

Assessor Application

PMAQ

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| PRIVACY STATEMENT Personal information collected by the Queensland Department of Health by Prevocational Medical Accreditation Queensland (PMAQ) is handled in accordance with the *Commonwealth Privacy Act 1988* for the collection, use, disclosure, storage of personal information and mandatory breach notification requirements. This is in addition to Queensland Health’s requirements to comply with the Queensland *Information Privacy Act 2009* and the *Hospital and Health Boards Act 2009*.  The Queensland Department of Health is collecting your name, position and contact details in order to maintain a pool of experienced assessors and stakeholders to help PMAQ undertake intern accreditation activities in Queensland.  All personal information will be securely stored and only accessible by authorised officers of the Queensland Department of Health (PMAQ staff). Upon your request, PMAQ staff will remove your details from the securely stored record to cease any ongoing communication.  Your personal information will not be disclosed to other parties without your consent, unless required or authorised by law. Upon request, Queensland Health may provide Australian Health Practitioner Regulation Agency (AHPRA) with all necessary information in Queensland Health’s control relevant to accreditation services so that AHPRA can comply with their obligations under the Commonwealth *Freedom of Information Act 1982*.  For information about how the Queensland Department of Health protects your personal information, or to learn about your right to access your own personal information, please see the Queensland Health website at <https://www.health.qld.gov.au> |

Please provide as much detail as possible to allow PMAQ’s Accreditation Committee to comprehensively assess your application.

**Complete & return to** [PMAQ@health.qld.gov.au](mailto:PMAQ@health.qld.gov.au)

***Note: the text boxes over the page will expand as text is added*.**

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| **Title & Name** |  |
| **Email** |  |
| **Mobile Phone** |  |
| **Work Phone** |  |
| **Mailing address** |  |
| **Employer  *Eg, QH, Mater Health Services, Ramsay Health*** |  |
| **Facility / Hospital where you are currently based** |  |
| **Profession *Eg, JMO, SMO/Staff Specialist, Manager, MEO, DCT, DON, EDMS, etc*** |  |
| **Current Position / Specialty  *Eg, JHO, SHO, PHO, Registrar, Senior Registrar*** |  |
| **Qualifications & College affiliations** |  |
| **Years’ in current role *If retired from active work in your main profession, indicate how many years retired*** |  |
| **Contact details of a Professional Referee** | Name:  Position:  Contact Number: |
| **Contact details of a Personal Referee** | Name:  Position:  Contact Number: |

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| **Dietary Requirements** |  |
| **Frequent Flyer Membership Details *ie: Program & Membership number*** |  |

**Please turn over**

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| **Do you have any Assessor experience? – Please detail below Include experience as an assessor of intern accreditation; previous training; participation as an observer; experience with other assessor teams (eg ACHS; Colleges; other health disciplines)** |
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| **List details that will assist PMAQ to appropriately allocate assessor team members**  **Examples include: No overnight travel; Availability in 2019 & 2020; Only available for Desktop Reviews** |
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### Version Control

| **Version** | **Date** | **Comments** |
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| 1.1 | 12/03/2019 | Added Professional Referee details |
| 1.2 | 13/09/2019 | Added Privacy Statement |
| 1.3 | 31/01/2020 | Migrated onto QH template |
| 1.4 | 28/07/2020 | Added personal referee |