



## NT Health Careers Development Program: NOMINATION FORM

---

### About the Program

The NT HCD Program provides health practitioners and graduates an opportunity to benefit from support, advice and career development from a qualified group of Northern Territorian health business owners and practitioners.

It is designed to assist all health practitioners who are well on their way to completing their formal qualifications, currently employed or new to the territory health and typically will have begun to build their career.

As HPANT mentors come from a rich variety of backgrounds, qualifications and experience, so there will be diversity in the backgrounds, formal qualifications and experience of those admitted to the NT HCD Program.

The NT HCD Working Group will take a flexible approach, rather than applying a prescriptive template to applicants for admission to the NT HCD Program.

It is designed to assist

- established health professionals to advance their career to meet the current demands in the NT;
- new recruits to the territory;
- students keen to see what building a career in the NT could look like

NT HCD Program participants may have backgrounds in basic sciences, clinical practice, public health, health services, health program management, health policy, economics, statistics, epidemiology or other disciplines.

To become a Mentor, please complete the following EOI and submit to [executive@hpant.org.au](mailto:executive@hpant.org.au) or complete the form online at <http://hpant.org.au/mentorprogram>.





## MENTORING PROGRAM: NOMINATION FORM

Nomination to participate and receive mentoring

Personal Details	
Name	
Title	
Date of Birth (dd/mm/yyyy)	
Gender	
Contact Information	
Email Address	
Mail Address	
Telephone (work)	
Mobile	
Professional Information	
Current Position	
Current Affiliation(s)	
Qualifications Completed	
Employer	
Current Supervisor	
Current study or training being undertaken (if relevant)	

Reasons for wanting to participate in NT HCD Program

*Please set out briefly your objectives and expected outcomes from participating in this Program*



# health providers alliance NT

23 Albatross Street | Winnellie NT 0820  
GPO Box 2562 | Darwin NT 0801

P (08) 8982 1007 | M (0) 429 212 492

[HealthMatters@hpant.org.au](mailto:HealthMatters@hpant.org.au)

[www.hpant.org.au](http://www.hpant.org.au)



## Career Objectives

*Please set out briefly your career path trajectory, as you see it at present*

## Mentor

*Are there any qualities or characteristics that you would like in your Mentor?*

## Any other relevant information:

## Candidate Consent

I confirm my willingness to be nominated for the NT HCD Program and believe that the information provided in this nomination form is complete and correct.

I understand that the Health Providers Alliance NT shall hold and use the information it receives for the specific purposes of my candidature. I understand that the information may be supplied to members of NT HCD Working Group and potential HPANT mentors.

I agree, if selected, to comply with HPANT's constitution while I remain with the NT HCD Program.

Signature:

Date:

Please submit to [executive@hpant.org.au](mailto:executive@hpant.org.au)



LINKING OUR  
PRIMARY HEALTH  
CARE PRACTITIONERS