



Inc. in NSW. ABN 63 122 710 534  
P.O. Box 276 Double Bay, N.S.W.1360 Phone : (02) 9327 7555 Fax : (02) 9327 1855 judith@activelocums.com.au

**VMO Locum Application Package**  
**@ 30.03.12**

*Contents:*

*Forms to Be Completed:*

1. Active Locums Employment Registration Form
2. Policy Sign Off Sheet and Links to All Required NSW Health Policies
3. 100 Point Identification List
4. Employment Declaration
5. Criminal Record Statutory Declaration – Australia
6. WWCC Applicant Declaration and Employment Screening Consent for Child Related Employment and Prohibited Employment Declaration
7. People Check National Criminal Record Check Consent Form and explanatory guidelines
8. Vaccination Records, Employment Health Assessment and TB Form
9. Active Locums Consent Form

*Documents to be Included by Locum:*

1. Current CV with names and phone numbers of **three** clinical referees
2. AHPRA Medical Registration
3. Medical Indemnity
4. Certified Proof of 100 Point ID (i.e. passport, driver's licence)
5. Certified copies of qualifications or transcripts and specialist qualifications if applicable
6. Passport size photo (to be used for issue of Active Locums ID pass)

*Please ensure that you or your referees have completed all of the above forms and included all of the above documents before returning this package to Active Locums Pty Ltd*



Inc. in NSW. ABN 63 122 710 534  
P.O. Box 276 Double Bay, N.S.W.1360 Phone : (02) 9327 7555 Fax : (02) 9327 1855 judith@activelocums.com.au

## Active Locums Employment Registration Form

Date: \_\_\_\_\_

### General Information

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_  
Address: \_\_\_\_\_  
Postal Address: \_\_\_\_\_  
Contact Details: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_ (F) \_\_\_\_\_ (E) \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_  
Nationality: \_\_\_\_\_ Languages Spoken: \_\_\_\_\_  
Tax File Number: \_\_\_\_\_ Drivers Licence No.: \_\_\_\_\_  
Provider No: \_\_\_\_\_ Vocationally Reg: \_\_\_\_\_  
Medical Defence: \_\_\_\_\_ Medical Defence No.: \_\_\_\_\_  
Valid Till: \_\_\_\_\_

### Qualifications

Qualifying Degree: \_\_\_\_\_ University: \_\_\_\_\_ Year: \_\_\_\_\_  
Post Graduate Degree/s: \_\_\_\_\_ Obtained at: \_\_\_\_\_ Year: \_\_\_\_\_  
\_\_\_\_\_ Obtained at: \_\_\_\_\_ Year: \_\_\_\_\_  
Date of Registration in NSW: \_\_\_\_\_ Reg. No.: \_\_\_\_\_  
Registration in Other States: \_\_\_\_\_  
Present Post: \_\_\_\_\_

### Experience

Experience in Internship: \_\_\_\_\_

Experience Overseas: \_\_\_\_\_

Experience in any of the following: (Please circle)

Casualty	Anaesthetics	ICU	CCU	Paediatrics
General Practice	Surgery	Psychiatry	Internal Med	Obs/Gynae
Rehabilitation	Sports Med			

Other: \_\_\_\_\_

### Locum Employment Information

Locum Experience: \_\_\_\_\_

Date Available From: \_\_\_\_\_ For Work In: (Please circle) Hospital / G.P / Metropolitan / Rural

Days and Hours Available: \_\_\_\_\_



Global-Mark.com.au®

Position Type: (Please circle)      Permanent Full Time                      Permanent Part Time                      Other

Reason for Seeking Locum Work: \_\_\_\_\_

Future Professional Plans: \_\_\_\_\_

Will you work in rural areas as a short term locum? \_\_\_\_\_

Do you have a preferred location? \_\_\_\_\_

Preferred Payment Method and Details: \_\_\_\_\_

Superannuation Fund Details: \_\_\_\_\_

Have you ever had any action taken against you by a) Medical Board or b) Medical Defence? \_\_\_\_\_

If yes please provide details: \_\_\_\_\_

Are there any conditions on your registration? \_\_\_\_\_

Is there any procedure you would not do? \_\_\_\_\_

**Other Information** \_\_\_\_\_

Hobbies and Interests: \_\_\_\_\_

Do you have a motor vehicle? \_\_\_\_\_

How did you hear of Active Locums? (Please circle)

Classifieds              Friends              Word of Mouth              Internet Search              Other \_\_\_\_\_

**References** \_\_\_\_\_

Please list three references and their relationship to you.

1) \_\_\_\_\_ Contact Details: \_\_\_\_\_

2) \_\_\_\_\_ Contact Details: \_\_\_\_\_

3) \_\_\_\_\_ Contact Details: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



**APPENDIX B1 – Policy Sign Off Sheet for Pre-Placement Checklist**

	Document ID: Form 10
	Version: V4
	Modified Date: November 2010

## Policy Sign Off Sheet

The importance of my compliance with the provisions of the following documentation has been brought to my attention by my locum agency.

*(Please tick when read – all boxes should be marked)*

- PD2005\_162 HIV, Hepatitis B or Hepatitis C – Health Care Workers Infected
- PD2005\_186 Employment Health Assessment Policy & Guidelines
- PD2005\_409 Workplace Health and Safety: Policy and Better Practice Guide
- PD2005\_593 Privacy Manual (version 2) NSW Health
- PD2005\_626 NSW Health Code of Conduct
- PD2006\_007 Complaint or Concern about Clinician- Principles for Action
- GL2007\_023 Fatigue – Preventing and Managing Work Related Fatigue: Guidelines
- PD2007\_036 Infection Control Policy
- PD2007\_061 Incident Management
- PD2008\_029 Employment Screening Policy
- PD2008\_071 Medical Practitioners – Compliance with Registration Conditions
- PD2009\_001 Special Remuneration Rates Payable to Non-Specialist staff – short Term/ casual (locum) PE 30 June 2012
- PD2009\_004 Service Check Register for NSW Health Services
- PD2009\_057 Records Management Policy
- PD2010\_026 Recognition and Management of a Patient who is Clinically Deteriorating
- PD2010\_010 Conflicts of Interest and Gifts and Benefits
- PD2011\_005 Occupational Assessment, Screening & Vaccination Against Specified Infectious Diseases

I understand that this “Policy Sign Off” sheet will be placed on file and retained by my medical locum agency.

I have read the above documentation and agree to abide by the provisions set out in these documents at all times during my placement with a NSW Public Hospital.

LOCUM MEDICAL OFFICER			
<b>Name Please print</b>			
<b>Signature</b>		<b>Date</b>	
<b>Position</b>			

LOCUM AGENCY			
<b>Name of Agency Representative</b>			
<b>Signature</b>		<b>Date</b>	
<b>Position</b>			

**This form to be completed by the Locum Medical Officer and retained by the medical locum agency**



Inc. in NSW. ABN 63 122 710 534  
P.O. Box 276 Double Bay, N.S.W.1360 Phone : (02) 9327 7555 Fax : (02) 9327 1855 judith@activelocums.com.au

#### Links to NSW Health Policies

- a) PD2005\_626 NSW Health Code of Conduct  
[http://www.health.nsw.gov.au/policies/pd/2005/pdf/PD2005\\_626.pdf](http://www.health.nsw.gov.au/policies/pd/2005/pdf/PD2005_626.pdf)
- b) PD2005\_409 Workplace Health and Safety: Policy and Better Practice Guide  
[http://www.health.nsw.gov.au/policies/PD/2005/pdf/PD2005\\_409.pdf](http://www.health.nsw.gov.au/policies/PD/2005/pdf/PD2005_409.pdf)
- c) PD2005\_593 Privacy Manual (Version 2 NSW Health)  
[http://www.health.nsw.gov.au/policies/pd/2005/pdf/PD2005\\_593.pdf](http://www.health.nsw.gov.au/policies/pd/2005/pdf/PD2005_593.pdf)
- d) PD2005\_231 Records Management Policy  
[http://www.health.nsw.gov.au/policies/PD/2005/pdf/PD2005\\_231.pdf](http://www.health.nsw.gov.au/policies/PD/2005/pdf/PD2005_231.pdf)
- e) PD2005\_186 Employment Health Assessment Policy & Guidelines  
[http://www.health.nsw.gov.au/policies/PD/2005/pdf/PD2005\\_186.pdf](http://www.health.nsw.gov.au/policies/PD/2005/pdf/PD2005_186.pdf)
- f) PD2005\_162 HIV, Hepatitis B or Hepatitis C – Health Care Workers Infected  
[http://www.health.nsw.gov.au/policies/PD/2005/pdf/PD2005\\_162.pdf](http://www.health.nsw.gov.au/policies/PD/2005/pdf/PD2005_162.pdf)
- g) PD2011\_005 Occupational Assessment, Screening & Vaccination Against Specified Infectious Diseases  
[http://www.health.nsw.gov.au/policies/pd/2011/PD2011\\_005.html](http://www.health.nsw.gov.au/policies/pd/2011/PD2011_005.html)
- h) PD2007\_036 Infection Control Policy  
[http://www.health.nsw.gov.au/policies/pd/2007/pdf/PD2007\\_036.pdf](http://www.health.nsw.gov.au/policies/pd/2007/pdf/PD2007_036.pdf)
- i) PD2007\_061 Incident Management  
[http://www.health.nsw.gov.au/policies/pd/2007/pdf/PD2007\\_061.pdf](http://www.health.nsw.gov.au/policies/pd/2007/pdf/PD2007_061.pdf)
- j) GL2007\_023 Fatigue – Preventing and Managing Work Related Fatigue: Guidelines  
[http://www.health.nsw.gov.au/policies/gl/2007/pdf/GL2007\\_023.pdf](http://www.health.nsw.gov.au/policies/gl/2007/pdf/GL2007_023.pdf)
- k) PD2008\_029 Employment Screening Policy  
[http://www.health.nsw.gov.au/policies/pd/2008/pdf/PD2008\\_029.pdf](http://www.health.nsw.gov.au/policies/pd/2008/pdf/PD2008_029.pdf)
- l) PD2009\_001 Special Remuneration Rates Payable to Non-Specialist Staff – Short Term/Casual (locum) PE 30/6/12  
[http://www.health.nsw.gov.au/policies/pd/2009/pdf/PD2009\\_001.pdf](http://www.health.nsw.gov.au/policies/pd/2009/pdf/PD2009_001.pdf)
- m) PD2009\_004 Service Check Register for NSW Health Services  
[http://www.health.nsw.gov.au/policies/pd/2009/pdf/PD2009\\_004.pdf](http://www.health.nsw.gov.au/policies/pd/2009/pdf/PD2009_004.pdf)
- n) PD2010\_026 Recognition and Management of a Patient who is Clinically Deteriorating  
[http://www.health.nsw.gov.au/policies/pd/2010/pdf/PD2010\\_026.pdf](http://www.health.nsw.gov.au/policies/pd/2010/pdf/PD2010_026.pdf)
- o) PD2006\_007 Complaint or Concern about Clinician- Principles for Action  
[http://www.health.nsw.gov.au/policies/pd/2006/pdf/PD2006\\_007.pdf](http://www.health.nsw.gov.au/policies/pd/2006/pdf/PD2006_007.pdf)
- p) PD2008\_071 Medical Practitioners- Compliance with Registration Conditions

[http://www.health.nsw.gov.au/policies/pd/2008/PD2008\\_071.html](http://www.health.nsw.gov.au/policies/pd/2008/PD2008_071.html)

q) PD2010\_010 Conflicts of Interest and Gifts and Benefits

[http://www.health.nsw.gov.au/policies/pd/2010/pdf/PD2010\\_010.pdf](http://www.health.nsw.gov.au/policies/pd/2010/pdf/PD2010_010.pdf)

**APPENDIX C – Clinical Skills Assessment**

	Document ID: Form 07
	Version: V4
	Modified Date: November 2010

**Clinical Skills Assessment, Post-Graduate Qualifications and Relevant Courses Completed**

This document must be completed by the Locum Agency and forwarded to the Local Health District

<b>Locum name</b>		<b>Date</b>	
<b>Locum contact</b>			
<b>Agency</b>			
<b>Agency signature</b>		<b>Print name</b>	

This list with certified copies of the qualifications is to be provided to the LHD

<b>Post-Graduate Qualification</b>	<b>College / Institution</b>	<b>Verified (X for yes)</b>
		<input type="checkbox"/> Original Documents Sighted
		<input type="checkbox"/> Original Documents Sighted
		<input type="checkbox"/> Original Documents Sighted
		<input type="checkbox"/> Original Documents Sighted
		<input type="checkbox"/> Original Documents Sighted
		<input type="checkbox"/> Original Documents Sighted
		<input type="checkbox"/> Original Documents Sighted

**Submit this completed form to the Health District for the placement of Locum Medical Officer**



## APPLICANT DECLARATION AND CONSENT

An easier way? Complete this form online at [check.kids.nsw.gov.au](http://check.kids.nsw.gov.au)

### Personal Details:

Family name: \_\_\_\_\_

First name: \_\_\_\_\_

Other given name(s): \_\_\_\_\_

### Previous names/aliases:

Family name: \_\_\_\_\_

First name: \_\_\_\_\_

Other given name(s): \_\_\_\_\_

### Residential address:

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

Suburb/Town: \_\_\_\_\_

State: \_\_\_\_\_

Postcode: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

email: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Gender: \_\_\_\_\_

### Place of birth:

Suburb/Town: \_\_\_\_\_

State: \_\_\_\_\_

Country: \_\_\_\_\_

### Identifying document:

If you used one of these documents to verify your identity, please fill in these details

Licence Type:  Driver's License  Firearms License

Licence number: \_\_\_\_\_

Issuing Agency:  Australian Capital Territory  New South Wales  Northern Territory

Queensland

South Australia

Tasmania

Victoria

Western Australia

Australian Army

Commonwealth of Australia

Defence Force Academy

Australian Navy

Australian RAAF

Issued by a country other than Australia

Other

Passport Type:  Private

Government

UN Refugee

Issuing Country: \_\_\_\_\_

Passport number: \_\_\_\_\_

### Position applied for:

Title: \_\_\_\_\_

Type: \_\_\_\_\_

It is an offence for a prohibited person to apply for, attempt to obtain, undertake or remain in child-related employment, **or to sign this declaration**. A prohibited person is a person who is convicted of the following (whether in NSW or elsewhere):

- murder of a child
- serious sex offence, including carnal knowledge
- child-related personal violence offence (an offence committed by an adult involving intentionally wounding or causing grievous bodily harm to a child)
- indecency offences punishable by imprisonment of 12 months or more
- kidnapping (unless the offender is or has been the child's parent or carer)
- offences connected with child prostitution
- possession, distribution or publication of child pornography; or
- attempt, conspiracy or incitement to commit the above offences.

A prohibited person includes a Registrable person under the *Child Protection (Offenders Registration) Act 2000*.



A conviction includes a finding that the charge for an offence is proven, or that a person is guilty of an offence, even though the court does not proceed to a conviction. Details of these offences can be found online at Working With Children Employer Guidelines Fact Sheet 1. A conviction includes a finding that the charge for an offence is proven, or that a person is guilty of an offence, even though the court does not proceed to a conviction.

### Declaration and consent

I am the applicant named in this form. All information in this form, and identification documents provided for this application, are true and correct. I understand that if I have provided false or misleading information it may result in a decision not to employ me, or, if already employed, may lead to my dismissal.

I have not omitted any names or aliases that I use or used in the past.

I have read and understood the contents of this form and the relevant information in the Working With Children Employer Guidelines. I declare that I am not a prohibited person under the Commission for Children and Young People Act 1998 and I understand that it is an offence for a prohibited person to seek child-related employment.

I am aware that if considered for child-related employment, several checks will be undertaken to ascertain my suitability, including:

1. National criminal record check for charges and/or convictions (including spent convictions) for:

- any sexual offence (including but not limited to, sexual assault, acts of indecency, child pornography, child prostitution and carnal knowledge);
- any child-related personal violence offence;
- any assault, ill treatment or neglect of, or psychological harm to a child and any registrable offence; punishable by imprisonment for 12 months or more.

I understand that this check includes convictions or charges that:

- may have not been heard or finalised by a court; or
- are proven but have not led to a conviction; or
- have been dismissed, withdrawn or discharged by a court.

2. Check for relevant Apprehended Violence Orders taken out by a police officer or other public official for the protection of a children; and

3. Check for relevant employment proceedings notified to the Commission for Children and Young People under the Commission for Children and Young People Act 1998.

I consent to these checks being conducted and consent to the Commission for Children and Young People or an Approved Screening Agency obtaining any relevant record identified by these checks and any additional information relating to that record from sources such as courts, police, prosecutors and past employers to enable a full and informed estimate of risk. I consent to these sources disclosing information relating to that record to the Commission for Children and Young People or Approved Screening Agency.

I acknowledge that:

- the information obtained during the Working With Children background check, including this consent, may be collected and used by and/or disclosed to the Commission for Children and Young People or an Approved Screening Agency for the purposes of the Working With Children Check;
- the Commission for Children and Young People and Approved Screening Agencies may share the information obtained during the Working With Children background check for the purposes of the Working With Children Check;
- the outcome of an estimate of risk will be provided to my prospective employer or their employer-related body;
- details of my relevant records will not be released to my current or prospective employers;
- any information obtained as part of this process may be used by Australian Police Services for law enforcement purposes, including the investigation of any outstanding criminal offences; and
- the information provided may be referred to the Commission for Children and Young People and/or to NSW Police for law enforcement purposes and for monitoring and auditing compliance with the procedures and standards for the Working With Children Check in accordance with Section 36 (1)(f) of the *Commission for Children and Young People Act 1998*.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**What should I do next?** Once you have completed your details, you will need to sign the printed form and provide the signed form to your prospective employer/volunteer organisation. You may also wish to retain a copy for your records.



**peoplecheck**  
INTERNATIONAL VALIDATIONS

## Introduction

People Check Pty Ltd ("PeopleCheck") has been engaged by Active Locums Pty Ltd ("the Company") to undertake a National Criminal History Record Check. PeopleCheck is a background checking company located at Unit 2, 33 Newton Street, Broadmeadow, NSW. PeopleCheck undertakes Criminal History Checks and other background checks in Australia and the world on behalf of its clients.

The personal information you provide and any other personal information collected during our enquiries may become part of your employment records should you be appointed, or if you are already appointed.

PeopleCheck is under an obligation to keep your information confidential and not to use it for any other purpose other than to undertake a National Criminal History Record Check. You are asked to sign an authority below to authorise the Company and PeopleCheck to collect, store and use the information and responses you have provided for this purpose and to document this information in a Criminal History Certificate to the Company.

PeopleCheck and the Company will physically and electronically store the results of enquiries and a copy of the Criminal History Certificate, as well as personal information provided by you, in the strictest of confidence, accessible only to authorised PeopleCheck and the Company staff. In some cases the Company may need to provide your Criminal History Certificate to third parties.

By selecting the appropriate box in the section 'Declaration and Consent to Undertake Background Enquiries' you can elect to have the documentation relating to your National Criminal History Record Check destroyed upon the issue of the Criminal History Certificate and invoice to the Company. Please note that PeopleCheck are required by CrimTrac to maintain original consent forms as part of its permanent records. CrimTrac, a government agency, is the national information-sharing service for Australia's police, law enforcement and national security agencies, and the means used by PeopleCheck to undertake your National Criminal History Record Check.

## Declaration and Consent to Undertake Background Enquiries

I declare that the information I have provided for the National Criminal History Record Check is true and complete to the best of my knowledge. I understand that if I give false or misleading information on this, or any attached forms, it may cause my application to be invalid or, if appointed, may render me liable for immediate dismissal. Furthermore, I understand that my appointment or offer is contingent upon the outcome of the National Criminal History Record Check, as deemed satisfactory by the Company.

I authorise the Company and PeopleCheck to undertake a National Criminal History Record Check on me as outlined in the attached 'National Criminal History Record Check Application Form'. I further authorise PeopleCheck to provide the Criminal History Certificate to the Company. The Criminal History Certificate may also be provided by the Company to third parties if required.

I further release and forever discharge the Company, PeopleCheck, and their respective employees, from any and all claims, demands, damages, actions, causes of action, or suits of any kind or nature whatsoever arising from enquiries into my criminal history, unless negligent.

- Please select this box if you require your National Criminal History Record Check to be destroyed upon the issue of the Criminal History Certificate and invoice to the Company. By selecting this box, you understand that PeopleCheck are required by CrimTrac to maintain original consent forms as part of its permanent records.

### Signed

**Name printed**

**Date (dd-mm-yyyy)**

Please submit a signed copy of this consent form with your completed Criminal Record Check form.

## NATIONAL CRIMINAL HISTORY RECORD CHECK APPLICATION FORM

STAFF-IN-CONFIDENCE (when completed)

Please use BLOCK LETTERS and black or blue ink when completing this form. Please mark all check boxes with a cross (☒)

### Personal Information

Surname

All given names (including middle names)

Date of birth (dd/mm/yyyy)

Gender

Male  Female

Please list all previous or other names by which you are known (including maiden name, aliases, previous married names, changes by deed poll etc.). If there is insufficient room, please attach a separate sheet and check this box

Surname


Given names


Date of change (dd/mm/yyyy)


Place of birth (please include town and country)

Town

Country

### Identification

In order for us to process your National Criminal History Check Application, we will require **100pts** of identification. A document detailing the acceptable forms of documentation is included at the end of this form. Please provide details of the identification items listed and **provide copies to the certifier**.

### Contact Details

Home telephone number

Work telephone number

Mobile telephone number

Please list details of your current and previous permanent residential addresses for the past five years. If full details of previous addresses are unavailable, details of town/suburb and state will suffice.

If there is insufficient room, please attach a separate sheet and check this box

Current residential address – Please complete in full

Postcode

State

Country

Date from (dd/mm/yyyy)

Former residential address 1 – Please complete in full

Postcode

State

Country

Date from (dd/mm/yyyy)

Former residential address 2 – Please complete in full

Postcode

State

Country

Date from (dd/mm/yyyy)

Former residential address 3 – Please complete in full

Postcode

State

Country

Date from (dd/mm/yyyy)

Former residential address 4 – Please complete in full

Postcode

State

Country

Date from (dd/mm/yyyy)

PeopleCheck Ref:



STAFF-IN-CONFIDENCE (when completed)

## NATIONAL CRIMINAL HISTORY RECORD CHECK CONSENT TO OBTAIN PERSONAL INFORMATION

(INDIVIDUALS – PARTIAL EXCLUSION)

### Consent

Please use BLOCK LETTERS and black ink when completing the consent.

I, 

--	--

 hereby:  
Family Name (Current)                      Given Names (Current)

1. acknowledge that I have read the Spent Convictions Schemes section of the General Information sheet and understand that Spent Convictions legislation (however described) in the Commonwealth and many States and Territories protects "spent convictions" from disclosure;
2. understand that the National Criminal History Record Check for which I am applying is in a category for which a PARTIAL exclusion has been granted from the application of the Spent Convictions legislation and that "spent" convictions and findings of guilt relating to me of a type listed below will be released;

**Serious offences, sexual offences, offences against the person, for which an exclusion has been granted in respect to my application for employment/engagement in positions/occupations involving the care, instruction or supervision of vulnerable persons (including children, aged persons, and the disabled).**

3. have fully completed this Form, and the personal information I have provided in it relates to me, contains my full name and all names previously used by me, and is correct;
4. consent to PeopleCheck disclosing personal information about me from this Form to the CrimTrac Agency and the Australian police services;
5. consent to:
  - (i) the CrimTrac Agency disclosing personal information about me to the Australian police services;
  - (ii) the Australian police services disclosing to the CrimTrac Agency, from their records, details of convictions and outstanding charges, including findings of guilt or the acceptance of a plea of guilty by a court, that can be disclosed in accordance with the laws of the Commonwealth, States and Territories and, in the absence of any laws governing the disclosure of this information, disclosing in accordance with the policies of the police service concerned;
  - (iii) the CrimTrac Agency providing the information disclosed by the Australian police services to PeopleCheck in accordance with the laws of the Commonwealth; and
6. acknowledge that any information provided by me on this Form, or by the Australian police services, relates specifically to:

(specify position/occupation)

Your signature

Date (dd/mm/yyyy)

**Note: The information you provide on this Form, and which the CrimTrac Agency provides to PeopleCheck on receipt of the Form, will be used only for the purpose stated above unless statutory obligations require otherwise.**



# NATIONAL CRIMINAL HISTORY RECORD CHECK GENERAL INFORMATION

## General Information

This Form is used by People Check Pty Ltd ("PeopleCheck") so as to obtain a National Criminal History Record Check with your consent and at your request for Employment Screening.

Unless statutory obligations require otherwise, the information provided on this Form will not be used without your prior consent for any purpose other than the purpose for which it has been requested.

## Criminal History Record Check

Criminal history record checks are an integral part of the assessment of your suitability.

Information extracted from this Form will be forwarded to the CrimTrac Agency and other Australian police services<sup>1</sup> for checking action. By signing the Form you are providing your consent to these agencies:

- a) disclosing criminal history information that pertains to you from their own records to PeopleCheck for onward transmission to the Company; and/or
- b) accessing their records to obtain criminal history information that in turn will be disclosed to PeopleCheck for onward transmission to the Company.

Such criminal history information may include outstanding charges, and criminal convictions/findings of guilt recorded against you that may be disclosed according to the laws of the relevant jurisdiction and, in the absence of any laws governing the release of that information, according to the relevant jurisdiction's information release policy.

It is usual practice for an applicant's personal information to be disclosed to Australian police services for them to use for their respective law enforcement purposes including the investigation of any outstanding criminal offences.

## Spent Convictions Schemes

### Commonwealth

Part VIIC of the Crimes Act 1914 deals with aspects of the collection, use and disclosure of old conviction information. The main element of this law is a "Spent Convictions Scheme". The aim of the Scheme is to prevent discrimination on the basis of certain previous convictions, once a waiting period (usually 10 years) has passed and provided the individual has not re-offended during this period. The Scheme also covers situations where an individual has had a conviction "quashed" or has been "pardoned".

A "spent conviction" is a conviction for a Commonwealth, Territory, State or foreign offence that satisfies all of the following conditions:

- it is 10 years since the date of the conviction (or 5 years for juvenile offenders); AND
- the individual was not sentenced to imprisonment or was not sentenced to imprisonment for more than 30 months; AND
- the individual has not re-offended during the 10 years (5 years for juvenile offenders) waiting period; AND
- a statutory or prescribed exclusion does not apply. (A full list of exclusions is available from the Privacy Commissioner).

Part VIIC of the Crimes Act 1914 and Crimes Regulations 1990 provide for "statutory" or "regulatory" exclusions from the disclosure and use standards for spent convictions only.

### Other Australian police services

Where a criminal history record with another Australian police service has been obtained, any relevant legislation (and/or release policy) affecting that police service will be applied before that record is released. Under various pieces of Commonwealth, State and Territory legislation a person has the right, in particular circumstances or for a particular purpose, to not disclose certain convictions/findings of guilt over a certain age. Such convictions (widely referred to as "spent" or "rehabilitated" convictions) will be released in accordance with relevant legislation (and/or release policy). Please contact individual police services directly for further information about their release policies and any legislation that affects them.

## Provision of False or Misleading Information

You are asked to certify that the personal information you have provided on this form is correct. If it is subsequently discovered, for example as a result of a check of police records, that you have provided false or misleading information, you may be assessed as unsuitable.

You should note that the existence of a record does not mean that you will be assessed automatically as being unsuitable. Each case will be assessed on its merit, so it is in your interest to provide full and frank details in the form.

<sup>1</sup> Australian Federal Police, New South Wales Police Force, Victoria Police, Queensland Police Service, South Australia Police, Western Australia Police, Tasmania Police, Northern Territory Police Force.



# 100pt ID Verification Form

Please certify the 100 points of identification documents provided by the candidate, as detailed below. Please select the appropriate boxes where indicated and clear, true copies of the original documents have been provided.

Candidate Information	
<b>Candidate name</b>	
<b>Date of Birth</b>	

Documentation Attached	
PRIMARY DOCUMENTS – Please provide <b>one</b> of the following <ul style="list-style-type: none"> <li>- Australian Birth Certificate <input type="checkbox"/> Copy attached</li> <li>- Birth Card issued by the NSW Registry of Births Deaths and Marriages <input type="checkbox"/> Copy attached</li> <li>- Australian Citizenship Certificate <input type="checkbox"/> Copy attached</li> <li>- Current Passport (any country) <input type="checkbox"/> Copy attached</li> </ul>	<b>Certifier Use Only</b> <input type="checkbox"/> Name/DOB match <input type="checkbox"/> <b>70 Points</b>
SECONDARY DOCUMENTS – Please provide <b>one</b> of the following <ul style="list-style-type: none"> <li>- Australian licence or permit issued under law (ie driver's licence) <input type="checkbox"/> Copy attached</li> <li>- An Australian identification card issued to a public employee <input type="checkbox"/> Copy attached</li> <li>- An Australian identification card issued by the government <input type="checkbox"/> Copy attached</li> <li>- An Australian student card <input type="checkbox"/> Copy attached</li> <li>- Other Australian photo identification <input type="checkbox"/> Copy attached</li> </ul>	<b>Certifier Use Only</b> <input type="checkbox"/> Name/DOB match <input type="checkbox"/> <b>40 Points</b>
TERTIARY DOCUMENTS – Please provide additional documents to make up 100pts <ul style="list-style-type: none"> <li>- Additional Secondary Document (as detailed above) <input type="checkbox"/> Copy attached (25 pt)</li> <li>- Rates or public utility documentation (eg. council/water/gas/electricity/local government/land rates) <input type="checkbox"/> Copy attached (25 pt)</li> <li>- Credit Card <input type="checkbox"/> Copy attached (25 pt)</li> <li>- EFTPOS Card (from different institute than Credit Card if attached) <input type="checkbox"/> Copy attached (25 pt)</li> <li>- Telephone account <input type="checkbox"/> Copy attached (25 pt)</li> <li>- Medicare Card <input type="checkbox"/> Copy attached (25 pt)</li> <li>- Foreign driver's licence <input type="checkbox"/> Copy attached (25 pt)</li> </ul>	<b>Certifier Use Only</b> <input type="checkbox"/> Name/DOB match <input type="checkbox"/> <b>Points</b>

Result of Verification – To be completed by the Certifier	
Has verification been achieved? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Points:
Certifier name printed:	Date:
Certifier position title:	
Certifier signature:	

If your identification cannot be certified by your employer/potential employer, you will need to have your identification certified by a Justice of the Peace. For guidance as to how you copies of identification can be attested by a Justice of the Peace, please find the link here: <http://australia.gov.au/topics/law-and-justice/justices-of-the-peace>. Justices of the Peace can be located at most police stations, chemist shops, local council offices, libraries, legal offices and government agencies. Please note that a JP must not charge a fee or accept a gift for providing JP services. If you are outside of Australia, PeopleCheck will accept identification that is certified by a police officer, solicitor, government representative or doctor.

**Form 2: PROHIBITED EMPLOYMENT DECLARATION  
(Attachment 4 of the Working With Children Employer Guidelines)**



The *Commission for Children and Young People Act 1998* makes it an offence for a prohibited person (a person convicted of a serious sex offence, the murder of a child or a child-related personal violence offence, as well as a Registrable Person under the *Child Protection (Offenders Registration) Act 2000*), to apply for, or otherwise attempt to obtain, undertake or remain in, child-related employment. It does not apply if an order from the Industrial Relations Commission, Administrative Decisions Tribunal or Commission for Children and Young People, declares that the Act does not apply to a person in respect of a specific offence.

For further information on what is child-related employment is provided in the *Working With Children Employer Guidelines*.

Section 33B of the *Commission for Children and Young People Act 1998* defines a serious sex offence as:

- an offence involving sexual activity or acts of indecency, committed in New South Wales and that was punishable by penal servitude or imprisonment for 12 months or more; or
- an offence, involving sexual activity or acts of indecency, committed elsewhere and that would have been punishable by penal servitude or imprisonment for 12 months or more, if it had been committed in New South Wales; or
- an offence under section 80D or 80E (sexual servitude) of the *Crimes Act 1900*, committed against a child; or
- an offence under Sections 91D-91G (child prostitute, other than if committed by a child prostitute) of the *Crimes Act 1900* or a similar offence under a law other than a law of New South Wales; or
- An offence under Section 91H, 578B or 578C (2A) (child pornography) of the *Crimes Act 1900* or a similar offence under a law other than a law of New South Wales; or
- an offence of attempting, or of conspiracy or incitement, to commit an offence referred to in the preceding paragraphs; or
- any other offence, whether under the law of New South Wales or elsewhere, prescribed by the regulations.

**Note:** A conviction for carnal knowledge is classified as a serious sex offence under this legislation.

Section 33B of the *Commission for Children and Young People Act 1998* defines a child-related personal violence offence as an offence committed by an adult:

- involving intentionally wounding or causing grievous bodily harm to a child; or
- of attempting, or of conspiracy or incitement, to commit such an offence.

Under *Commission for Children and Young People Act 1998*:

- it is an offence for a Prohibited Person to apply for, or otherwise attempt to obtain, undertake or remain in child related employment;
- employers must ask existing employees, both paid and unpaid, and preferred applicants for child-related employment to declare if they are a Prohibited Person or not;
- all people in child-related employment must inform their employers if they are a Prohibited Person or remove themselves from child-related employment; and
- penalties are imposed for non compliance.

I am aware that I am ineligible to apply for, or otherwise attempt to obtain, undertake or remain in, child related employment if I have been convicted of a serious sex offence or child-related personal violence offence as defined in the *Commission for Children and Young People Act 1998*, or if I am a Registrable Person under the *Child Protection (Offenders Registration) Act 2000*.

I have read and understood the above information in relation to the *Commission for Children and Young People Act 1998*. I am aware that it is an offence to make a false statement on this form.

I consent to a check of my relevant criminal records, to verify the statements I have made here, being undertaken by the NSW Department of Health for monitoring and auditing purposes in accordance with Section 36 (1)(f) of the *Commission for Children and Young People Act 1998*.

I declare that I am not a person prohibited by the Act from seeking, obtaining, undertaking or remaining in child related employment.

I understand that this information may be referred to the Commission for Children and Young People and/or to NSW Police for law enforcement purposes and for monitoring and auditing compliance with the procedures and standards for the Working With Children Check in accordance with Section 36 (1)(f) of the *Commission for Children and Young People Act 1998*.

**Name:** \_\_\_\_\_

**Aliases: (previous/other names):** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Contact Telephone number:** \_\_\_\_\_

**Contact Email:** \_\_\_\_\_

**Note:** Seek legal advice if you are unsure of your status as a Prohibited Person.

**THIS FORM IS TO BE RETURNED TO YOUR EMPLOYER**

## Criminal Record Statutory Declaration - Australia

To be completed by the Locum Medical Officer, where applicable

(1) Here insert name, address and occupation of person making the declaration.

I, ..... do solemnly and sincerely declare that I do not have any criminal convictions/pending charges in my country of origin or any country which I have resided in and/or visited prior to entering Australia.

(2) Signature of person making the declaration.

I make this solemn declaration by virtue of the **Statutory Declarations Act 1959** as amended and subject to the penalties provided by that Act for the making of false statements in statutory declarations, conscientiously believing the statements contained in this declaration to be true in every particular.

(2)

.....

Declared at

On , , before me,

(3)

(3) Signature of person before whom the declaration is made.

.....

(4) Here insert title of person before whom the declaration is made.

(4)

.....

NOTE 1.-A person who wilfully makes a false statement in a statutory declaration under the Statutory Declarations Act 1959 as amended is guilty of an offence against that Act, the punishment making a false statement is 4 years imprisonment.

NOTE 2.-A statutory declaration under the Statutory Declarations Act 1959 as amended may be made only before a Chief, Police, Resident or Special Magistrate; Stipendiary Magistrate or any Magistrate in respect of whose office an annual salary is payable; a Justice of the Peace; a person authorised under any law in force in Australia to take affidavits; a person appointed under the Statutory Declarations Act 1959 as amended or under a State Act to be a Commissioner for Declarations; a person appointed as a Commissioner for Declarations under the Statutory Declarations Act 1959, or under that Act as amended, and holding office immediately before the commencement of the Statutory Declarations Act 1959; a Notary Public; a person before whom a statutory declaration may be made under the law of the State in which a declaration is made; or a person appointed to hold, or act in, the office in a country or place outside Australia or the Australian Consul-General, Consul, Vice-Consul, Trade Commissioner, Consular Agent, Ambassador, High Commissioner, Minister, Head of Mission, Commissioner, Charge d'Affaires, or Counsellor, Secretary or Attaché' at an Embassy, High Commissioner's office, Legation or other post.

**This form to be completed by the Locum Medical Officer and retained by the medical locum agency**



## APPENDIX E – 100 Point Identification Check

### 100 Point Identification Check

This document must be completed by the Locum Agency and forwarded to the Health District

#### Instructions

**(a)** The 100 point identification check **must** be completed and checked against the applicant’s completed *NSW Health Applicant Declaration & Employment Screening Consent for Child Related Employment* form or *NSW Health National Criminal Record Check Consent Form* prior to lodgement of a Working With Children Check or National Criminal Record Check or Aged Care Check\*.

**(b)** Employers are required to sight **original** identifying documents, as listed on the next page, certify a photocopy which is to be retained on the applicant’s **personnel** file, and ensure that an appropriately delegated officer checks the details and completes the record of identifying documents below.

**(c)** Identification **must** be current and **must** include at least one type of photographic ID and identification that contains a signature and date of birth. Passport and/or Driver’s License are preferred.

**(d)** The point score of documents produced must total at least 100 points (refer to next page).

**(e) The applicant must provide evidence of ability to work in Australia: If their documents do not include an Australian or New Zealand passport or an Australian birth or citizenship certificate, an appropriate visa or work permit allowing the person to work in Australia must be sighted.**

Applicant’s Full Name: \_\_\_\_\_

Mandatory record of identifying documents sighted:						
Description of document	Full name on document	Date issued	Place/ Office of issue/ issuing organisation	Expiry date	Checked Against Consent Form *	Points
Mandatory record of document sighted that confirm person’s ability to work in Australia:						
<b>Total Points</b>						

I have checked the details provided above against the applicant’s signed consent form for employment screening (as required at point (a) above) and confirm:

1. The names in the ID documents are included in the consent form, and
2. Any reference numbers for document detailed in the consent form match those I have sighted today, and
3. The applicant has provided evidence that they are allowed to work in Australia (as required at point (e) above).

I have also confirmed with the applicant that all aliases/former/middle names are included in the consent form. (Note: Failure to include all names may warrant the check invalid).

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If an applicant is unable to provide documents to meet the identification requirements due to their personal circumstances or special needs, the employer must contact their Approved Screening Agency for further advice.

<b>DOCUMENTS</b>	<b>POINTS</b>
<p><b>Verify the name of the preferred applicant using one of:</b></p> <ul style="list-style-type: none"> <li>- Birth Certificate</li> <li>- Birth Card issued by the NSW Registry of Births, Deaths and Marriages</li> <li>- Citizenship Certificate</li> <li>- Current Australian passport</li> <li>- Expired Australian passport which has not been cancelled and was current within the preceding 2 years</li> <li>- Current passport from another country or diplomatic documents</li> </ul>	70
<p><b>Verify the name and photograph/signature of preferred applicant from one or more of these (the first item used from this list is worth 40 points. Any additional items used are worth only 25 points each):</b></p> <ul style="list-style-type: none"> <li>- Current driver photo licence issued by an Australian state or territory</li> <li>- Identification card issued to a public employee</li> <li>- Identification card issued by the Australian or any state government as evidence of a person's entitlement to a financial benefit</li> <li>- Identification card issued to a student at a tertiary education institution</li> <li>- Name of preferred applicant verified in writing, signed by both the person giving it and the applicant, from one of the following: <ul style="list-style-type: none"> <li>o A financial body certifying that the applicant is a known customer</li> <li>o An acceptable referee under AUSTRAC Guideline No. 3 (<a href="http://www.austrac.gov.au/files/guideline_3.pdf">www.austrac.gov.au/files/guideline_3.pdf</a>)</li> </ul> </li> </ul>	40
<p><b>Verify name and address of preferred applicant from one or more of these:</b></p> <ul style="list-style-type: none"> <li>- Document held by a cash dealer giving security over property</li> <li>- A mortgage or other instrument of security held by a financial body</li> <li>- Council rates notice</li> <li>- Document from current employer or previous employer within the last two years</li> <li>- Land Titles Office record</li> <li>- Document from the Credit Reference Association of Australia.</li> </ul>	35
<p><b>Verify name of preferred applicant from one or more of these:</b></p> <ul style="list-style-type: none"> <li>- Current credit card or account card from a bank, building society or credit union</li> <li>- Current telephone, water, gas or electricity bill</li> <li>- Foreign driver's licence</li> <li>- Medicare Card</li> <li>- Electoral roll compiled by the Australian Electoral Commission</li> <li>- Lease/rent agreement</li> <li>- Current rent receipt from a licensed real estate agent</li> <li>- Records of a primary, secondary, or tertiary educational institution attended by the applicant within the last 10 years</li> <li>- Records of a professional or trade association of which the applicant is a member.</li> </ul>	25

**NOTES:**

This 100 point identification is adapted to accord with the Commonwealth *Financial Transaction Reports Act 1988* as required by the CrimTrac Agency and NSW Commission for Children and Young People – Working with Children Check Guidelines February 2010

**This document must be completed by the Medical Locum Agency and forwarded to the Health District**



Inc. in NSW. ABN 63 122 710 534  
P.O. Box 276 Double Bay, N.S.W.1360 Phone : (02) 9327 7555 Fax : (02) 9327 1855 judith@activelocums.com.au

## CONSENT FORM & DECLARATION

I, \_\_\_\_\_ acknowledge that I am a locum doctor registered with Active Locums Pty Ltd.

I declare that:

- 1/ I have full (unconditional) AHPRA registration to practise medicine in Australia  
MED \_\_\_\_\_ . Renewal date \_\_\_\_\_ .
  - I am not aware of any investigation into my registration that would compromise my ability to accept work.
  - I have/have not been investigated by any medical board/council or suspended from duty.
  - I have not had my registration cancelled for any reason and am not under investigation or subject to any restrictions
  - If yes, details are: \_\_\_\_\_
  - I do not have any serious or chronic health or substance abuse problems that will affect my ability to carry out my work as a doctor
- 2/ I am an Australian citizen and I am legally able to work in Australia – OR **permanent resident/work visa**
- 3/ I have current Medical Indemnity insurance with \_\_\_\_\_. Category \_\_\_\_\_.  
Renewal date: \_\_\_\_\_. The insurance effected by me is adequate to cover any liability I may incur in the course of my locum work as a medical practitioner. I **am not** aware of any outstanding medical negligence claims against me. If yes, give details \_\_\_\_\_
- 4/ My prescriber number is \_\_\_\_\_ I am eligible to apply for provider number **Yes/No**  
  
My provider number is \_\_\_\_\_
- 5/ In consideration of Active Locums Pty Limited agreeing to try and place me in a position, I agree to indemnify Active Locums Pty Limited and its directors, employees and representatives, against any claim made against any of them relating to medical negligence, dishonesty or otherwise which may arise in connection with any engagement or employment I may accept which is arranged by Active Locums Pty Limited.
- 6/ I understand Active Locums Pty Ltd has no responsibility to employ or pay me. I will either be employed by a Local Health District or will work as an independent contractor, issuing a tax invoice to the employer/host client through my own ABN or entity.
- 7/ I undertake to work to the best of my ability, with due diligence, punctuality, honesty, courtesy and care.
  - I undertake to dress and behave appropriately.
  - I undertake not to attend work impaired by the effects of alcohol or drugs.
  - I undertake to notify Active Locums Pty Ltd as soon as possible if an adverse event or situation occurs, which could result in any disciplinary or legal action or compromise the status of my medical registration.
  - I have no objection to Active Locums Pty Ltd obtaining regular feedback reports from the employing organisation for reasons of quality control.
  - I understand my employment could be terminated if my work or attitude is deemed to be
  - unsatisfactory by the employer or if my Medical Registration is altered or compromised in any way.



- 8/ I am prepared to undergo annual mandatory criminal record checking and sign a PED (Prohibited Employment Declaration). I consent to Active Locums Pty Ltd providing copies of National Criminal Record Consent Form, WWCC Applicant Declaration and Employment Screening Consent for Child Related Employment and PED to prospective employers for the purposes of obtaining work. I have not been convicted of a crime that may affect my application to work as a doctor. **Duty to report certain criminal conduct and disciplinary matters – a doctor who is charged with having committed, or is convicted of, a serious sex or violence offence must, within 7 days of the charge being laid or conviction, report that fact in writing to the chief executive of the relevant organisation/Active Locums Pty Ltd.**
- 9/ I consent to Active Locums Pty Ltd undertaking reference checks with my referees as nominated.
- 10/ I consent to Active Locums Pty Ltd providing copies of my CV, Medical Registration, Medical Indemnity, references & proof of identification and any other documentation required to any prospective employer for the purposes of obtaining work.

**FOR HOSPITAL DOCTORS ONLY** (*Doctors undertaking only GP work can strike this section out*)

- 11/ Please initial each point below to acknowledge awareness and agreement of these mandatory requirements from NSW Health-
- I have accessed and read all required NSW Health Policies needed to sign the NSW Health Policy Sign Off Sheet (Form 10) from Active Locums
  - I have read and understand the NSW Secondary Employment Policy and agree to abide by it
  - I have been supplied with a position description
  - I have already undertaken or am prepared to undergo
    - (1) **Electronic Records management (EMR)** training, Place/date of training \_\_\_\_\_
    - (2) **Between the Flags training**, Place/date of training \_\_\_\_\_
    - (3) **Mandatory child notification training** Place/date of training \_\_\_\_\_
    - (4) **Mandatory annual theoretical component of fire training as part of hospital orientation/induction.** Place/date of training \_\_\_\_\_
  - I am aware of and agree to abide by OH & S legislation on manual handling
  - I have received and completed the Employment Screening Questionnaire and Declaration. Locum medical officers who decline immunisation must sign a Statutory Declaration to this effect
  - I am aware I may be required to supervise junior medical officers
  - I am aware I am required to perform my engagement in accordance with the direction of the customer
  - The Local Health District where I am employed is aware of my intention to undertake locum work. They have supplied written consent and have no objection provided that it does not raise any work performance issues.
  - I am not aware of any reason that would disqualify me from accepting locum work for NSW Health.
  - I am mentally, physically and professionally able to perform my duties as a medical officer
  - I am aware of the need to comply with safe working hours guidelines and preventing and managing work related fatigue (GL2007\_023) and the need to take minimum break periods, including taking a break before commencing an engagement in any NSW public hospital
  - I am aware that prior to commencing work for NSW Health, an internal service check will be conducted
  - I will/have provided 3 recent references to Active Locums to confirm my competency for the positions applied for.

SIGNED \_\_\_\_\_

IN SYDNEY ON \_\_\_\_\_

20 \_\_\_\_\_



# Adult Vaccination Record Card

Surname \_\_\_\_\_

Given names \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Date of birth \_\_\_\_\_

## Important Notice

- Written evidence should only be accepted as proof of previous vaccination
- Persons without such proof should be vaccinated in accordance with the recommendations of the current edition of the National Health and Medical Research Council *Australian Immunisation Handbook*

**NSW HEALTH**  
Working as a Team

Vaccine	Date	Batch No	Given By	Next due
<b>Diphtheria, Tetanus (ADT) vaccine</b>				
Dose 1				
Dose 2				
Dose 3				
Booster				
Booster				
<b>Diphtheria, Tetanus, Pertussis acellular (dTpa) vaccine</b>				
Dose 1				
<b>Hepatitis B vaccine</b>				
Dose 1				
Dose 2				
Dose 3				
Serology		Result		
<b>Influenza Vaccine (annually)</b>				

Vaccine	Date	Batch No	Given By	Next Due
<b>Measles, Mumps, Rubella (MMR) vaccine</b>				
Serology		Result		
Dose 1				
Dose 2				
<b>Varicella (Chickenpox) vaccine</b>				
Serology		Result		
Dose 1				
Dose 2				
<b>Other Vaccines</b>				

Screen	Date	Batch No	Given By/ Read By	Next Due
<b>Tuberculin skin test (Mantoux)</b>				
1: Skin test				
2: Reading		mm		AHS:
1: Skin test				
2: Reading		mm		AHS:
1: Skin test				
2: Reading		mm		AHS:
1: Skin test				
2: Reading		mm		AHS:
1: Skin test				
2: Reading		mm		AHS:
<b>BCG (Bacille Calmette-Guerin) vaccine</b>				
<b>Chest x-ray</b>	<b>Date</b>	<b>Result</b>		



## EMPLOYMENT HEALTH ASSESSMENT

*Information provided herein will be treated in the strictest of confidence*

### **General Information and Instructions**

NSW Health has released a Policy Directive 2011\_005 'Occupational Assessment, Screening & Vaccination against Specified Infectious Diseases'. This policy mandates that all new and existing employees are 'protected' against specified infectious diseases. NSW Health is required and committed to ensure that all prospective employees are **compliant** with the requirements of this policy.

**DOCUMENTED EVIDENCE IS MANDATORY AND IS DETAILED IN ATTACHMENT 1, PAGE 6.**

Should you wish to read the policy document, it can be found on the NSW Health website;  
[http://www.health.nsw.gov.au/policies/pd/2011/PD2011\\_005.html](http://www.health.nsw.gov.au/policies/pd/2011/PD2011_005.html)

If you are successful in gaining an interview, please complete the Employment Health Assessment.

1. PRINT CLEARLY AND ANSWER ALL QUESTIONS
2. BEFORE SUBMITTING QUESTIONNAIRE **ENSURE THE FOLLOWING DOCUMENTATION IS INCLUDED:**
  - **Medical certificate/s & Workcover certificate/s**
  - **Vaccination & serological evidence of immunity** as per attachment 1
  - **Form 1 Undertaking to complete requirements**
  - **Form 2 Tuberculosis assessment/undertaking**
3. PLACE QUESTIONNAIRE & DOCUMENTATION IN AN ENVELOPE MARKED "CONFIDENTIAL HEALTH ASSESSMENT" AND INCLUDE:
  - NAME
  - POSITION
  - POSITION REFERENCE NUMBER:
  - FACILITY/DEPARTMENT
  - CONVENOR
  - DATE OF INTERVIEW
4. GIVE SEALED ENVELOPE TO THE CONVENOR AT INTERVIEW, WHO WILL THEN FORWARD IT TO THE EMPLOYMENT HEALTH REVIEW OFFICER.



## EMPLOYMENT HEALTH ASSESSMENT

INFORMATION PROVIDED WILL BE TREATED AS CONFIDENTIAL

<b>TITLE</b> (please tick ✓)	Mr [ ]	Mrs [ ]	Miss [ ]	Ms [ ]	Dr [ ]
<b>GENDER</b> (please tick ✓)	Male [ ]	Female [ ]	Other [ ]		
<b>SURNAME</b>					
<b>GIVEN NAMES</b>					
<b>FORMER NAMES</b> (if applicable)					
<b>ADDRESS</b>					
<b>DATE OF BIRTH</b>					
<b>HOME/PRIVATE NUMBER</b>					
<b>MOBILE NUMBER</b>					
<b>POSITION APPLIED FOR</b>					
<b>FACILITY</b>					
<b>DEPARTMENT</b>					
<b>POSITION REFERENCE NO</b>					
<b>CONVENOR</b> (Position contact person)					
<b>ARE YOU CURRENTLY EMPLOYED BY SWAHS?</b>	YES [ ]	NO [ ]	<b>EMPLOYEE NUMBER</b>		
<b>EMAIL ADDRESS</b> If you would prefer correspondence from the Employment Health Assessment Unit via email, please tick and <u>provide email address</u> below [ ]					
@					







**EMPLOYMENT HEALTH ASSESSMENT**

<b>Have you ever had or suffered from:</b>			
Asthma/bronchitis/pleurisy	Yes [ ] No [ ]	Allergies	Yes [ ] No [ ]
Persistent cough/shortness of breath	Yes [ ] No [ ]	Hernias	Yes [ ] No [ ]
Heart trouble	Yes [ ] No [ ]	Psychiatric/psychological	Yes [ ] No [ ]
Chest pain	Yes [ ] No [ ]	Severe anxiety/depression	Yes [ ] No [ ]
High/low blood pressure/dizzy spells	Yes [ ] No [ ]	Head injury	Yes [ ] No [ ]
Haemophilia/any blood disease	Yes [ ] No [ ]	Persistent headaches/migraines	Yes [ ] No [ ]
Epilepsy	Yes [ ] No [ ]	Broken bones	Yes [ ] No [ ]
Diabetes	Yes [ ] No [ ]	Torn cartilages	Yes [ ] No [ ]
Arthritis/rheumatism	Yes [ ] No [ ]	Ear problems/hearing loss	Yes [ ] No [ ]
Tenosynovitis/carpal tunnel/RSI	Yes [ ] No [ ]	Any eyesight problems	Yes [ ] No [ ]
Sciatica	Yes [ ] No [ ]	Do you wear glasses/lenses	Yes [ ] No [ ]
Wrist/elbow pain/weakness	Yes [ ] No [ ]	Any other serious illness	Yes [ ] No [ ]
Scars/deformations which may restrict physical movement	Yes [ ] No [ ]	Are you using a mobility aid	Yes [ ] No [ ]
Skin trouble/dermatitis	Yes [ ] No [ ]	Kidney disorders/urinary tract infection	Yes [ ] No [ ]
Are there any other health condition/s or medications that may interfere with your ability to perform the inherent job requirements and job demands of this position that you are aware of?			Yes [ ] No [ ]
Do you have any health or physical conditions that may require the employer to provide you with services or facilities (adjustments) to enable you to carry out the inherent job requirements/demands of the position?			Yes [ ] No [ ]
<b><u>If you answered Yes to any of the above questions, please provide details and dates/year where possible and attach any medical certificates/documentation where necessary (Attach further pages if there is insufficient space provided)</u></b>			
Name: (please print).....			



**EMPLOYMENT HEALTH ASSESSMENT**

**HEALTH DECLARATION** *(please tick appropriate box and sign & date the declaration below)*

I have read the inherent job requirements for the position and where applicable clarified these requirements with the appropriate person for the position for which I have applied.	Yes [ <input type="checkbox"/> ]    No [ <input type="checkbox"/> ]
I understand that I may be required to undergo medical and/or psychiatric assessment as required.	Yes [ <input type="checkbox"/> ]    No [ <input type="checkbox"/> ]
I agree to NSW Health obtaining medical information from my treating doctor/s.	Yes [ <input type="checkbox"/> ]    No [ <input type="checkbox"/> ]

**Declaration**

I declare that to the best of my knowledge and belief, all the information I have provided in this questionnaire is true and correct. I am aware that false, misleading statements or omissions may affect my appointment or continued employment.

Name: *(please print)*..... DOB .....

Signature.....

Date     /     /

# Attachment

## Summary of the 15 Health Privacy Principles (HPPs)

---

### ***Collection Principles***

#### HPP 1: Purposes of collection of personal health information

Personal health information must be collected by lawful means and for a lawful purpose. The purpose must be directly related to, and reasonably necessary for, an organization's functions or activities.

#### HPP 2: Collection and information sought to be relevant, not excessive, accurate and not intrusive

#### HPP 3: Collection from individual concerned

Personal health information must be collected from the individual it relates to, unless that is unreasonable or impractical

#### HPP 4: Individual to be made aware of certain matters

Reasonable steps must be taken to inform the individual about how the information may be used, who may access it, and the consequences of not providing it. The individual should be told what agency is collecting the information and that they have a right to access it. This information should generally also be given to the individual where information about them is collected from someone else, unless certain exemptions, listed in the Act and the Statutory Guidelines apply.

---

### ***Security Principles***

#### HPP 5: Retention and security

Personal health information held by public health agencies must be securely housed and protected against loss or misuse. Information must be kept only as long as is necessary for the purposes (or as required by a law, such as the State Records Act), and must be disposed of securely.

---

### ***Access and Amendment Principles***

#### HPP 6: Information about personal health information held by organizations

Organisations that hold personal health information must allow individuals to find out whether they hold information about that individual and, if so, what kind of information they hold, what it is used for, and whether and how the individual can access it.

#### HPP 7: Access to personal health information

Individuals must be allowed to access the personal health information an organisation holds about them. This must be done without excessive delay or expense.

#### HPP 8: Amendment of personal health information

Individuals may request that their personal health information be amended to ensure that it is accurate, relevant, up to date, complete and not misleading.

Organisations must either make the requested amendments or, if requested, attach to the information a statement by the individual of the amendment they sought.

---

### ***Accuracy Principles***

#### HPP 9: Accuracy

Organisations must take reasonable steps to ensure that the personal health information they hold is relevant, up to date, complete and not misleading.

---

### ***Use Principles***

#### **HPP 10: Limits on use of personal health information**

Personal health information can be used for the purpose for which it was collected or a directly related purpose.

Information may be used for other purposes only in circumstances defined in legislation. This includes where the person has consented to the use, there is a lawful excuse or the use is a “directly related purpose” such as management, training, research, investigation, law enforcement and serious threats to individuals or the public.

---

### ***Disclosure Principles***

#### **HPP 11: Limits on disclosure of personal health information**

The provisions for disclosure of personal health information are the same as for those for use of this information. They also include a provision that a person’s personal health information may be disclosed to immediate family members for compassionate reasons, provided that this is not contrary to the expressed wish of the individual.

---

### ***Other Principles***

#### **HPP 12: Identifiers**

Identifiers can only be applied to personal health information if this is reasonably necessary to carry out the organizations functions.

Public health system identifiers may be used by private sector agencies, but only in defined circumstances and with strict controls.

#### **HPP 13: Anonymity**

Provided that it is lawful and practicable, individuals should be given the option of not identifying themselves when dealing with health organizations.

#### **HPP 14: Transborder data flows and data flows to Commonwealth agencies**

As a general principle, personal health information must not be transferred to a Commonwealth agency or an organization in another state jurisdiction unless the receiving agency applies personal health information privacy policies and procedures substantially similar to those of NSW.

#### **HPP 15: Linkage of health records**

Personal health information must not be included in a system that links health records of one health service with health records in another health service unless the individual it relates to has expressly consented.

## INFORMATION SHEET 1. – Risk categorisation guidelines

### Category A

#### Protection against the specified infectious diseases is required

##### Direct physical contact with:

- patients/clients
- deceased persons, body parts
- blood, body substances, infectious material or surfaces or equipment that might contain these (eg soiled linen, surgical equipment, syringes)

##### Contact that would allow the acquisition or transmission of diseases that are spread by **respiratory means**.

##### Includes persons:

- whose work requires frequent/prolonged face-to-face contact with patients or clients eg interviewing or counselling individual clients or small groups; performing reception duties in an emergency/outpatients department;
- whose normal work location is in a clinical area such as a ward, emergency department, outpatient clinic (including, for example, ward clerks and patient transport officers); or
- who frequently throughout their working week are required to attend clinical areas, eg food services staff who deliver meals.

All persons working with the following high risk client groups or in the following high risk clinical areas are automatically considered to be **Category A**, regardless of duties.

##### High risk client groups

- Children less than 2 years of age including neonates and premature infants
- Pregnant women
- Immunocompromised clients

##### High risk clinical areas

- Ante-natal, peri-natal and post-natal areas including labour wards and recovery rooms
- Neonatal Intensive Care Units and Special Care Units
- Paediatric wards
- Transplant and oncology wards
- Intensive Care Units
- Emergency Departments
- Operating theatres, and recovery rooms treating restricted client groups
- Ambulance and paramedic care services
- Laboratories

**All health care students are Category A.**

### Category B

#### Does not require protection against the specified infectious diseases as level of risk is no greater than that of the general community

- Does not work with the high risk client groups or in the high risk clinical areas listed above.
- No direct physical contact with patients/clients, deceased persons, blood, body substances or infectious material or surfaces/equipment that might contain these.
- Normal work location is not in a clinical area, eg administrative staff not working in a ward environment, food services staff in kitchens.
- Only attends clinical areas infrequently and for short periods of time eg visits a ward occasionally on administrative duties; is a maintenance contractor undertaking work in a clinical area.
- Although such persons may come into incidental contact with patients (eg in elevators, cafeteria, etc) this would not normally constitute a greater level of risk than for the general community.

## INFORMATION SHEET 2. – Checklist: Evidence required from Category A applicants

### Evidence required to demonstrate protection against the specified infectious diseases

- Acceptable evidence of protection against specified infectious diseases includes:
  - a written record of vaccination signed by the medical practitioner, and/or
  - serological confirmation of protection, and/or
  - other evidence, as specified in the table below.
  - NB:** the health facility may require further evidence of protection, eg serology, if the vaccination record does not contain vaccine brand and batch or official certification from vaccination provider (eg clinic/practice stamp)
- TST screening is required if the person was born in a country with a high incidence of TB, or has resided for a cumulative time of 3 months or longer in a country with a high incidence of TB, as listed at:**  
<http://www.health.nsw.gov.au/publichealth/Infectious/a-z.asp#T>.
- In certain specialised clinical settings, for example, in transplant, oncology or neonatal wards, the health facility may require serological evidence of protection (in addition to evidence of vaccination or other evidence) to ensure that the risk to vulnerable patients is minimised.

Disease	Evidence of vaccination	Documented serology results	Other acceptable evidence
<i>Diphtheria, tetanus, pertussis (whooping cough)</i>	<input type="checkbox"/> One <u>adult</u> dose of diphtheria/ tetanus/ pertussis vaccine (dTpa). <b>Not ADT.</b>	<b>Serology will not be accepted</b>	<b>Not applicable</b>
<i>Hepatitis B</i>	<input type="checkbox"/> History of completed age-appropriate course of hepatitis B vaccine. <b>Not “accelerated” course.</b>	<input type="checkbox"/> Anti-HBs greater than or equal to 10mIU/mL	<input type="checkbox"/> Documented evidence of anti-HBc, indicating past hepatitis B infection
<i>Measles, mumps, rubella (MMR)</i>	<input type="checkbox"/> 2 doses of MMR vaccine at least one month apart	<input type="checkbox"/> Positive IgG for measles, mumps and rubella	<input type="checkbox"/> Birth date before 1966
<i>Varicella (chickenpox)</i>	<input type="checkbox"/> 2 doses of varicella vaccine at least one month apart (evidence of one dose is sufficient if the person was vaccinated before 14 years of age)	<input type="checkbox"/> Positive IgG for varicella	<input type="checkbox"/> History of chickenpox or physician-diagnosed shingles (serotest if uncertain)
<i>Tuberculosis (TB)</i>	<b>Not applicable</b>	<b>Not applicable</b>	<input type="checkbox"/> Tuberculin skin test (TST)
<i>See note 2 above for list of persons requiring TST screening</i>		Note: interferon-gamma release immunoassay (IGRA) is not generally accepted. In the event that an IGRA has been performed, screening by TST will be required if the IGRA result is negative or equivocal. Persons with positive TST/IGRA must be fully assessed by a TB service within 3 months of commencement of clinical duties or clinical placement and must be asymptomatic when commencing clinical duties or clinical placement.	
<i>Influenza</i>	<b>Annual influenza vaccination is not a requirement, but is strongly recommended</b>		

### INFORMATION SHEET 3. – Specified infectious diseases: risks, consequences of exposure and protective measures

The following table provides a brief description of the infectious diseases specified in this policy directive and links to further information, including risks of infection, consequences of infection and, where relevant, management in the event of exposure.

Fact sheets on each of the listed diseases are available in an A-Z list on the NSW Health website at: <http://www.health.nsw.gov.au/factsheets/infectious/index.asp>

The *Australian Immunisation Handbook (current edition)* is available online at: <http://www.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook-home>

<b>Hepatitis B (HBV)</b>	Blood-borne viral disease. Can lead to a range of diseases including chronic hepatitis B infection, cirrhosis and liver cancer. Anyone not immune through vaccination or previous infection is at risk of infection via blood or other body fluids entering through broken skin, mucous membrane, injection/needlestick, unprotected sex or from HBV positive mother to child during birth. Specific at risk groups include: health care workers, sex partners of infected people, injecting drug users, haemodialysis patients. Management in the event of exposure: see <a href="http://www.health.nsw.gov.au/factsheets/guideline/hepb.html">http://www.health.nsw.gov.au/factsheets/guideline/hepb.html</a> .
<b>Diphtheria</b>	Contagious, potentially life-threatening bacterial infection, now rare in Australia because of immunisation. Spread via respiratory droplets and discharges from the nose, mouth or skin. Infectious for up to 4 weeks from onset of symptoms. Anyone not immune through vaccination or previous infection is at risk. Diphtheria toxin (produced by the bacteria) can cause inflammation of the heart muscle, leading to death. Management in the event of exposure: see <a href="http://www.health.nsw.gov.au/factsheets/guideline/diphtheria.html">http://www.health.nsw.gov.au/factsheets/guideline/diphtheria.html</a> .
<b>Tetanus</b>	Infection from a bacterium usually found in soil, dust and animal faeces. Toxin from the bacterium can attack the nervous system. Although the disease is now fairly uncommon, it can be fatal. Not spread from person to person. Generally occurs through injury. Neonatal tetanus can occur in babies of inadequately immunised mothers. Mostly older adults who were never adequately immunised. Management in the event of exposure: see <a href="http://www.health.nsw.gov.au/factsheets/guideline/tetanus.html">http://www.health.nsw.gov.au/factsheets/guideline/tetanus.html</a> .
<b>Pertussis (Whooping cough)</b>	Highly infectious bacterial infection, spread by respiratory droplets through coughing or sneezing. Cough that persists for more than 3 weeks and, in children, may be accompanied by paroxysms, resulting in a “whoop” sound or vomiting. Anyone not immune through vaccination is at risk of infection and/or transmission. Can be fatal, especially in babies under 12 months of age. Management in the event of exposure: see <a href="http://www.health.nsw.gov.au/factsheets/guideline/pertusis.html">http://www.health.nsw.gov.au/factsheets/guideline/pertusis.html</a> .



<p><b>Measles</b></p>	<p>Highly infectious viral disease, spread by respiratory droplets - infectious before symptoms appear and for several days afterwards. Serious complications such as ear infection, pneumonia, or encephalitis can occur in up to 1/3 of cases. At risk are persons born during or after 1966 who haven't had 2 doses of MMR vaccine, babies under 12 months of age, before they have had a 1<sup>st</sup> dose and children over 4 years of age who have not had a 2<sup>nd</sup> dose. Management in the event of exposure: see <a href="http://www.health.nsw.gov.au/factsheets/guideline/measles.html">http://www.health.nsw.gov.au/factsheets/guideline/measles.html</a>.</p>
<p><b>Mumps</b></p>	<p>Viral disease, spread by respiratory droplets. Now relatively uncommon in Australia because of immunisation. Anyone not immune through vaccination or previous infection is at risk. Persons who have the infection after puberty can have serious complications, eg swelling of testes or ovaries; encephalitis or meningitis may occur rarely. Management in the event of exposure: see <a href="http://www.health.nsw.gov.au/factsheets/guideline/mumps.html">http://www.health.nsw.gov.au/factsheets/guideline/mumps.html</a>.</p>
<p><b>Rubella (German Measles)</b></p>	<p>Viral disease, spread by respiratory droplets and direct contact. Infectious before symptoms appear and for several days afterwards. Anyone not immune through vaccination or previous infection is at risk. In early pregnancy, can cause birth defects or miscarriage. Management in the event of exposure: see <a href="http://www.health.nsw.gov.au/factsheets/guideline/rubella.html">http://www.health.nsw.gov.au/factsheets/guideline/rubella.html</a>.</p>
<p><b>Varicella (Chicken pox)</b></p>	<p>Viral disease, relatively minor in children, but can be severe in adults and immunosuppressed persons, leading to pneumonia or inflammation of the brain. In pregnancy, can cause foetal malformations. Early in the infection, varicella can be spread through coughing and respiratory droplets; later in the infection, it is spread through contact with fluid in the blisters. Anyone not immune through vaccination or previous infection is at risk. Management in the event of exposure: see <a href="http://www.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook-varicella">http://www.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook-varicella</a>.</p>
<p><b>Tuberculosis (TB)</b></p>	<p>A bacterial infection that can attack any part of the body, but the lungs are the most common site. Spread via respiratory droplets when an infected person sneezes, coughs or speaks. At risk are those who spend time with a person with TB infection of the lung or respiratory tract or anyone who was born in, or has lived or travelled for more than 3 months in, a high TB incidence country. Management in the event of exposure: see <a href="http://www.health.nsw.gov.au/factsheets/guideline/tuberculosis.html">http://www.health.nsw.gov.au/factsheets/guideline/tuberculosis.html</a>.</p>
<p><b>Seasonal influenza (Flu)</b></p>	<p>Viral infection, with the virus regularly changing. Mainly affects the lungs, but can affect the heart or other body systems, particularly in people with other health problems, leading to pneumonia and/or heart failure. Spread via respiratory droplets when an infected person sneezes or coughs, or through touch, eg handshake. Spreads most easily in confined and crowded spaces. Anyone not immune through annual vaccination is at risk, but the elderly and small children are at most risk of infection. Management in the event of exposure: see <a href="http://www.health.nsw.gov.au/factsheets/guideline/influenza.html">http://www.health.nsw.gov.au/factsheets/guideline/influenza.html</a>.</p>

## INFORMATION SHEET 4. – Important requirements for students in relation to assessment, screening and vaccination

Dear Student

Transmission of vaccine preventable diseases in healthcare settings has the potential to cause serious illness and avoidable deaths in patients, staff, students and other users of the health system as well as others in the community. NSW Health's policy directive on *Occupational assessment, screening and vaccination against specified infectious diseases* requires all facilities in the NSW public health system to ensure that existing staff, new recruits, students and other clinical personnel are assessed, screened and vaccinated against the infectious diseases specified in the policy directive.

A number of information sheets and forms have been developed to help you to understand and comply with the requirements of this policy. These sheets are provided as a guide. Further information is available in the full policy.

- |                      |   |
|----------------------|---|
| Information Sheet 1. | Risk Categorisation Guidelines  |
| Information Sheet 2. | Checklist: Evidence Required from Category A Applicants                                 |
| Information Sheet 3. | Specified Infectious Diseases – Risks, Consequences of Exposure and Protective Measures |
| Form 2.              | Tuberculosis (TB) Screening Assessment Tool   |
| Form 3.              | Student Undertaking/Declaration   |

You are advised to take these Information Sheets with you, along with your *Health Care Worker/Student Vaccination Record Card\**, when you consult your local doctor for vaccination(s). You are also advised to undertake all vaccinations and screening (if required) as soon as possible, as fulfilling some of these requirements may take several months to complete. (\*Copies available from the Better Health Centre Publications Warehouse on Telephone: (02) 9887 5450 or Fax: (02) 9887 5452.)

**All students must complete each part of *Form 2: Tuberculosis (TB) Screening Assessment Tool* and *Form 3: Student Undertaking/Declaration Form* and return these forms to their educational institution's clinical placement coordinator as soon as possible after enrolment.** (Parent/guardian to sign if student is under 18 years of age.) Students will not be permitted to attend clinical placement if they have not submitted *Form 2* and *Form 3*. Your educational institution will forward a copy of these forms to the health service for assessment.

Failure to complete the requirements of the policy directive within the specified timeframes will result in suspension from attending clinical placements in the NSW Health system and may jeopardise your course of study.

Further information can be obtained from [www.health.nsw.gov.au/publichealth/immunisation/ohs/](http://www.health.nsw.gov.au/publichealth/immunisation/ohs/).

If you have any queries about the above requirements, you should, in the first instance, speak to your course coordinator.

## FORM 1. – New Recruit Undertaking/Declaration

- All new recruits must **complete each part of this *New Recruit Undertaking/Declaration Form*** and the ***Tuberculosis (TB) Screening Assessment Tool*** and return these forms to the employing health facility as soon as possible. The health service will assess these forms along with evidence of protection against the infectious diseases specified in this policy directive.
- New recruits will not be permitted to commence duties if they have not submitted a *New Recruit Undertaking/ Declaration Form* and a *Form 2: Tuberculosis Assessment Tool*.
- Failure to complete outstanding hepatitis B or TB requirements within the appropriate timeframe(s) will result in serious consequences and may affect the new recruit's employment status.

**Part 1**  I have read and understand the requirements of the NSW Health Occupational Assessment, Screening and Vaccination against Specified Infectious Diseases Policy Directive.

**Part 2**  I undertake to participate in the assessment, screening and vaccination process and I am not aware of any personal circumstances that would prevent me from completing these requirements

**OR**

I undertake to participate in the assessment, screening and vaccination process, however I am aware of medical contraindications that may prevent me from fully completing these requirements and am able to provide documentation of these medical contraindications. I request consideration of my circumstances.

**Part 3** I have evidence of protection for:

pertussis       diphtheria       tetanus  
 varicella       measles       mumps       rubella

**Part 4**  I have evidence of protection for hepatitis B

**OR**

I have received at least the first dose of hepatitis B vaccine (documentation provided) and undertake to complete the hepatitis B vaccine course (as recommended in the *Australian Immunisation Handbook*, current edition) and provide a post-vaccination serology result within six months of appointment/commencement of duties.

**Part 5**  I have been informed of, and understand, the risks of infection, the consequences of infection and management in the event of exposure (refer *Information Sheet 3: Specified Infectious Diseases: Risks, consequences of exposure and protective measures*) and agree to comply with the protective measures required by the health service.

**I declare that the information I have provided is correct**

Name \_\_\_\_\_

Phone or Email \_\_\_\_\_

Health Service/Facility \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## FORM 2. – Tuberculosis (TB) assessment tool

- A New Recruit/Student will require TST screening if he/she was born in a country with a high incidence of TB, or has resided for a cumulative time of 3 months or longer in a country with a high incidence of TB, as listed at: <http://www.health.nsw.gov.au/publichealth/Infectious/a-z.asp#T>.
- The **Health Service** will assess this form and decide whether clinical review/testing for TB is required. Indicate if you would prefer to provide this information in private consultation with a clinician.
- **New recruits** will not be permitted to commence duties if they have not submitted this *Form* and *Form 1: New Recruit Undertaking/Declaration* to the employing health facility. Failure to complete outstanding TB requirements within the appropriate timeframe(s) may affect the new recruit's employment status
- **Students** will not be permitted to attend clinical placements if they have not submitted this *Form* and the *Form 3: Student Undertaking/Declaration* to their educational institution's clinical placement coordinator as soon as possible after enrolment. Failure to complete outstanding TB requirements within the appropriate timeframe(s) will result in suspension from further clinical placements. **The educational institution** will forward the original or a copy of these forms to the health service for assessment.

### Clinical History

Cough for longer than 2 weeks      Yes     No

**Please provide information below if you have any of the following symptoms:**

Haemoptysis (coughing blood)      Yes     No

Fevers / Chills / Temperatures      Yes     No

Night Sweats      Yes     No

Fatigue / Weakness      Yes     No

Anorexia (loss of appetite)      Yes     No

Unexplained Weight Loss      Yes     No

### Assessment of risk of TB infection

**Were you born outside Australia?**

Yes     No

If yes, where were you born?

.....

**Have you lived or travelled overseas?**

Yes     No

Country

Amount of time lived/  
travelled in country

.....

.....

.....

**Have you ever had:**

**Contact with a person known to have TB?**

If yes, provide details below      Yes     No

**Have you ever had:**

**TB Screening**

Yes     No

If yes, provide details below and attach documentation

If you answered **YES** to any of the questions above, please provide details (attach extra pages if required).

**I declare that the information I have provided is correct**

Name \_\_\_\_\_

Phone or Email \_\_\_\_\_

Student ID (or date of birth) \_\_\_\_\_

Educational institution (student) \_\_\_\_\_

Health Service/Facility (new recruit) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_