

EXPRESSION OF INTEREST

Workgroups

BACKGROUND

Access to high quality paediatric health care when needed is a key determinant in providing every child in Victoria with the maximum opportunity to achieve their full potential as an adult.

The Paediatric Services Development Project commenced in 2007, in recognition of the need to have a coordinated approach to planning and development of paediatric services in Victoria.

The population in Victoria is changing, so too is health care. There are several key challenges for paediatric services in the future including changing workforce, technology and models of care. The Victorian Government, through the Department of Human Services is establishing a Paediatric Clinical Network (PCN) to support an integrated state-wide approach to health services for children in which the community has confidence. It will promote and support the delivery of efficient, effective and equitable health care for children in Victoria.

The PCN has appointed the Paediatric Leadership Group (PLG), which is representative of a broad range of stakeholders. As one of its first functions the PLG will oversee the establishment of specialist workgroups specifically designed to focus on key priority areas, both clinical and operational.

MEMBERSHIP

The specialist workgroups will be endorsed by the Paediatric Leadership Group and will comprise key stakeholders from a variety clinical, health service and consumer organisations, including representatives of the Victorian Department of Health.

Membership to the workgroups will be by Expression of Interest (EOI) and vacancies will be advertised by the PCN from time to time. EOI will be reviewed by the Paediatric Clinical Lead(s) in consultation with the department.

The period of tenure will normally be 12 months, and members will be eligible for reappointment, subject to application procedures.

Workgroups will include:

Metropolitan, Rural, Surgery for Children, Complex Needs and Statewide Services, will include a number specific workgroups for clinical areas such as: Cardiac, Renal, Neuroscience, Rheumatology, Allergy, Diabetes/ Endocrinology, Gastroenterology, Respiratory, Community/developmental.

Selection Criteria for membership

- Have a demonstrated expertise/interest in Paediatric health care, paediatric health service delivery and associated child and adolescent services.
- Be available to participate in the activities of the workgroup, including monthly face to face meetings and electronic communication
- Be able to demonstrate a commitment to the guiding principles of clinical networks.
- Have a vision for Victoria's Paediatric health services and can show a commitment to engaging with all stakeholders in a dialogue that is open, creative and decisive.
- Have an awareness of recent management and leadership thought or theories.
- Completion of the declaration of interest form (Attachment 1)

If you are interested in a position on this workgroup, please complete the following details and forward, in confidence, to Sue C Morgan, by mail or email (see end of document for details).

Expressions of interest can be lodged at any time and will be considered as vacancies become available. However, in order to be considered for membership of the initial group, please forward your EOI no later than **12 October 2009**.

If you are successful in your application the proposed first meeting of the PCN Leadership Group will be held on :

Date : **First week in November**, at a date and time to be agreed amongst workgroup members

Time : **TBA**

Venue: Department of Human Services

Level 19

50 Lonsdale St.

Melbourne

Room: **TBA**

**EXPRESSION OF INTEREST – PAEDIATRIC CLINICAL NETWORK
LEADERSHIP GROUP**

1. Full Name and Title

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2. Postal Address

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3. Phone contact details (work and mobile preferred)

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4. Email contact details (please include the address or addresses to which leadership group materials can be sent)

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5. Current position(s) held

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6. Outline your area(s) of interest /expertise /experience in paediatric health care.

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7. How do you believe the Paediatric Leadership Group can make a difference?

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8. What do you think are the main and current issues in the delivery of paediatric health services?

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8. Please detail any other information you think may be relevant to this Expression of Interest

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9. For the meeting time to be arranged, please nominate up to 3 days and times that you are available to meet. A mutually convenient time will be determined and will be advised together with written acknowledgement of a candidate's success.

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Signed.....

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Date/...../20.....

Please forward to Sue Morgan at:

Clinical Networks & Service Development Programs Branch 19/50 Lonsdale Street, Melbourne, 3000 GPO Box 4057 Melbourne VIC 3001	or by email to: sue.c.morgan@dhs.vic.gov.au
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Declaration of Private Interests (From DPC Guidelines)

Note: Only trusts, shares, real estate and other interests which may potentially cause a conflict of interest need to be declared.

APPOINTEE'S DECLARATION

(Please type or write you answers in block capitals)

I, *(insert full name)*

am a potential appointee to the

and consent to the Department collecting an using this information on a confidential basis as described I this form.

I make this declaration as a *(insert date)*.....

A. Private Interests

A1. Other significant sources of income: Please provide details o income form other than your main source of employment income relating to contracts, office held in return for payment or other reward or a trade, vocation or professional engaged in by you.	
A2. Office holder: Please provide the name of any company, trustee company, or incorporated associations or other entity in which you hold office, whether it si a public or private body and the name of the office held by you.	
A3. Shareholdings and other business interest: (a) Do you or a member of your family have shareholding, investments or other business interest? This includes nominee shareholders on behalf of the agency in government companies. Please provide details of all such holdings of witch you are aware, which could reasonable rasiie an expectation of conflict of interest, or a material interference with your public duties. (b) Give the name and nature of operations of the company, partnership, association or other entity, and the nature of the interest. Where the State determines that there is any material conflict, you may be required to divest the particular interest.	

<p>A4. Trusts:</p> <p>Please provide the name and nature of the operations of;</p> <ul style="list-style-type: none"> • Any trust of which are a beneficiary; • The name of the trustee or any trust of which you are a trustee; or • Any trustee company of which you are a director and in which a member of your immediate family is a beneficiary <p>Of which you are aware, which could reasonable raise an expectation of conflict of interest , or a material interference with you public duties.</p>	
<p>A5. Real Estate:</p> <p>To your knowledge, please provide details of the location and purpose of any real estate owned by you) including your residence or a member of your family, which could reasonably raise an expectation of conflict of interest, or a material interference with your public duties.</p>	
<p>A6. Agreements:</p> <p>Please provide details of any contract, agreements or understanding entered into by you or a family member, of which you are aware, that gives rise to an obligation or an expectation of reward, such as an agreement about future employment once the appointment term is completed. Only provide information which could reasonable raise an expectation of conflict of interest or a material interest with your public duties.</p>	

<p>A7. Other Interest:</p> <p>Please provide details of any other significant financial or other interest held or accruing to you or a member of your family, of which you are aware, which could reasonably raise an expectation of a conflict of interest or material interference which your public duties.</p> <p>Example of a substantial financial or other interests include;</p> <ul style="list-style-type: none"> • Being a principal or key employee of a material professional adviser supplying services; and • Interests in contracts, trusts or other business arrangements not already covered. 	
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B. Probity

B1. Have you been declared bankrupt or been the subject of any order under the Bankruptcy Act 1966 (Cth)? If so, provide details	Yes / No	
B2. Have you been a director or executive officer of a corporation which became insolvent whilst you were a director or executive officer? If so, provide details.	Yes / No	
B3. Have you ever been disqualified from acting as a Director or acting in the management of an incorporated association? If so, provide details.	Yes / No	
B4. Have you ever been found guilty of any offence or contravened any civil penalty provision under the Corporations Act 2001 (Cth) or any of its predecessors or the Associations Incorporations Act 1981 (Vic) or any equivalent in other jurisdictions? If so, provide details.	Yes / No	
B5. Are you currently a party in any capacity to any litigation or any such threatened proceedings, either criminal or civil? If so, provide details.	Yes / No	
B6. Has there ever been a finding of guilt against you for a criminal offence (except a conviction that is spent under Part VIIC Crimes Act 1914 (Cth))? If so, provide details.	Yes / No	
<p>B7. To the best of your knowledge and belief, have you been, or are you currently, the subject of any inquiry or investigation, including those by:</p> <ul style="list-style-type: none"> • a department or agency of the Commonwealth; and/or • a department or agency of a State or Territory of Australia; and/or • a professional association; and/or • a consumer protection organisation? <p>If so, provide details</p>	Yes / No	

The Department treats all personal information provided by an individual in support of an appointment application in accordance with the *Information Privacy Act 2000 (Vic)* and the *Public Records Act 1973 (Vic)*. The personal information you provide in this form is required for application processing and assessment purposes, including submission to Cabinet. It may be shared with other public sector organisations. Should you wish to gain access to your personal information held by the Department please contact the Department's Privacy Officer.

When you provide us with the information about other individuals, we rely on you to make them aware that such information will or may be provided to us as part of the application process.

If all or part of the requested information is not provided this failure may impact on your application.

I declare that to the best of my knowledge, the information I have provided in Part A and Part B of this declaration is true and correct. I undertake to advise the responsible Agency Head in writing if a conflict or potential conflict arises in the future and to stand down in any decision-making process in which I may be compromised. If there is any change to the interests set out in Part A or to the answers set out in Part B of this declaration I undertake to advise the responsible Agency Head of any alterations or additions to my declaration as soon as practicable.

Signature of Declarant: _____

Title: _____ *Date:* _____

Signature of Witness: _____

Title: _____ *Date:* _____