



Inc. in NSW. ABN 63 122 710 534
PO Box 276, Double Bay, NSW 1360 Phone: (02) 9327 7555 Fax: +61 2 9327 1855 judith@activelocums.com.au

2020 GP Locum Application Package

Forms to Be Completed and returned to Active Locums Pty Ltd:

1. Active Locums Registration form
2. Active Locums Consent Form & Declaration
3. Criminal Record Statutory Declaration
4. Commonwealth of Australia Statutory Declaration
5. Statutory Declaration for Overseas Applicants (*if applicable*)
6. National Police Checking Service Informed Consent Form (*not required from locums who have a NCRC less than 12 months old*)
7. Verified Identification form
8. Application for an Additional Provider Number (*email to provider.registration@humanservices.gov.au*)

Documents to be Included by Locum:

1. Current CV with contact details of three clinical referees
2. JP certified copies of qualifications or transcripts and specialist qualifications if applicable and proof of CME
3. Medical (AHPRA) registration certificate
4. Medical indemnity certificate
5. National Police Check certificate – if you already have a clearance which is less than 2 years old, you are able to sign a criminal record statutory declaration which we can email you, or
If you do not have a current NCRC, please apply for a National Police Check (www.nationalcrimecheck.com.au) and supply clearance number to Active Locums for verification - please ensure you apply for Medical Practitioner Vulnerable Persons, Aged Care, Disabled and Children
6. Copy of letter from the Office of the Children's Guardian regarding clearance to work with children AND consent form to access WWCC records on the Commission's website and provide clearance proof to facilities locums are intending to work in
7. JP-certified ID (passport, drivers' licence, visa, Medicare, proof of name change, academic transcript or alternative)
8. CME Points, prescriber and provider numbers, ABN
9. Passport-sized photo (to be used for issue of Active Locums ID pass)

Office of the Children's Guardian Working with Children Clearance may be obtained by:

1. Go to Office of the Children's Guardian website (www.kidsguardian.nsw.gov.au) and apply for an ID number.
 2. Go to your local Roads and Maritime Services office to submit 100-point ID, which will then be electronically transmitted to the Commission. There is a cost of \$80 which will cover clearance for 5 years.
 3. The Office of the Children's Guardian will issue a letter stating that you are able to work in a child-related position or barred from working in a child-related position. Agencies and employers must verify your status prior to accepting you for work.
 4. Office of the Children's Guardian will continuously monitor all individuals for a 5-year period for any breaches.
 5. Provide Active Locums with consent to access your Working with Children status on the Office of the Children's Guardian website and to provide it to any facility that you are applying to work in.
- **An employment placement service must not charge a job seeker a fee for the purpose of finding the job seeker employment.**
 - **An employment placement service must not engage in misleading or deceptive conduct (such as advertising a position as being available when the agency knows no such position exists or knowingly giving misleading information about the nature of a position)**
 - **If a job seeker believes that an employment placement service has acted inappropriately, the job seeker may contact NSW Fair Trading for information on possible action that may be taken.**



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ACTIVE LOCUMS REGISTRATION 2020

General Information

Surname: _____ Given Names: _____

Address: _____

Postal Address: _____

Contact Details: (H) _____ (W) _____ (M) _____ (Email) _____
(Please indicate the best method of contact at short notice.)

Date of Birth: _____ Country of Birth: _____

Citizenship: _____ Languages Spoken: _____

Tax File Number: _____ Drivers Licence No.: _____

Provider No: _____ FRACGP: _____

Medical Indemnity: _____ Medical Indemnity No.: _____

Valid Till: _____

Working with Children Clearance number: _____ National Criminal Record clearance number: _____

Name and Contact Details of Next of Kin: _____

Qualifications

Qualifying Degree: _____ University: _____ Year: _____

Post Graduate Degree/s: _____ Obtained at: _____ Year: _____

_____ Obtained at: _____ Year: _____

Date of Registration in NSW: _____ Reg. No.: _____

Experience

Experience in Australia: _____

Experience Overseas: _____

Experience in any of the following: (please tick)

Emergency	Anaesthetics	ICU/CCU	Paediatrics	Internal Med
General Practice	Surgery	Psychiatry	Obs/Gynae	Rehabilitation
Other: _____				

Level of seniority: (please tick)

Junior Medical Officer	Resident	Registrar	SMO/CMO
Consultant/VMO	GP		





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Locum Employment Information

Locum experience: _____

Date available from: _____ For work in: (please tick) Hospital / GP / Metropolitan / Rural

Days and hours available: _____

Position Type: (Please tick) Full Time 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) Employer? _____

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 tick)

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: _____





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CONSENT FORM & DECLARATION 2020

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 been convicted of a crime that may affect my application to work as a doctor.
I have not had my registration cancelled for any reasons and am not subject to any restrictions or conditions.
If applicable, condition/restriction details are: _____.
- 2) a) I do not have any serious or chronic health problems that will affect my ability to carry out my work as a doctor, **OR**
b) I have a health condition that may require an employer to provide me with services or adjustments so that I can successfully carry out the inherent requirements and job demands of the position, and I have disclosed this to Active Locums Pty Ltd. (*Please strike through a) or b) as applicable.*)
- 3) I am an **Australian citizen** and I am legally able to work in Australia, or have provided details of **permanent residency or current work visa**. If I am an Australian visa holder I give consent for Active Locums Pty Ltd to access VEVO online upon registration and every 3 months to check my status. Details: _____.
- 4) 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 /am not** aware of any outstanding medical negligence claims against me. If yes, give details _____.
- 5) I have a current clearance for Working with Children and have supplied this to Active Locums Pty Ltd. My status permits me to work in a child-related position **Yes / No** .
OR I will apply for a Working with Children Clearance and will provide proof of clearance to Active Locums Pty Ltd. I undertake to notify Active Locums Pty Ltd of any change to my status in regard to Working with Children. I give permission for Active Locums Pty Ltd to access and check my Working with Children status on the Office of the Children's Guardian website.
- 6) I am prepared to undergo mandatory National Criminal Record Checking and agree to notify Active Locums Pty Ltd if I am under investigation, charged or convicted of any offences. I consent to Active Locums Pty Ltd providing copies of National Criminal Record Clearance and WWCC Clearance Numbers to prospective employers for the purpose of obtaining work. **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 seven 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.** I will sign an annual ongoing statutory declaration in regard to WWCC/NCRC.
- 7) My prescriber number is _____. I am eligible to apply for a provider number **Yes / No** .
My provider number is _____.
- 8) My ABN is _____. I am registered to claim GST **Yes / No** .
- 9) If I am working through a Pty Ltd company, I agree to provide a copy of current professional indemnity, worker's compensation and public liability insurances. If I am working as a sole trader ABN, I confirm that I have suitable professional indemnity and income protection insurance, which is adequate to cover the work undertaken. I acknowledge that Active Locums Pty Ltd recommends that all locum doctors maintain appropriate private medical indemnity insurance.
- 10) In consideration of Active Locums Pty Ltd agreeing to try and place me in a position, I agree to indemnify Active Locums Pty Ltd and its directors, employees and representatives, against any claims 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 that is arranged by Active Locums Pty Ltd.
- 11) I understand that 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.
- 12) 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 to provide certificates of annual CME/EMST/ALS/APLS courses undertaken.
 I undertake not to attend work impaired by alcohol or drugs.
 I undertake to notify Active Locums Pty Ltd within seven days 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 undertake to notify Active Locums Pty Ltd as soon as practicable about my inability to work a confirmed shift.
 I have no objection to Active Locums Pty Ltd obtaining regular performance appraisal feedback reports from the employing organisation for quality control purposes.
 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/Medical Indemnity is altered or compromised in any way.

- 13) I consent to Active Locums Pty Ltd undertaking regular clinical reference checks with my referees as nominated.
- 14) I consent to Active Locums Pty Ltd providing copies of my CV, AHPRA Registration, Medical Indemnity, references, proof of identification and any other documentation required to any prospective employer for the purposes of obtaining work, and disclosing any personal information to the auditors of Global Mark, our insurers for insurance purposes and to any Government, regulatory authorities or Tribunal to comply with the process of auditing/accreditation, insurance or as authorised by law.
- 15) I have read, understand and accept Active Locums Pty Ltd's Privacy Policy.

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

- 16) Please initial each point below to acknowledge awareness and agreement of these mandatory requirements from NSW Health:
- I have read and agree to abide by all relevant NSW Health Policies, as updated from time to time.
 - I have read and understood the NSW Secondary Employment Policy and agree to abide by it.
 - The Local Health District where I am employed is aware of my intention to undertake locum work. They have supplied written consent for Secondary Employment and have no objection, provided it does not raise any conflicts of interests, WHS, or service delivery risks that could arise as a result of secondary employment.
 - 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 breaks, including taking a break before commencing an engagement in any NSW public hospital.
 - I have already undertaken or am prepared to undergo online training modules in: Electronic Medical Orientation (EMO), Electronic Medical Record (EMR), eMeds (Rural), Child Protection, Code of Conduct, Deteriorating Patient – Adult (DETECT), Fire and Evacuation, Hand Hygiene, Hazardous Manual Tasks, Privacy, Violence Prevention and Management, Work Health and Safety, and any other training modules as directed by NSW Health facilities.
 - I am aware of and agree to abide by WHS legislation on manual handling.
 - I have completed the Employment Health Assessment, Form 6, Form 7, and have provided vaccination and serology records. I acknowledge PD2005_162, will have annual blood serology and am aware doctors who are either HCV PCR positive or HIV positive or HBeAg positive or HBV DNA positive must not perform exposure prone procedures and must self-disclose to their employing facility.
 - I am aware that I may be required to supervise Junior Medical Officers.
 - I am aware that I am required to perform my engagement in accordance with accepted medical practice and at the direction of the customer.
 - I am not aware of any reasons 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 that prior to commencing work for NSW Health, an internal service check will be conducted.
 - I will/have provided three recent references to Active Locums Pty Ltd to confirm my competency for the positions applied for.

Additional Clauses:

1. An employment placement service must not charge a job seeker a fee for the purpose of finding the job seeker employment.
2. An employment placement service must not engage in misleading or deceptive conduct (such as advertising a position as being available when the agency knows no such position exists or knowingly giving misleading information about the nature of a position).
3. If a job seeker believes that an employment placement service has acted inappropriately, the job seeker may contact NSW Fair Trading for information on possible action that may be taken.

Signed: _____ Date: _____

Document 5: Criminal Record Statutory Declaration - Australia

To be completed by a Locum Medical Officer in relation to requirement 5 of the Locum Medical Officer Pre-Placement Checklist (Form 1).

(1) Name, address and occupation of person making the declaration. I,
.....
.....

do solemnly and sincerely declare that since the date on which my National Criminal Record Check was conducted (date of National Police Certificate):

.....

1. I do not have any criminal convictions or pending charges ☐

2. I have the following criminal convictions or pending charges:

.....
.....
.....

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) Signature of person making the declaration.
Declared at

On

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

(4) Title of person before whom the declaration is made.

Document 5: Criminal Record Statutory Declaration - Australia

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.

Commonwealth of Australia
STATUTORY DECLARATION
Statutory Declarations Act 1959

1 Insert the name,
address and
occupation of
person making
the declaration

I,¹

make the following declaration under the *Statutory Declarations Act 1959*:

2 Set out matter
declared to in
numbered
paragraphs

2

1. I declare that (*place a tick or cross in applicable box*):

Since turning 16 years of age, I have been a citizen or permanent resident of a country/countries other than Australia.

Since turning 16 years of age, I have never been a citizen or permanent resident of a country/countries other than Australia.

2. I declare that I have never been:

(a) convicted of murder or sexual assault; or

(b) convicted of, and sentenced to imprisonment for, any other form of assault.

I acknowledge that continued employment with a NSW Health agency is conditional upon a satisfactory outcome of the check which I have consented to.

I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the *Statutory Declarations Act 1959*, and I believe that the statements in this declaration are true in every particular.

3 Signature of
person making
the declaration

3

4 Place
5 Day
6 Month and year

Declared at ⁴ on ⁵ of ⁶

Before me,

7 Signature of
person before
whom the
declaration is
made (see over)

7

8 Full name,
qualification and
address of person
before whom the
declaration is
made (in printed
letters)

8

Note 1 A person who intentionally makes a false statement in a statutory declaration is guilty of an offence, the punishment for which is imprisonment for a term of 4 years — see section 11 of the *Statutory Declarations Act 1959*.

Note 2 Chapter 2 of the *Criminal Code* applies to all offences against the *Statutory Declarations Act 1959* — see section 5A of the *Statutory Declarations Act 1959*.

STATUTORY DECLARATION
OATHS ACT 1900, NSW, EIGHTH SCHEDULE
(for overseas applicants or students)

I, ,
[name, address and occupation of declarant]
do solemnly and sincerely declare that I ***do not have / have (listed below)** any criminal convictions/pending charges in my country of origin or any country, outside of Australia, which I have resided in or been a citizen of since turning 16 years of age.

Date of charge/conviction	Details of pending charge or conviction	Country	Penalty / Sentence

and I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the *Oaths Act 1900*.

Declared at: on
[place] [date]
.....
[signature of declarant]

in the presence of an authorised witness, who states:

I, , a ,
[name of authorised witness] [qualification of authorised witness]

certify the following matters concerning the making of this statutory declaration by the person who made it:

1. *I saw the face of the person OR *I did not see the face of the person because the person was wearing a face covering, but I am satisfied that the person had a special justification for not removing the covering, and
2. *I have known the person for at least 12 months OR *I have not known the person for at least 12 months, but I have confirmed the person's identity using an identification document and the document I relied on was

[describe identification document relied on]

.....
[signature of authorised witness] [date]

*** Cross out any text that does not apply**

NOTE 1.-A person who intentionally makes a false statement in a statutory declaration is guilty of an offence, the punishment for which is imprisonment for a term of 5 years – see section 25 of the *Oaths Act 1900 (NSW)*.

NOTE 2.-A statutory declaration under the *Oaths Act 1900 (NSW)* may be made only before a Justice of the Peace; a Legal Practitioner; a Judicial Officer; or a person authorised to witness a declaration in the jurisdiction in which it is sworn.

NOTE 3 - **identification document** means either a primary identification document within the meaning of the *Real Property Regulation 2008*, or a Medicare card, pensioner concession card, Department of Veterans' Affairs entitlement card or other entitlement card issued by the Commonwealth or a State Government, a credit card or account (or a passbook or statement of account) from a bank, building society or credit union, an electoral enrolment card or other evidence of enrolment as an elector, or a student identity card, or a certificate or statement of enrolment, from an educational institution.

NOTE 4: Applicants for aged care work must use the Commonwealth Aged Care Statutory Declaration

Information about this form

Terms used in this form

Nationally coordinated criminal history check	Describes both: the checking process undertaken by the ACIC and police, and the result received by the accredited body. Commonly known as a 'police check'.
You/the applicant	Individual seeking a nationally coordinated criminal history check.
Accredited body	Organisation accredited with the ACIC and responsible for submitting your nationally coordinated criminal history check.
Australian Criminal Intelligence Commission (ACIC)	Australian Government agency responsible for facilitating access to nationally coordinated criminal history checks.
Legal entity customer	Organisation the accredited body may use to collect your application, including your informed consent. This may be your employer, benefits provider or issuing body.
Third party	Organisation the accredited body is required by law to disclose your personal information and police information to.
Personal information	Information about you, including any information contained in your identity documents.
Police information	Information released as part of a nationally coordinated criminal history check.

Who completes this form?

Accredited body

The accredited body or its legal entity customer pre-populates this form with information in these sections: **How to submit this form**, **Contact details** and **question D1**.

Applicant

You are required to provide your personal details and informed consent to complete this form. You must also provide your identity documents, as detailed in **Documents required**. If you are less than 18 years of age, this form must be completed by your parent or legal guardian. You are completing this form to obtain a nationally coordinated criminal history check.

What is a nationally coordinated criminal history check?

A nationally coordinated criminal history check is conducted with your informed consent to determine your suitability for employment, a position of trust or as required by legislation. A nationally coordinated criminal history check contains your personal

information, and any relevant police information about you, according to the purpose of your nationally coordinated criminal history check.

Privacy notice

How will my information be used?

The ACIC and Australian police agencies

The ACIC and Australian police agencies use the information on this form and the applicant's identity documentation:

- to disclose police information relating to you, to the accredited body named in question D1.
- to update records held about you
- for law enforcement, including purposes set out in the *Australian Crime Commission Act 2002* (Cth)

Accredited body

The accredited body or its legal entity customer uses the personal information collected in this application to request a nationally coordinated criminal history check and to assure itself of your identity.

The accredited body may have a legislative basis for the collection, use and disclosure of your personal information and police information to a third party. If applicable, third parties are listed in question D1. The ACIC recommends you seek more information about relevant legislation from the accredited body.

The accredited body or its legal entity customer must advise you if your personal information or police information will be transferred or supplied to a location outside Australia, known as the permitted offshore transfer arrangement. If this applies, the legal name and location of the overseas entity are listed in question D1. The ACIC recommends you seek more information from the accredited body listed in D1.

You can contact the accredited body for more information on how they handle your personal information using the contact details at the end of this section.

How is my national coordinated criminal history check result determined?

Police information is disclosed in accordance with applicable spent conviction legislation and information release policies of the Australian Government and state and territory governments.

These links may help you source information on spent convictions:

Australian Government	www.legislation.gov.au
Australian Capital Territory	www.legislation.act.gov.au
New South Wales	www.legislation.nsw.gov.au
Northern Territory	www.legislation.nt.gov.au
Queensland	www.legislation.qld.gov.au
South Australia	www.legislation.sa.gov.au
Tasmania	www.thelaw.tas.gov.au
Victoria	www.police.vic.gov.au
Western Australia	www.legislation.wa.gov.au

How do I dispute my result?

If you do not agree with the results of your nationally coordinated criminal history check, contact the accredited body or, if applicable, its legal entity customer, using the contact details on page 3 and tell them you want to dispute the result. The accredited body or its legal entity customer accepts and escalates all disputes.

Providing incomplete, false or misleading information

You must take reasonable steps to ensure you provide accurate, complete and up-to-date personal information. Withholding and/or providing misleading, or false information on this form is a Commonwealth offence and you may be prosecuted under the *Criminal Code Act 1995* (Cth).

If you become aware you have provided incorrect information you must contact the accredited body as soon as possible.

Documents required

Minimum identity requirements

You must provide four documents with your completed form to confirm your identity:

- **one commencement of identity document** to confirm your birth in Australia or arrival in Australia
- **one primary use in the community document** to show the use of your identity in the community; and
- **two secondary use in the community documents**

The accredited body or its legal entity customer will use these documents to verify your identity with the personal information you have provided on this form. The personal information contained in your identity documents will be used to conduct a nationally coordinated criminal history check, as you consent to in Section D.

The documentation you provide must include evidence of your full legal name, date of birth and a photograph of you. If a photograph is not provided on the identity documents presented, a passport-style photograph certified by a person listed in Schedule 2 of the *Statutory Declarations Regulations 1993* (Cth) can be accepted in addition to the four required documents.

Commencement documents

- (a) full **Australian birth certificate** (not an extract or birth card)
- (b) current **Australian passport** (not expired; however, if the Document Verification System (DVS) is used to verify the passport, it may be up to 2 years expired)
- (c) **Australian visa** current at time of entry to Australia as a resident or tourist *
- (d) **ImmiCard** issued by Department of Home Affairs (previously the Department of Immigration and Border Protection) that enables the cardholder to prove their visa and/or migration status and enroll in services
- (e) **certificate of identity** issued by Department of Foreign Affairs and Trade (DFAT) to refugees and non-Australian citizens for entry to Australia
- (f) **document of identity** issued by DFAT to Australian citizens or persons who have the nationality of a Commonwealth country for travel purposes
- (g) **certificate of evidence** of resident status.
- (h) **Australian Citizenship Certificate**.

* A Visa Entitlement Verification Online (VEVO) record may be provided. If you are a New Zealand citizen on a Special Category Visa, you can request your VEVO details from the Department of Home Affairs via their website.

Primary documents

- a) current **Australian drivers licence**, learner permit or provisional licence issued by a state or territory, showing a signature and/or photo and the same name as claimed
- b) **Australian marriage certificate** issued by a state or territory (church or celebrant-issued certificates are not accepted)
- c) current **passport** issued by a country other than Australia with a valid entry stamp or visa
- d) current **proof of age** or **photo identity card** issued by an Australian Government agency in the name of the applicant, with a signature and photo
- e) current **shooters** or **firearms licence** showing a signature and photo (not minor or junior permit or licence)
- f) for persons under 18 years of age with no other Primary Use in Community Documents, a current **student identification card** with a signature or photo.

Secondary documents

- a) **certificate of identity** issued by DFAT
- b) **document of identity** issued by DFAT
- c) **convention travel document secondary** (United Nations) issued by DFAT
- d) **foreign government issued documents** (for example, drivers licence)
- e) **Medicare card**
- f) **enrolment with the Australian Electoral Commission**
- g) **security guard** or **crowd control photo licence**
- h) **evidence of right to an Australian government benefit** (Centrelink or Veterans' Affairs)
- i) **consular photo identity card** issued by DFAT
- j) **photo identity card** issued to an officer by a police force
- k) **photo identity card** issued by the Australian Defence Force
- l) **photo identity card** issued by the Australian Government or a state or territory government (this may take the form of a Working with Children or Vulnerable People card or a government issued occupational licence)
- m) **Aviation Security Identification Card**
- n) **Maritime Security Identification card**
- o) **credit reference check**
- p) **Australian secondary or tertiary student photo identity document**
- q) certified **academic transcript** from an Australian university
- r) **trusted referees report**
- s) **bank card, credit card or bank statement** (without recording the payment card number/s)
- t) **state/territory government rates assessment notice or Australian Taxation Office assessment notice**
- u) **Australian utility bill** showing name and address
- v) **Australian Private Health Insurance Card**
- w) **Australian Trade Association card**.

Names

All names under which you have been or are currently known will be included on the nationally coordinated criminal history check. If you are concerned about the disclosure of details relating to your previous known names, please contact the accredited body through which you are submitting your check for a nationally coordinated criminal history check for assistance.

Change of name

If you provide identity documents using a former name, you must provide evidence of your name change. This means providing a change of name certificate issued by the Australian Registry of Births, Deaths and Marriages or an Australian marriage certificate issued by a state or territory, in addition to your four identity documents. **Church or celebrant-issued certificates are not accepted.**

Special provisions for proof of identity

The ACIC recognises that in exceptional circumstances you may not be able to meet the minimum proof of identity requirements. Please contact the accredited body who will assess your ability to meet the requirements and determine the most suitable method to confirm your identity.

How to submit this form

Before submitting this form, ensure all sections are complete and that you have signed and dated the form.

Submit your completed form and identity documents using these instructions:

Contact details

You can contact the accredited body or its legal entity customer for more information on the nationally coordinated criminal history check process, how your personal information is handled and how you can dispute your result.

Accredited body

Contact details

Legal entity customer (if applicable)

Contact details

Section A – Personal information

A1. Please read this before answering the following questions.

You must disclose all names you have been known by throughout your life, including your full legal name, name before marriage (maiden name), and other previous names and/or alias names.

All names that you submit as part of your nationally coordinated criminal history check, will appear on the check result. If you are concerned about the disclosure of previous name, please contact

the accredited body.

With each additional name you provide, you must include your family name, first given names and other given names (if applicable).

Example:

When Lucianne was born, she was given the first name Lucianne, second given name Jane and surname of Jones. When she was married, she changed her surname to Smith. Lucianne commonly uses the name Lucy when introducing herself in the community.

As such, Lucianne has four known names—her current name, maiden name, the alias name she used before she got married and the alias name she uses now. Lucianne needs to provide all four names when completing this form, as follows:

Current name: Smith, Lucianne Jane

Maiden name: Jones, Lucianne Jane

Alias name: Smith, Lucy Jane

Previous name: Jones, Lucy Jane

Full legal name

Family name

First given name(s)

Other given name(s)

Previous known name (if applicable)

Family name

First given name(s)

Other given name(s)

Name Type Maiden ☐ Alias ☐ Previous ☐

Previous known name (if applicable)

Family name

First given name(s)

Other given name(s)

Name Type Maiden ☐ Alias ☐ Previous ☐



If more room is required, please list on a separate sheet, sign and attach to this form.

Additional sheet attached? Yes ☐ No ☐

A2. Please read this before answering the following question.

You must select the gender that best describes how you identify yourself within the community.

The gender details that you submit as part of your nationally coordinated criminal history check, will be the gender that appears on the check result.

The ACIC's processes are aligned with the Australian Government *Guidelines on the Recognition of Sex and Gender*. If these Guidelines affect you and you would like additional information specifically regarding this, please contact the ACIC directly at npcs@acic.gov.au

Your gender

M ☐ (Male)

F ☐ (Female)

X ☐ (Indeterminate/intersex/unspecified)

A3. Please read this before answering the following questions.

If you cannot provide all these details, contact the accredited body or its legal entity customer.

Your date of birth

/ /

Your place of birth

Suburb/town

State/territory

Country

A4. Please read this before answering the following questions.

Provide your current and previous residential addresses for the past *five years*.

If you cannot provide full details, provide as much information as possible. If you are unsure how to complete this section contact the organisation that gave you this form.

Current residential address

Street address			
Suburb/town			
State/territory		Postcode	
Country			

Dates residing at address:

From	/	/
------	---	---

Previous residential address 1

Street address			
Suburb/town			
State/territory		Postcode	
Country			

Dates residing at address:

From	/	/	To	/	/
------	---	---	----	---	---

Previous residential address 2

Street address			
Suburb/town			
State/territory		Postcode	
Country			

Dates residing at address:

From	/	/	To	/	/
------	---	---	----	---	---

Previous residential address 3

Street address			
Suburb/town			
State/territory		Postcode	
Country			

Dates residing at address:

From	/	/	To	/	/
------	---	---	----	---	---



If more room is required, please list on a separate sheet, sign and attach to this form.

Additional sheet attached? Yes ☐ No ☐

A5. Please read this before answering the following questions.

If you have an *Australian* drivers licence and/or an Australian firearms licence, you must provide the licence number and the state or territory that issued your licence.

If you have a *foreign* drivers licence and/or a firearm licence you must provide the licence number and the country that issued your licence.

If you have a passport, you must provide the passport number and the country that issued your passport.

Drivers licence number (if available)

Issued by (state/territory)

Firearm licence number (if available)

Issued by (state/territory)

Passport number (if available)

Issued by (country)

Section B - Purpose of the nationally coordinated criminal history check

The purpose for your nationally coordinated criminal history check helps determine what police information is disclosed on your result.

B1. Please read this before answering the following question.

For question B1, provide the following information:

1. position title, occupation, volunteer role or entitlement being sought
 2. proposed place of work (name of organisation or type of workplace or industry)
 3. location of the role (town and state/territory)
- Acronyms must not be used – except for the state/territory.

Example: Case worker, Youth Housing Facilities, Canberra, ACT.

Example: volunteer in canteen, St Bebes, Canberra, ACT

Your position title, occupation, volunteer role or entitlement

Your proposed place of work (name of organisation or type of workplace or industry)

The location of your work (town and state/territory)

B2. Please read this before answering the following question.

For question B2, indicate whether you will have supervised/unsupervised contact with vulnerable groups as part of the role you are applying for.

Vulnerable groups means:

- a child,
- an adult who is disadvantaged or in need of special care, support or protection because of age, disability or risk of abuse or neglect.

Contact means direct or indirect face-to-face contact, phone contact or any type of communication over the internet.

Supervision means in the presence of an adult who is responsible for the safety or care of the vulnerable person.

Unsupervised means you will not be in the presence of an adult who is responsible for the safety or care of the vulnerable person.

Select the statement that best describes the role you are applying for:

Supervised contact with vulnerable people ☐

Unsupervised contact with vulnerable people ☐

No contact with vulnerable people ☐

Section C – Type of nationally coordinated criminal history check

C1. Please read this before answering the following question.

You may request a volunteer check if you will hold a position or perform a role where you will not receive any salary, benefits or financial gain. This includes students undertaking compulsory vocational placements.

Volunteer check type must not be selected for the Australian Government's Work for the Dole Scheme.

You must be able to validate the charity organisation or volunteer position to support your selection of the volunteer type.

What is the check type?

Standard ☐

Volunteer ☐

Section D – Informed consent

What is informed consent?

Your informed consent is needed before an accredited body can request a nationally coordinated criminal history check for you.

Your informed consent means you:

- have read and understood the information provided in this form about how your personal information and any police information relevant to you will be handled and disclosed
- provide your permission for the accredited body to request a nationally coordinated criminal history check on your behalf
- provide your permission for the accredited body to disclose your information to any organisation listed in D1 of this form.

How do I provide my informed consent?

An important aspect of providing informed consent is that you understand what you are consenting to. It is important that you read the consent statements in question D2 and, where required, get clarification from the accredited body or its legal entity customer, to ensure complete understanding. You must then sign and date this form at D2, to give your informed consent.

Important: Please read this information about question D1.

The accredited body is required to complete the details at D1 before providing the form to you.

D1 provides the details of the organisations to whom your personal and police information will be disclosed to.

In question D2, you will provide your informed consent for your personal and police information to be disclosed to the ACIC, Australian police agencies, law enforcement agencies, and any organisations detailed in question D1.

D1. Organisations to whom the applicant's personal and police information will be disclosed

Accredited Body

Accredited body (legal name)

Address

Preferred contact details

ABN

Legal entity customer or related government entity

Legal entity customer or related government entity (legal name)

Address

Preferred contact details

ABN

Third parties (as required by law)

Third party 1 (legal name)

ABN

Third party 2 (legal name)

ABN

Permitted offshore transfer arrangements

Overseas entity (legal name)

Location (Country)



If more room is required, please list on a separate sheet, sign and attach to this form.

Additional sheet attached? Yes ☐ No ☐

D2. Please read this before answering the following question.

You must provide your name, read each statement carefully and then print your name, sign and date to provide your informed consent.

Applicant's consent to submit a nationally coordinated criminal history check

I,

Family name

First given name(s)

Other given name(s)

1. acknowledge that I/the applicant understand the information on this form.
2. acknowledge that the accredited body named in D1 is collecting information in this form to provide to the Australian Criminal Intelligence Commission (ACIC) and police agencies, for a nationally coordinated criminal history check to be conducted for the purpose outlined in Section B of this form.
3. have fully and accurately completed this form, and the personal information I/the applicant, have provided relates to me/the applicant, and contains the full name and all names previously used by me/the applicant.
4. acknowledge that withholding and/or providing misleading or false information on this form and in any supplied identity documents is a Commonwealth offence and may lead to prosecution under the *Criminal Code Act 1995* (Cth).
5. acknowledge that personal information that I/the applicant provided on this form and on the supplied identity documents may be disclosed to the accredited body named in Section D of this form (including contractors, legal entity customers, related bodies or third parties named in D1 of this form in Australia or overseas, if applicable).
6. acknowledge that any information sent by mail or electronically, in relation to this form, including identity documents, is sent at my/the applicant's risk and I/the applicant, am aware of the consequences of sending information in these ways.
7. acknowledge that I/the applicant am aware that I/the applicant am providing consent for a nationally coordinated criminal history check to be conducted using all personal information provided in this form and provided in supplied identity documents.
8. understand and consent to police information relating to me/the applicant, being disclosed in accordance with the purpose identified in Section B of this form, and applicable legislation and information release policies (including spent convictions legislation described in Australian Government and state or territory legislation).
9. give consent to:
 - a. the ACIC and police agencies using and disclosing my/the applicant's personal information that I/ the applicant, have provided in this form and personal information contained in my supplied identity documents to conduct a nationally coordinated criminal history check.
 - b. the ACIC disclosing the police information sourced from the police agencies to other approved bodies and the accredited body named in D1 of this form.
 - c. the accredited body named in D1 of this form disclosing to the legal entity customer, third parties and any permitted offshore transfer arrangements also detailed in D1, my/the applicant's personal information and police

information to assess my/the applicant's suitability for the purpose identified in Section B of this form.

10. acknowledge that it is usual practice for my/the applicant's personal information and police information to be used by police agencies and the ACIC for law enforcement, including purposes set out in the *Australian Crime Commission Act 2002* (Cth).

Applicant

Print name

Signature

	Date / /
---	-------------

Parent or legal guardian

(where the applicant is under the age of 18)

Print name

Signature

	Date / /
---	-------------

Authorised agent

(person responsible for the applicant, such as a legal representative)

Print name

Signature

	Date / /
---	-------------

Section E - Office use only

Accredited body or its legal entity customer declaration.

- E1.** What is the nationally coordinated criminal history check category for this check?

For example: Employ/probity/licence.

E2. Collected Identity Documentation

- 1) **Commencement of identity document:**

Type of document collected:

Name as it appears on the identity document:

Document identifier number:

- 2) **Primary use in the community document:**

Type of document collected:

Name as it appears on the identity document:

Document identifier number:

- 3) **Secondary use in the community document:**

Type of document collected:

Name as it appears on the identity document:

- 4) **Secondary use in the community document:**

Type of document collected:

Name as it appears on the identity document:

- 5) **Change of name document (if applicable):**

Type of document collected:

Previous name as it appears on the document:

Current name as it appears on the document:

E3. The accredited body or its legal entity customer declares that:

- The correct *check type* has been selected for this check and they have verified the legitimacy of this claim.
- They are satisfied as to the applicants' identity and have verified the linkage between the applicant and the claimed identity.

Staff member

Print name

Signature

	Date / /
---	-------------

Appendix 5 - Identification Checklist for consent to undertake a National Police Check (NPC)

Instructions

- a) To lodge a National Police Check (NPC), original identifying documents must be sighted (scanned or photocopied certified copies are not acceptable), checked against each other and the applicant for linkage and consistency (refer Information Sheet on [NSW Health Intranet](#)) and against the applicant's completed NSW Health NPC Consent Form and this Checklist completed. This must be by a NSW Health staff member (as appropriately delegated). There is no requirement to retain copies of the identification documents.
- b) The combination of documents sighted must include the applicant's full name, date of birth and photograph: If the applicant is unable to provide a photo in a *Commencement of identity/Primary Use in Community* document, a passport-style photograph certified by a person listed in Schedule 2 of the *Statutory Declarations Regulations 1993 (Cth)* must be provided.
- c) As a minimum requirement, the applicant must provide four identity documents:
- one 'commencement of identity' document (Section 1 below)
 - one 'primary use in the community' document (Section 2 below)
 - two 'secondary use in the community' document (Section 3 below)
- If they cannot meet these requirements, refer to the Special Provisions (Section 4 below)
- d) **Change of Name-** If an applicant provides identity documents using a former name, such as a maiden name, they must provide evidence of the name change in addition to the four identity documents. This means providing a:
- change of name certificate issued by an Overseas Government Agency or Australian Registry of Births, Deaths and Marriages or
 - Marriage certificate issued by an Overseas Government Agency or an Australian state or territory (church or celebrant issued certificates are not accepted) or
 - Deed Poll.
- e) **Evidence of ability to work in Australia:** If the documents do not include an Australian /New Zealand passport or Australian birth/citizenship certificate, a valid 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 (including middle names)	Date issued	Place/ Office of issue/ issuing organisation	Expiry date	Checked Against NPC Consent Form	Document Type(eg Commencement, Primary or Secondary)
Mandatory record of document sighted that confirm person's ability to work in Australia						

I have checked the details provided above against the applicant's National Police Check consent form as required at point (a) above, and I confirm:

- the names in the ID documents are the same (or are linked), address details are consistent and signatures and photos match and are the same as the person presenting them, and
- the names in the ID documents are included in the consent form, and
- any reference numbers for documents detailed in the consent form match those I have sighted today, and
- the applicant has provided evidence that they are allowed to work in Australia, as required at point (e) above

I have confirmed with the applicant that all aliases / former / middle names are included in the consent form.

Full Name: _____ Position: _____ Employee Number: _____

NSW Health Organisation: _____ Signature: _____ Date: _____

Appendix 5 - Identification Checklist for consent to undertake a National Police Check (NPC)

Documents

Section 1: Commencement Documents

- a) Full **Australian Birth Certificate** (not extract or birth card)
- b) Current **Australian passport** (not expired)
- c) **Australian Visa** current at the time of entry to Australia as a resident or tourist
- d) **ImmiCard** issued by Immigration and Border Protection that enables the cardholder to prove their visa and/or migration status and enrol in services
- e) **Certificate of Identity** issued by Foreign Affairs and Trade to refugees and non-Australian citizens for entry to Australia
- f) **Document of Identity** issued by Foreign Affairs and Trade to Australian citizens or persons who have the nationality of a Commonwealth country for travel purposes
- g) Certificate of **evidence of resident status**.

Section 2: Primary Use in the Community Documents

- a) Current **Australian drivers licence**, learner permit or provisional licence issued by a state or territory, showing a signature and /or photo and the same name as claimed.
- b) **Australian marriage certificate** issued by a state or territory (church or celebrant-issued certificates are not accepted)
- c) Current **passport** issued by a country other than Australia with a valid entry stamp or visa
- d) Current **proof of age** or **photo identity card** issued by an Australian Government agency in the name of the applicant, with a signature and photo
- e) Current **shooters** or **firearms licence** showing a signature and photo (not minor or junior permit or licence)
- f) For persons under 18 years of age with no other Primary use in the Community Documents, a **current student identification card** with a signature or photo.

Section 3: Secondary Use in the Community documents

- a) **Certificate of identity** issued by Foreign Affairs and Trade.
- b) **Document of identity** issued by Foreign Affairs and Trade.
- c) **Convention travel document secondary** (United Nations) issued by Foreign Affairs and Trade
- d) **Foreign Government issued documents** (for example -drivers licence)
- e) **Medicare Card**
- f) **Enrolment with the Australian Electoral Commission**
- g) **Security Guard or Crowd Control photo licence**
- h) **Evidence of right to an Australian Government Benefit** (Centrelink or Veterans' Affairs)
- i) **Consular Photo Identity Card** issued by Foreign Affairs and Trade
- j) **Photo Identity Card** issued to an officer by a Police Force
- k) **Photo Identity Card** issued by the Australian Defence Force
- l) **Photo Identity Card** issued by the Australian Government or a state or territory government
- m) **Aviation Security Identification Card**
- n) **Maritime Security Identification Card**
- o) **Credit Reference Check**
- p) **Australian Tertiary student photo identity document**
- q) **Australian secondary student photo identity document**
- r) **Certified Academic Transcript** from an Australian University
- s) **Trusted Referees report**
- t) **Bank Card**
- u) **Credit Card**

Translation of identity documents to English

If an identity document is provided in a language other than English, an accredited translation must be obtained from the National Accreditation Authority for Translators and Interpreters.

Appendix 5 - Identification Checklist for consent to undertake a National Police Check (NPC)

Section 4 – Special Provisions

Special Provision 1 – where the applicant cannot provide from all three categories

Where the applicant cannot provide a:

- **Commencement in the Community document, they must provide:**
 - One primary use in the community document and
 - Three secondary use in the community documents, one of which must contain a photograph
- **Primary use in the Community document, they must provide:**
 - One commencement of identity document and
 - Three secondary use in the community documents
- **Secondary use in the community document, they must provide:**
 - One commencement of identity document and
 - Three primary use in the community documents

At least one document provided must contain proof of the applicant's full name, date of birth and photograph. If the applicant cannot provide a document with a photograph, they must submit a passport-style photograph certified by a person listed in Schedule 2 of the **Statutory Declarations Regulations 1993 (Cth)**.

Special Provision 2 – Verification of an applicants claimed identity by an authorised referee

If the applicant cannot provide any identity documents from the three special provision categories, they must provide a:

- Passport-style photograph certified by a person listed in Schedule 2 of the **Statutory Declarations Regulations 1993 (Cth)** and
- An authorised referee report that substantiates their claim

The authorised referee must:

- Meet the Australian Criminal Intelligence Commission's authorised referee requirements
- Complete the required sections in the special provisions form, including a declaration
- Provide, if requested, a written reference confirming the applicant's identity on company or/organisation letterhead.

Special Provision 3 – Verification of the applicant's identity with a parent, legal guardian or authorised agent

Access to this provisions is restricted to applicants who:

- are under 18 years of age
- have a disability requiring part or full-time care from an authorised agent
- were raised in foster care or similar arrangements

To meet the requirements of Special provision 3, the applicant, parent, legal guardian or authorised agent must all meet these minimum proof of identity requirements.

Applicant must provide:

- one identity document containing a photograph from the primary use in community or commencement of identity categories. If they cannot, they must submit a passport-style photograph certified by a person listed in Schedule 2 of the **Statutory Declarations Regulations 1993 (Cth)**.

Parent, legal guardian or authorised agent must:

- confirm their own identity by meeting the minimum proof of identity requirements and
- provide a documentary link between the child and the parent or legal guardian, such as the child's birth certificate or provide a documentary link between the applicant and their authorised agent, such as a signed power of attorney.

Special Provision 4 – limited to overseas applicants not in the country at the time of the check

Applicant must provide:

- a current overseas passport and
- **three of any of the following:** a foreign driver's licence, a birth certificate, bank card, evidence of qualifications from a tertiary institution, utility bill, government issued ID card, evidence of membership of professional association

Certified copies of original documents must be sighted before lodgement of NPC and originals provided after arrival in NSW.



Application for an additional location Medicare provider number for a medical practitioner

Purpose of this form

Complete this form if you are an existing Medicare provider applying for a Medicare provider number for a new location, to re-open a closed location or to close an existing Medicare provider number. Your application and supporting documentation should be sent to the Australian Government Department of Human Services prior to your proposed commencement date.

You must have current registration in the state or territory in which you intend to practise.

You should not commence billing until the Department of Human Services has advised you of your Medicare provider number and eligibility.

General information

Section 19AB of the *Health Insurance Act 1973*

From 1 April 2010 doctors who obtained their primary medical qualification in an accredited medical school in Australia or New Zealand **and** who were permanent residents or citizens of Australia or New Zealand at the time they enrolled in an accredited medical school in Australia or New Zealand will not be subject to section 19AB of the *Health Insurance Act 1973*.

Doctors who are affected by this change who are already registered with the Australian Government Department of Human Services must supply evidence of their residency status when they enrolled in medical school to allow Medicare to confirm section 19AB does not apply and to update its records.

Doctors who are not subject to section 19AB will be subject to section 19AA of the *Health Insurance Act 1973* and must be a recognised general practitioner, specialist or consultant physician for Medicare purposes, or be in an approved program placement under section 3GA of the *Health Insurance Act 1973* before Medicare benefits can be paid for their services.

Doctors who obtained their primary medical qualification in an accredited medical school in New Zealand, or who obtained their primary medical qualification in Australia and were a New Zealand citizen or permanent resident should call 132 150 and ask to speak to a Provider Registration service officer in their state or territory to determine if they are subject to sections 19AA and/or 19AB before any Medicare services are provided.

Additional documents

You may need to send additional documents with your application. Check the application form and Additional documents section.

For more information

For more information, call **132 150** Monday to Friday, between 8.30 am and 5.00 pm, Australian Eastern Standard Time.

Note: Call charges apply – calls from mobile phones may be charged at a higher rate.

Filling in this form

- Please use black or blue pen
- Print in BLOCK LETTERS
- Mark boxes like this ☐ with a ✓ or X
- Where you see a box like this ☐ **Go to 5** skip to the question number shown. You do not need to answer the questions in between

Returning your form

Check that you have answered all the questions you need to answer and that you have signed and dated this form.

This application will be returned if all relevant documentation and information is not supplied.

Department of Human Services

Provider Eligibility Section

GPO Box 9822

in your capital city

or

Fax:

NSW	02 9895 3439	VIC/NT	03 9605 7984
ACT	02 9895 3439	SA/TAS	08 8274 9307
WA	08 9214 8201	QLD	07 3004 5634

Access to Medicare benefits

A provider number uniquely identifies the medical practitioner and the location from which a service is rendered.

You cannot transfer a provider number for one address to another address as this has an adverse impact on Medicare claims and prescriptions issued from the previous address.

For Medicare claiming purposes, the Health Insurance Regulations provide that a valid account or receipt must contain the medical practitioner's name and either:

- the address of the place of practice from which the service was provided, **or**
- the provider number for the place of practice where the service was provided.

Payment of claims could be delayed or disallowed where it is not possible from account details to identify the service as one which qualifies for Medicare benefits, or that the person who provided the service is a registered medical practitioner at the place of practice.

Claims for Medicare benefits should only be made while working in a private capacity and where no other government funding is received for these services.

We will advise you of your provider number for the location.

Do not presume that the allocation of a provider number means Medicare benefits are payable for services you provide. Some Medicare provider numbers will only be valid for referring or requesting services for your patients.

Sections 19AA and 19AB

Eligibility to access Medicare benefits is determined by the *Health Insurance Act 1973* and related Regulations. In particular, the requirements of sections 19AA and 19AB of the *Health Insurance Act 1973* must be satisfied before access to Medicare benefits can be granted. The *Health Insurance Act 1973* can be found at comlaw.gov.au More information can be found on the Department of Health's website at health.gov.au

Other organisations such as the Department of Health, Rural Workforce Agencies, General Practice Education and Training Limited, specialist medical colleges, Royal Australian College of General Practitioners and Australian College of Rural and Remote Medicine may be involved in approving your access to Medicare benefits.

You are subject to section 19AB if:

- you are an overseas trained doctor
- you are a foreign graduate of an accredited medical school.

You can access your record through HPOS (Health Professional Online Services) on our website

humanservices.gov.au/healthprofessionals

Personal contact details

Please keep your details up to date to ensure important Department of Human Services information reaches you.

You can update your contact details through HPOS (Health Professional Online Services) on our website

humanservices.gov.au/healthprofessionals

Re-open a closed location

You can re-open a closed location by completing the details under required location.

If you are not subject to restrictions to access Medicare, you can re-open a closed location by calling **132 150**.

Online Claiming

If the practice claims online, you must complete questions 13, 14 and 16 on the form. For more information, you or the practice can call our eBusiness Service Centre on **1800 700 199**.

Electronic Funds Transfer payments

Your Medicare and Department of Veterans' Affairs (DVA) payments can be paid into a nominated bank account (either practice or personal account) by completing question 16.

Online patient claiming

Where services rendered by you attract a Medicare benefit you can use 1 of Department of Human Services' electronic Medicare claiming options. Electronic Medicare claiming provides a better service for you or your patients with faster lodgement times for Medicare claims, together with faster payment times when Medicare benefits are paid via Electronic Funds Transfer directly into a nominated bank account.

For more information about electronic claiming, call **1800 700 199**.

Practice Incentives Program

If you are currently participating in the Practice Incentives Program or if the new location for which you are requesting a provider number participates in the Practice Incentives Program, call **1800 222 032** to ensure that your provider number is linked to the practice.

Use of information by the Department of Veterans' Affairs

The information provided by the Department of Human Services on this form and obtained from other organisations, may be used by the Department of Veterans' Affairs to determine your eligibility to receive benefits for health services rendered under the *Veterans' Entitlement Act 1986*.

Online education services

The Department of Human Services encourages all new health professionals and health professionals commencing or returning to private practice to complete Medicare and PBS eLearning when registering for a new provider and/or prescriber number. This service will help you understand your obligations under the Medicare and Pharmaceutical Benefits Schemes.

eLearning is interactive, easy to use and modules can be completed in short sessions (5–25 minutes).

Visit humanservices.gov.au/healthprofessionals and start your eLearning today.

Additional documents

1 If you are an Australian trained doctor who:

- was a temporary resident (including a New Zealand citizen) on 1 November 1996,

or

- had not completed your internship or period of supervised training on 1 November 1996,

or

- was first registered with an Australian state or territory medical board on or after 1 November 1996,

and

- Medicare has not advised you in writing that you are:
 - recognised as a Fellow of the Royal Australian College of General Practitioners
 - recognised as a Fellow of the Australian College of Rural and Remote Medicine
 - included on the Vocational Register
 - recognised as a specialist or consultant physician for Medicare purposes

then you need an approved program placement. The approving body must send the approved placement to the Department of Human Services direct. For more details, refer to the information under Approved Program Placements on the next page.

2 If you are:

- an overseas trained doctor (primary medical qualification obtained overseas),

or

- former overseas medical student (primary qualification obtained in Australia and you were a temporary resident when first enrolled in medical school in Australia),

and

- were first registered with an Australian state or territory medical board on or after 1 January 1997

then you need a section 19AB exemption from the Department of Health (which we will apply for on your behalf) when you have provided the following documents:

a) if you are a temporary resident (including New Zealand citizen)

- passport – a copy of the personal details page
- visa – a copy of your current visa showing that you have permission to work as a medical practitioner or to study medicine in clinical training positions
- evidence of your current medical registration for the state or territory in which the location is situated. The document must show your name, the period of registration and any conditions attached to the registration (eg limited to specific locations, to work under supervision, area of need)
- letter of confirmation from your employer. Supporting letters must confirm the term and location of your employment, reason why you require a Medicare provider number and explain attempts to recruit Australian doctors. Letters from employers of locums should confirm that locum or deputising work is in districts of recognised workforce shortage
- copy of your employment contract – if working in a public hospital.

b) if you are an Australian citizen or permanent resident

- passport – a copy of the personal details page
- visa – a copy of your permanent resident visa or Australian citizenship (this documentation is required by the Department of Health for each application for a Section 19AB exemption)
- evidence of your current medical registration for the state or territory in which the location is situated. The document must show your name, the period of registration and any conditions attached to the registration (for example, limited to specific locations)
- letter of confirmation from your employer. Supporting letters must confirm the term and location of your employment, reason why you require a Medicare provider number and explain attempts to recruit Australian trained doctors. Letters from employers of locums should confirm that locum or deputising work is in districts of recognised workforce shortage
- copy of your employment contract – if working in a public hospital

and

Medicare has not advised you in writing that you are:

- recognised as a Fellow of the Royal Australian College of General Practitioners
- recognised as a Fellow of the Australian College of Rural and Remote Medicine
- included on the Vocational Register
- recognised as a specialist or consultant physician for Medicare purposes

then you also need an approved program placement. The approving body must send the approved placement to Medicare direct. For more details, refer to the information under Approved Program Placements on the next page.

c) If you are an overseas trained doctor working in Australia under an academic appointment with one of the following medical schools

- Australian National University
- Flinders University of South Australia
- James Cook University Medical School – Townsville
- Monash University
- University of Adelaide
- University of Melbourne
- University of New South Wales
- University of Newcastle
- University of Queensland
- University of South Australia
- University of Sydney
- University of Tasmania
- University of Western Australia
- Bond University
- Griffith University
- University of Notre Dame Australia (Fremantle campus)
- University of Notre Dame Australia (Sydney campus)
- University of Western Sydney
- University of Wollongong

then you must provide:

- documentation from the university to confirm that the new location/s is part of your academic appointment
- passport – a copy of the personal details page
- visa – a copy of your current visa
- medical registration – copy of your current medical registration for the state or territory in which the location is situated.

† If the new location is outside your academic appointment then you must supply the documentation in 2(a) or 2(b) for an overseas trained doctor according to your residency status.

d) if you are a temporary resident wanting to access Medicare benefits for assisting at operations only, then you must provide the following documents:

- passport – a copy of the personal details page
- visa – a copy of your current visa
- letter of confirmation from your employer or copy of your employment contract.

Note: If you do not have an occupational trainee visa then you must provide the following additional documents:

- endorsement from relevant medical college
- letter of support from the hospital or practice
- training schedule

e) if you are a permanent resident or Australian citizen wanting to access Medicare benefits for assisting at operations only, then you must provide the following documents:

- passport – a copy of the personal details page
- visa – a copy of your permanent resident visa or Australian citizenship certificate
- letter of confirmation from your employer or copy of your employment contract.

3 Change in residency status

If you have changed your residency status since you last applied for a provider number, you must provide a copy of your current residency documents or Australian citizenship certificate.

4 If you do not fall into one of the categories above then you may not need to supply any additional documentation.

A Department of Human Services staff member will contact you if documents are needed.

Approved Program Placements

Approved programs and the organisations that can approve a placement are:

- Rural Locum Relief Program – Rural Workforce Agencies in each State and Territory
- General practice training placements – General Practice Education and Training Limited
- Approved Medical Deputising Service† – Department of Health
- Temporary Resident Other Medical Practitioner Program – Department of Health
- Approved Private Emergency Department Program – Department of Health
- Australasian College of Sports Physicians Training Program – Australasian College of Sports Physicians

- Queensland Country Relieving Program – Queensland Department of Health
- Metropolitan Workforce Support Program – Department of Health
- Special Approved Placements Program – Department of Health and Ageing

For more information about these programs, email to **19AA@health.gov.au**

- Pre-Vocational General Practice Placements Program – Royal Australian College of General Practitioner and the Australian College of Rural and Remote Medicine
- Approved Placements for Sports Physicians Program – Department of Health
- Specialist College Trainee program – relevant Australian Specialist Colleges
- Remote Vocational Training Scheme – Remote Vocational Training Scheme Limited

Applications for recognition as a specialist, consultant physician or general practitioner

There are separate applications available on our website which must be completed if you want to be recognised as a:

- specialist or consultant physician, **or**
- general practitioner, that is:
 - recognised as a Fellow of the Royal Australian College of General Practitioners, **or**
 - recognised as a Fellow of the Australian College of Rural and Remote Medicine, **or**
 - vocationally registered

If you are recognised as a specialist or consultant physician for Medicare purposes but this recognition is time limited then you will also need to complete a new application for recognition.

Required location

If applying for more than one location, you must complete questions 12-17 for each location by attaching a separate sheet with details.

12 Location start date / /

Location end date / / (if known)

13 Which one of the following do you want to do at this location: refer and request only (e.g. hospital interns)

No ☐

Yes ☐

or

refer, request and provide Medicare rebateable services

No ☐

Yes ☐

or

refer, request and assist at operations only

No ☐

Yes ☐

The required location must be the physical address (not a post office box) from which you will render services.

Contact the practice to answer questions 14, 15, 16 and 17.

14 Practice name or building

Property or Department

Unit Suite Shop Floor number

Street number

Street name

Suburb

State Postcode

Business phone number

()

Fax number

()

Email

@

15 Does this practice use Medicare Online?

No ☐

Yes ☐ What is the Practice Management Software Location ID?

16 Does this practice use Medicare Easyclaim?

No ☐

Yes ☐ Which financial institution supplies the EFTPOS device?

17 Is this a government funded Aboriginal and Torres Strait Islander health service?

No ☐

Yes ☐

Bank account details for the location

All payments are made through Electronic Funds Transfer (EFT). Payments **cannot** be made via EFT if the nominated account has restrictions on EFT deposits.

18 Name of bank, building society or credit union

Branch where the account is held

Branch number (BSB)

Account number (this may not be the card number)

Account held in the name(s) of

Specialist recognition

If recognition is required for access to Medicare as a general practitioner, specialist or consultant physician, you must complete an additional form (refer to 'Additional documents on pages 2 and 3').

19 Have you applied for recognition as a:

Specialist or consultant physician ☐

General practitioner ☐

Closing locations

If you wish to close one of your existing locations, please complete the information below. You can attach a list if you wish to close more than one location.

20 Provider number

Practice address

 Postcode

Closing date

/ /

Privacy notice

- 21** Your personal information is protected by law, including the *Privacy Act 1988*, and is collected by the Australian Government Department of Human Services for the assessment and administration of payments and services. This information is required to process your application or claim.

Your information may be used by the department or given to other parties for the purposes of research, investigation or where you have agreed or it is required or authorised by law.

You can get more information about the way in which the Department of Human Services will manage your personal information, including our privacy policy at **humanservices.gov.au/privacy** or by requesting a copy from the department.

Declaration

22 I declare that:

- the information I have provided in this form is complete and correct.

I understand that:

- giving false or misleading information is a serious offence.

Provider's full name

Provider's signature

Date



Confidentiality and Privacy Policy

Policy Updated: 20 March 2019

- **Privacy Protocol**

The staff at Active Locums Pty Ltd are aware of privacy issues and are committed to upholding the highest levels of privacy for your protection. The following information is a comprehensive outline of the agency's privacy protocol.

The Australian Privacy Principles (APPs) have replaced the National Privacy Principles. Active Locums Pty Ltd have amended the agency's current policy to incorporate and to become compliant with the new APPs numbers 1-13, under the new *Privacy Amendment (Enhancing Privacy Protection) Act 2012*. For the latest version of these Acts, please see the links page on the Active Locums Pty Ltd website or visit the ComLaw website: www.comlaw.gov.au.

1 Personal Information

Personal information held by Active Locums Pty Ltd may include a locum's name, date of birth, current and previous addresses, telephone/mobile numbers, e-mail address, bank account and superannuation details, copies of passport and driver's licence, AHPRA Medical Registration, Medical Defence Indemnity, National Criminal Record/Working with Children Check consent forms, declarations, clearance notifications and personal references and clinical skills appraisals. Locums are always welcome to make changes or update this information at any time. In order to supply locums with work, Active Locums Pty Ltd may request frequent updates of this information so that paperwork complies with legislative requirements.

Active Locums Pty Ltd accepts enquiries from individuals wishing to remain anonymous or who wish to use a pseudonym. However, due to the nature of the agency, it is not always possible for doctors to remain anonymous during the process of credentialing them for work. It is, however, possible to remain anonymous up to the point of making a genuine offer to a hospital or health facility. From that point onwards, if locums choose not to disclose their personal information, Active Locums Pty Ltd may not be able to provide them with the locum services they require, or the level of service on which the agency prides itself.

Active Locums Pty Ltd is committed to maintaining privacy and we encourage doctors to contact us should they have any questions about the management of their personal information. The agency also encourages locums to contact us if they believe that their privacy has been breached in any manner, so that we may manage it efficiently and appropriately.

1.1 Collection of Personal Information

Active Locums Pty Ltd will only collect sensitive information which is relevant to the credentialing process and which locums consent to. Information about locums will only be collected from them, unless they have consented verbally or in writing to the collection of information from someone other than themselves.

How Active Locums Pty Ltd collects personal information:

- Directly from locums, when they provide information by phone, email, fax, SMS or post, or in documents such as an application form for locum work;
- From third parties such as a Human Resources Department of hospitals or other organisations with

locum's consent;

- From publicly available sources of information, such as AHPRA;
- From work locums may have previously done for us.

The purpose of collecting personal information:

- Applying for locum work;
- Undergoing NSW Health credentialing in application of a locum position;
- Obtaining clinical reference checks and feedback appraisals;
- Mailing lists for the agency's communication only (these lists are not divulged to anyone).

Should Active Locums Pty Ltd receive unsolicited personal information, we would determine whether it is necessary for us to record, report, de-identify or discard it.

1.2 Use of Personal Information

Active Locums Pty Ltd uses personal information to:

- Provide doctors with locum work (for recruitment and employment purposes)
- Inform locums of ways our service provided to them could be improved;
- Conduct and or verify appropriate National Criminal Record Checks and verify Office of the Children's Guardian Working with Children Checks and/or equivalent interstate offices;
- Research and obtain feedback from previous employers on work performance;
- Undertake the process of auditing and for accreditation purposes with Global Mark
- Maintain business systems.

Who our agency may, with the locum's permission, disclose their personal information to:

- Hospitals registered with NSW Health;
- Private Hospitals;
- Medical Practices;
- Relevant Health Services;
- The locums' representatives (e.g. authorised representatives or legal adviser);
- Our professional advisers, including [insurance brokers and insurers](#), accountants and lawyers;
- Government and regulatory authorities, tribunals and other organisations, as required or authorised by law;
- During the process of auditing/accreditation purposes to auditors of Global Mark.

Active Locums Pty Ltd will not disclose personal information to anyone without permission unless it is required by law. Our agency is an Australian Organisation that deals with locum doctor work within Australia, so it would be highly unlikely that there would be a situation requiring us to disclose your information to overseas recipients unless a locum is an overseas trained doctor who has given Active Locums Pty Ltd written consent to acquire information from overseas.

Once locums register with Active Locums Pty Ltd they will be placed on our daily mailing list. This allows them access to the hospital vacancies we have advertised. Locums may choose to no longer receive our newsletters at any time by replying to our email with a request to unsubscribe.

1.3 Access to Personal Information

Locums have a right to access their personal information, subject to some exceptions allowed by law. If a

locum would like to do so, please let us know. Locums will be required to put their request in writing for security purposes. Personal information will only be released to a locum directly, unless they grant authority for their information to be released to a third party.

1.4 Ensuring Accuracy of Personal Information

Active Locums Pty Ltd takes all reasonable precautions to ensure that the personal information we collect, use and disclose is accurate, complete and up-to-date. However, the accuracy of that information depends to a large extent on the information provided. Active Locums Pty Ltd recommends that locums:

- Let us know if there are any errors in their personal information;
- Keep us up-to-date with changes to personal information, such as name, address, contact telephone numbers, banking and superannuation details, ABN and/or company details;
- 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.

2 Managing Security

Active Locums Pty Ltd keeps hard copy and scanned electronic records. Paper records are kept in a secured environment under lock and key and electronic filing is password-protected and accessible only by our office staff who are trained to handle sensitive information. All our staff have voluntarily signed a declaration that they will not disclose any information encountered in the course of their work and will uphold the Australian Privacy Principles. All information is backed-up in an encrypted state using enterprise grade software to secure storage. Any out of date files are shredded on site using a mobile document shredding company in the presence of the company director.

3.1 Breach Notification Policy and Procedure

Active Locums Pty Ltd is aware of the Notifiable Data Breaches (NDB) scheme of the Privacy Act, which came into effect in February 2018. This scheme requires entities to notify affected individuals and the Office of the Australian Information Commissioner (OAIC) of certain data breaches if they have contractual arrangements with the government or revenue over \$3 million.

Active Locums Pty Ltd will notify OAIC if the following criteria are met:

- There is unauthorised access to or disclosure of personal information held by an entity (or information is lost in circumstances where unauthorised access or disclosure is likely to occur)
- This is likely to result in serious harm to any of the individuals to whom the information relates
- The entity has been unable to prevent the likely risk of serious harm with remedial action

Active Locum Pty Ltd will follow the procedure below in the case of a data breach:

1. Company director and IT manager is immediately notified of breach or suspected breach.
2. Breach is contained by IT team if possible
3. The time and date of the suspected breach and when it was discovered will be recorded in a Data Breach Register. The type of personal information involved, the cause and extent of the breach and the context of the affected information is also recorded.
4. The risks associated with the breach are identified. If the Director determines that it is an eligible breach, it will be escalated to the Office of the Australian Information Commissioner
5. In the case of an eligible breach, Active Locums Pty Ltd will notify all those affected
6. Active Locums Pty Ltd will investigate the cause of the breach and will determine whether further IT security measures are necessary to prevent future breaches.

Active Locums Pty Ltd will also uphold the regulations within the European Union General Data Protection Regulation for any EU citizens who register with the company.

3 Website Privacy

Active Locums Pty Ltd's web site privacy policy deals only with personal information collected by the site or with privacy issues relating to this site. Personal information is collected from the web site and electronically stored when locums register their requirements or respond to any advertised position or practice. In each case, name, email address and contact phone number is collected and stored electronically and on paper records kept in a secure locked environment.

Active Locums Pty Ltd undertakes not to give personal information to any third parties, excepting where required to do so by law (or for the purpose of law enforcement) or where a threat exists to safety or health, unless it is for the purpose of obtaining work. Our agency endeavours to ensure that all personal information held on the servers of the host of the web site is not, to the best of our knowledge, capable of being accessed by unauthorised persons, altered or lost. However, we cannot be held liable for information which has been accessed beyond our control or authority or through dishonest means.

At any time, locums have the right to enquire as to their personal information that is being held or they may wish to correct any personal information that is being held. Should locums require any information, they should contact the office.

It should be noted that by using the site, registering requirements on the site or requesting further information on a particular position, visitors are consenting to the collection and storage and use of their personal information. Active Locums Pty Ltd gives our assurance that we will endeavour to handle all information in a sensitive manner in accordance with Australian Privacy Principles.

4 Special Circumstances

In special circumstances, for example if Active Locums Pty Ltd sells the business or a substantial part of the business, locums' information may be transferred as part of that sale. The agency will not use their information for purposes unrelated to the services we provide, unless we first obtain your consent.

5 Complaints

Should locums feel that their privacy has been breached and they would like to make a complaint, please do not hesitate to let us know. If they wish to contact the agency to dispute, correct or query any information held on file, please contact Active Locums Pty Ltd:

Active Locums Pty Ltd	Email: judith@activelocums.com.au
PO BOX 276	Phone: (02) 9327 7555
Double Bay	Mobile: 0433 004 560
NSW 1360	Fax: (02) 9327 1855

If a locum has made a complaint about a breach of privacy which has not been resolved to their satisfaction, they can make a complaint to the Office of the Australian Information Commissioner on 1300 363 992 or via other means available on their website: www.oaic.gov.au.

6 Policy Review

This Privacy Policy was first implemented on 3 January 2012.

Policy Updated: 20 March 2019

It will be reviewed annually. Next review: 1 July 2020