

**Personal particulars form –
Private and confidential**

Candidates for appointment are requested to complete and sign this form. The information is sought to assist in assessing a candidate's suitability for nomination/appointment. An answer of yes to any question(s) will not automatically exclude a person from selection.

Note: If selected, it is requested that you advise the relevant Minister in writing of any changes to the above information on becoming aware of such changes at any time during the term of your appointment.

Name:	
Address:	
Date of birth:	
Place of birth:	

Please answer all of the following questions. If there is insufficient space below, please attach details.

If selected, would you have any conflicts of interest, that is, do you have any private interests that may affect or appear to affect your public duty, eg employment, directorships, partnerships, assets or liabilities? (If YES, please specify)

Do you have any disclosable criminal convictions, i.e. convictions as an adult that form part of your criminal history and which have not been rehabilitated under the *Criminal Law (Rehabilitation of Offenders) Act 1986*? (If YES, please specify) If you are unsure about the status of any criminal convictions which you have, you may wish to seek legal advice in responding to this question.

Are you aware of any charges pending against you or are there any matters involving offences which are under investigation and which may involve you? (If YES, please specify)

Are you or have you ever been the subject of a complaint to a professional body in Australia which has been substantiated or is currently under investigation, including the Crime and Corruption Commission or the former Criminal Justice Commission? (If YES, please specify)

Do you know of any reason why you should not be appointed? (If YES, please specify)

Declaration

I consent to provide the above information in respect of myself and understand that there is no legal obligation for me to do so. I declare that the personal information provided by me in this form is complete and correct to the best of my knowledge. I understand that I may be asked to consent to a criminal history check being undertaken in respect of myself and that the results of that check may be taken into account by the Queensland Government in assessing my suitability for appointment.

Signature: _____

Date: _____

The Department of Justice and Attorney-General is collecting your personal information in accordance with the Queensland Government's Remuneration of Part-time Chairs and Members of Government Boards, Committees, and Statutory Authorities, for the purpose of assessing your eligibility for appointment to Queensland Government statutory bodies and to receive fees should you be appointed. It is the Department's usual practice to disclose your personal information to relevant statutory bodies seeking to appoint members, and to the Department of the Premier and Cabinet and Queensland Treasury.



QUEENSLAND POLICE
AUTHORITY AND INDEMNIFICATION

CONSENT TO CHECK NATIONAL POLICE RECORDS AND ADVISE A THIRD PARTY

(Family Name)	MR/MRS/MS/MISS
(Given Names)	

(Former Maiden Name, Married Name/s, or Aliases)

(Residential Address)	
POSTCODE	
TELEPHONE	PRIVATE ()
BUSINESS ()	

DATE OF BIRTH	/ /	PLACE OF BIRTH	
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PROOF OF IDENTITY

**Attach a legible –
photocopy of your current Driver’s Licence OR
photocopy of your current passport including photograph and signature OR
photocopies of two other forms of identification bearing your signature**

NAME OF THIRD PARTY	
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This check is for the purpose of undertaking work with the Third Party that is **PAID** **UNPAID**

I, whose personal particulars are set out above, authorise the Commissioner of Police or his servants or agents to:

check my name against records that are held by the Queensland Police Service or are available to them nationally from other Australian Police Services, and I further agree to provide my fingerprint impressions if required for checking purposes, and if I do not have a conviction or if I only have a conviction that cannot be disclosed by virtue of the Criminal Law (Rehabilitation of Offenders) Act 1986 (Qld) to advise the above-named third party that I do not have a conviction that can be disclosed. If I have a conviction that can be disclosed, I authorise the disclosure to the above-named third party of the details of that conviction. I clearly understand that any details disclosed to the above-named third party will be considered by them and may affect any application I have made with them for a position of trust or employment, or as the case may be.

I hereby agree not to take or suffer or permit to be taken any legal action whatsoever or howsoever against the Crown in the right of the State of Queensland, the Commissioner of Police or any member or agent of the Queensland Police Service in respect of advice given to a third party or the disclosure or use of information relating in any way to records under the name supplied.

SIGNATURE OF PERSON	
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IN THE PRESENCE OF

SIGNATURE OF WITNESS	
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PRINTED NAME OF WITNESS	
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DATE

/ /

QCAT Tribunal Recruitment Application Form

- Senior Member (appointed full time)
- Permanent
- Acting
- Ordinary Member (appointed full or part-time)
- Permanent
- Acting
- Ordinary Member (appointed on a sessional basis)
- Adjudicator (appointed full or part-time)
- Permanent
- Acting

Important information: You must complete all sections of this form and indicate 'N/A' where not relevant. Your application will be kept on file until 30 June each year at which time you must reapply.

Part 1 – Personal details			
Title:			
Given name (in full):			
Surname/Family name:			
Preferred name:			
Professional/business address:			
Address:			
Suburb/Town:			
State:		Postcode:	
Home address:			
Address:			
Suburb/Town:			
State:		Postcode:	
Work number:			
Home number:			
Mobile number:			
Email address:			

Part 2 – Eligibility requirements

Legal category

A) I have been admitted to legal practice in Queensland, another Australian state or territory, or have been enrolled as a legal practitioner of the High Court of Australia, in:

the Supreme Court of Queensland *Date of admission:* / /

the High Court of Australia *Date of admission:* / /

another state or territory of Australia

Please indicate which: _____ *Date of admission:* / /

B) Number of years in practice as:

a solicitor: _____

a barrister: _____

a government lawyer or corporate lawyer: _____

Please note: You must provide a copy of your relevant qualifications and certificate of admission with this application.

Non-legal category

I possess a specialist qualification in relation to a class of matter for which functions may be exercised by QCAT.

Class of matter: _____

Details of relevant and specialist qualifications: _____

Year achieved: _____

Please note: You must provide a copy of your relevant qualifications with this application.

Part 3 – Equal employment opportunity/diversity information

Completion of this section is voluntary and information is treated confidentially:

QCAT recognises the diversity of our community.

To ensure our membership reflects the community, we encourage applicants from culturally and linguistically diverse backgrounds to apply. Tick as many as may apply to you.

- Prefer not to respond
- People with a disability
- Women
- First Nations People
- Australian South Sea Islander
- People from a culturally and linguistically diverse backgrounds

Country of birth: _____

Please indicate (if any) which cultural and linguistic background you identify with:

Part 4 – Application information

Please indicate your area/s of specialist knowledge / expertise / experience:

More than one list may be selected.

- | | |
|---|---|
| <input type="checkbox"/> Alternative Dispute Resolution Skills | <input type="checkbox"/> Veterinary Surgery |
| <input type="checkbox"/> Law | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> Teaching | <input type="checkbox"/> Psychiatry |
| <input type="checkbox"/> Nursing | <input type="checkbox"/> Paediatrics |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Child Protection |
| <input type="checkbox"/> Building Certification | <input type="checkbox"/> Fisheries |
| <input type="checkbox"/> Retail Shop Leases | <input type="checkbox"/> Medicine |
| <input type="checkbox"/> Human Rights | <input type="checkbox"/> Guardianship |
| <input type="checkbox"/> Manufactured homes | <input type="checkbox"/> Retirement villages |
| <input type="checkbox"/> Residential tenancy | <input type="checkbox"/> Consumer / trader – supply of goods and services |
| <input type="checkbox"/> Motor vehicles | <input type="checkbox"/> Complex body corporate and lot entitlements |
| <input type="checkbox"/> Minor debts | <input type="checkbox"/> Dividing fences |
| <input type="checkbox"/> Trees | <input type="checkbox"/> Animal regulation |
| <input type="checkbox"/> First home buyers grants | <input type="checkbox"/> Taxation |
| <input type="checkbox"/> Liquor and gaming | <input type="checkbox"/> Yellow cards |
| <input type="checkbox"/> Blue cards | <input type="checkbox"/> National Disability Insurance Scheme (NDIS) |
| <input type="checkbox"/> Weapons licencing | <input type="checkbox"/> Engineers |
| <input type="checkbox"/> Architects | <input type="checkbox"/> Surveyors |
| <input type="checkbox"/> Police | <input type="checkbox"/> Racing |
| <input type="checkbox"/> Agents financial administration (property agents, motor dealers, chattel auctioneers, debt collectors) | <input type="checkbox"/> Queensland Building and Construction Commission (QBCC) |
| <input type="checkbox"/> Prohibition or exclusion from schools | <input type="checkbox"/> Adoption |
| <input type="checkbox"/> Domestic / Commercial building (major / minor) | <input type="checkbox"/> Debt recovery |
| <input type="checkbox"/> Appeals | |

Part 5 - Referees

Please set out referees who are in a position to comment on your suitability for appointment as a QCAT member / adjudicator. Referees indicated below may be contacted by QCAT. Discretion will be exercised if contacting referees.

1st Referee	2nd Referee
Name:	Name:
Position:	Position:
Relationship:	Relationship:
Telephone:	Telephone:
Email:	Email:

Part 6 - Declaration

I declare that the information supplied on his form is true and correct to the best of my knowledge and (if completing this form electronically) I certify that the typed signature below is intended to be my signature.

Signature: _____

Date: _____

Privacy statement

Information collected through the expression of interest process is used to assess a candidate's suitability for appointment to QCAT and is only shared with individuals involved in the selection and appointment process.

Part 7 – Lodgement

Email all documents, preferably in one attachment (Word or PDF) to support your expression of interest to: QCATtribunal.Appointments@justice.qld.gov.au.

Part 8 – Checklist

Please ensure all of the below are submitted as part of your application package, omission may result in your application being excluded from the process.

- Address to Selection Criteria
- Resume
- Appointment to Government Body: Personal Particulars Form (Form A)
- Consent to Criminal History Form (Form B)
- Copy of drivers licence/passport
- Statutory Appointment and Public Service Employments Currently Held Form (Form C)
- QCAT Tribunal Recruitment Application Form (Form D)
- Copy of all relevant qualifications and admission information.