Yes ☐ No ☐ |
| 1. Applicant is an individual (sole trader) or part of a firm that primarily exists to provide the services of an individual | | Yes ☐ No ☐ |
| 1. Applicant holds or is willing to hold the insurances as stated in this Expression of Interest | | Yes ☐ No ☐ |

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| **Other Information – Referees** |

Please insert contact details for at least two (2) professional referees.

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| **Referees 1** | |
| **Name of referee** |  |
| **Current position/title** |  |
| **Contract phone and email** |  |
| **Relationship to Applicant** |  |
| **Referees 2** | |
| **Name of referee** |  |
| **Current position/title** |  |
| **Contract phone and email** |  |
| **Relationship to Applicant** |  |