

**EXECUTIVE ON-LINE APPLICATION FORM**

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| Applicant Name: |       |
| REQ ID Number: |       |
| Classification: |       |
| Job Title: |       |

**QUALIFICATIONS/MANDATORY REQUIRMENTS:** (explain how you meet any qualifications or mandatory requirements for the position. Write N/A if no requirements were specified)

#  SELECTION CRITERIA FOR CHIEF EXECUTIVES AND EXECUTIVES

#  Leads and values people

# Motivates and develops people

# Values diversity and respects individuals

# Builds a culture of improving practice

Response against this critera

**Shapes strategic thinking**

* Inspires a sense of purpose and direction
* Encourages innovation and engages with risk
* Thinks broadly and develops solutions

Response against this critera

**Achieves results with integrity**

* Develops organisational capability to deliver results
* Manages resources wisely and with probity
* Progresses evidence based policies and procedures
* Shows sound judgement, is responsive and ethical

Response against this critera

# Fosters collaboration

# Listens and communicates with influence

# Engages effectively across government

# Builds and maintains key relationships

Response against this critera

**Exemplifies citizen, community and service focus**

* Understands, anticipates and evaluates client needs
* Creates partnerships and co-operation
* Works to improve outcomes

Response against this critera

# Referee’s for this position

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| --- |
| *You must supply the details of at least two referees’ for this application or attach written referee reports addressing the selection criteria on the ACT Health pro-forma. Where a verbal report is obtained by the Selection Advisory Committee you may request a written record from the Chairperson. Any verbal reports that contain adverse comments are automatically provided to the applicant.*  |
| Name:       Phone:       Email:       |
| Name:       Phone:       Email:       |

[ ]  I have supplied written reports with this application

**APPLICANT DECLARATION:**

[ ]  I herby declare that the information supplied in my application is, to the best of my knowledge true and accurate at the time of lodgement.

**HEALTH/PHYSICAL ABILITIES DECLARATION:**

[ ]  I am not aware of any health restrictions that would prevent me from performing any of the duties of the position as detailed in the duty statement and any Inherent Job requirements checklist supplied to me.

# OR

[ ]  I do have health restrictions that may impair my ability to perform some of the tasks involved and would like to discuss these with the Selection Advisory Committee.

**FALSE OR MISLEADING STATEMENTS DECLARATION:**

[ ]  I am aware that any false or misleading statements may jeopardise my appointment or temporary employment.

**NOTE:** An application will **not** be considered further if the above declarations are not completed.

**Your completed application form addressing the selection criteria should be uploaded into your on-line profile using the "Add" link on the far right of the "My Profile" screen after you have logged on and applied for the position. It is important that you upload the document with the "REQ ID" number as part of the title. (i.e REQ 211) Applications that are not accompanied by this form will not be considered.**