March 2019

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

2019 RMO/REG/CMO Locum Application Package

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

1. Active Locums Pty Ltd Employment Registration Form
2. Active Locums Pty Ltd Consent Form & Declaration
3. **2019** Clinical Skills Self-Assessment (Non-Specialist) **Document 2.1**
4. **2019 Approval for Secondary Employment Document 3**
5. **2019** National Criminal Record Check Consent Form and Identification form
6. PD2015_049 NSW Health Code of Conduct
7. **2019 Criminal Record Statutory Declaration Document 5**
8. Statutory Declaration for Overseas Applicants *(if applicable)*
9. Commonwealth of Australia Statutory Declaration for Aged Care and Vulnerable Patients
10. NSW Health National Criminal Record Check Consent Form (Appendix 7)
11. ID form and certified ID (Appendix 5)
12. Pre-Employment Health Assessment, **Form 6, Form 7 (TB Form), Form 9 (Hep B)** and Vaccination/ Serology Records (Category A and Category A High Risk compliance)
13. Model Health Declaration
14. Standard Consent Form: Employment Related Checks
15. Drugs of Addiction Authority
16. Employee Personal Details & Superannuation Fund Election Forms
17. Tax File Number Declaration
18. Privacy Policy

Documents to be Included by Locum:

1. Current CV
2. Contact details of 3 clinical referees who would be prepared to vouch for your competency
3. JP certified copies of qualifications or transcripts and specialist qualifications (if applicable) and proof of CME
4. Copy of AHPRA registration
5. Medical indemnity certificate of currency for 2019
6. **National Police Check certificate – please sign the attached consent form for NCRC or apply for a NSW Police or AFP clearance and supply it to Active Locums Pty Ltd – please ensure you apply for Medical Practitioner Vulnerable Persons, Aged Care, Disabled and Children**
7. NSW Working with Children clearance through the Office of the Children's Guardian (please see below on how to apply)
8. JP certified ID and working rights (current passport, drivers licence, visa, medicare, academic transcript or alternative)
9. Vaccination/Serology Records as per NSW Health requirements, and evidence of Category A clearance *(if applicable)*
10. Moodle/HETI Online Training Certificates: E-Medical Orientation (eMO) ,eMR, eMeds, Deteriorating Patient (Detect), Child Protection, Code of Conduct, Fire and Evacuation, Hand Hygiene for Medical Officers, Open Disclosure, Basic Life Support, Aboriginal Culture: Respecting the Difference, Infection Control and Prevention Strategies for Medical Officers, Work Health and Safety for Medical Officers, Safety and Quality for Medical Officers, Violence Prevention and Management for Medical Officers, Care Coordination and any other mandatory online training requirements as advised by NSW Ministry of Health
11. 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 as follows:

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 Pty Ltd 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 2019

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 2019

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 tick 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☐/☐**
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 insurance brokers and insurers for insurance purposes and to any Government, regulatory authorities or Tribunal to comply with the process of auditing/ accreditation, 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.
- 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), Child Protection, Code of Conduct, Deteriorating Patient – Adult (DETECT), Fire and Evacuation, Hand Hygiene, Hazardous Manual Tasks, Infection Control, 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 undertake to have annual influenza vaccinations.
- 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 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.

Signed: _____ Date: _____

NSW GOVERNMENT

DOCUMENT 2.1

Clinical Skills Self-Assessment

This document must be completed by a Locum Medical Officer and returned to a Medical Locum Agency for submission to a NSW Public Health Organisation Medical Workforce Unit.

Locum name		**Date**	
Agency			
Agency signature		**Print name**	

Skills	Theory only	Have observed and can perform)	Have performed and can teach
General Resident: General medical abilities as a resident/senior resident medical officer to *work under supervision*. This must include understanding of own limitations and when to ask for assistance, and including (not exhaustive) proficiency in peripheral venous cannulation, arterial blood gas sampling, urethral catheterisation, ECG interpretation, lumbar puncture, use of fluids and blood products, simple suturing.	☐	☐	☐
In-Charge: Able to prioritise, know own limitations and ask for help where appropriate, can communicate severity appropriately over the phone and can supervise others (particularly the type of skill to be in charge of a department or hospital).	☐	☐	☐
Basic Paediatric Skills: Basic paediatric care – general abilities to assess children having completed a paediatric resident term, or seen children in a mixed emergency department. Includes peripheral venous cannulation in children.	☐	☐	☐
Emergency Medicine: Able to correlate history, examination and diagnostic tests in order to make provisional diagnosis and initiate management for *most presentations* to the emergency department. This includes (but is not exclusive to) ability to manage multisystem trauma, management of simple fractures and dislocations, complex suturing, use of slit lamps and ENT instruments for removal of foreign bodies.	☐	☐	☐
Intensive Care Unit Medicine: Mechanical ventilation. Can generally function at the level of a registrar in intensive care.	☐	☐	☐
Internal Medicine Adult: Able to correlate history, examination and diagnostic tests in order to make provisional diagnosis and initiate management for patients admitted or proposed to be admitted under an adult physician. Minimum 6 months experience as a medical registrar or equivalent:	☐ ☐ Yes	☐ ☐ No	☐ ☐ Unknown
Psychiatry: Sufficient knowledge about mental health to be able to make independent clinical decisions and in particular current knowledge of the Mental Health Act. Can function in a multidisciplinary team. Minimum of 6 months' experience as a psychiatry registrar:	☐ Yes	☐ No	☐ Unknown
Surgery: Experience as a surgical registrar in a relevant surgical subspecialty, with sufficient knowledge to make independent decisions. Recent experience in trauma call teams. Minimum of 6 months' experience as a surgical registrar in a relevant surgical subspecialty:	☐ Yes	☐ No	☐ Unknown

Airway and Breathing - Skills	Theory Only	Have observed and can perform	Have performed and can teach
Manual Ventilation – Adult: Manual ventilation; e.g. bag and mask ventilation, Guedels airway, laryngeal mask airway – adult.	☐	☐	☐
Uncomplicated Intubation – Adult: Uncomplicated intubation of an unconscious adult patient.	☐	☐	☐
Difficult Intubation – Adult: Difficult intubation.	☐	☐	☐
Continuous Positive Airway Pressure (CPAP)	☐	☐	☐
Bilevel Positive Airway Pressure (BiPAP)	☐	☐	☐
Intercostal Catheter Insertion	☐	☐	☐

CIRCULATION – SKILLS	Theory Only	Have seen and can perform	Have performed and can teach
Central Line Insertion	☐	☐	☐
Arterial Line Insertion	☐	☐	☐
Vasoactive Drugs: Use of vasoactive drugs.	☐	☐	☐
Cardioversion and Defibrillation: Emergency cardioversion and defibrillation.	☐	☐	☐
External Pacing	☐	☐	☐
Pericardiocentesis	☐	☐	☐

PAEDIATRIC CARE – SKILLS	Theory Only	Have observed and can perform	Have performed and can teach
Paediatric Manual Ventilation: Including bag and mask in children.	☐	☐	☐
Advanced Paediatric Life Support: Experience in advanced paediatric resuscitation and life support.	☐	☐	☐
Paediatric Interosseous Lines: Experience in inserting interosseous lines into acutely unwell children.	☐	☐	☐
Paediatric Arterial Blood Gas: experience in paediatric blood gas sampling.	☐	☐	☐

NEONATAL CARE – SKILLS	Theory Only	Have seen and can perform	Have performed and can teach
Neonatal Manual Ventilation: e.g. bag and mask, neopuff.	☐	☐	☐
Neonatal resuscitation: Experience in the acute resuscitation of neonates, including intubation and ventilation.	☐	☐	☐
Neonatal blood gases	☐	☐	☐
Neonatal cannulation: Can place peripheral venous cannulas in neonates.	☐	☐	☐
Neonatal umbilical lines: Experience in placement of umbilical venous and arterial lines.	☐	☐	☐
Neonatal advanced skills: Including mechanical ventilation and insertion of intercostal catheters.	☐	☐	☐

Document 3: Approval for Secondary Employment

A Medical Officer who wishes to undertake secondary employment through a Medical Locum Agency must complete this form and obtain the support of their supervisor/department head and the approval of their Local Health District/Specialty Network Chief Executive or delegate. An authorised copy of the completed form must be provided to a Medical Locum Agency on registration for locum work in a NSW Public Health Organisation.

Medical Locum Agencies must provide an authorised copy of an Approval for Secondary Employment form to a NSW Local Health District/Specialty Network Medical Workforce Unit together with pre-placement and credentialing documents in respect of any candidate who is a NSW Health employee and is put forward for locum work in a NSW Public Health Organisation.

NSW Health employee and employment details			
Stafflink no.			
Surname		Given name(s)	
Position number		Position title	
Current facility/ service		Department	
Local Health District/SN		Contact tel. no.	
Brief description of substantive employment			
Contracted hours of work per week			
Hours of regular overtime per week			
Total hours per day travelling to/from work per week			

Proposed secondary employment	
Employer/casual pool/agency	
Number of proposed hours per week	
Preferred shifts per week	
Preferred days	
Brief description of proposed employment	
Total hours per day travelling to/from proposed employment	
Employee declaration	

Document 3: Approval for Secondary Employment

I have read and understood the information provided with this form. I agree to comply with the NSW Health PD2015_049 *Code of Conduct*, in particular, the standards set out in section 4.3 of the *Code of Conduct* regarding secondary employment. I agree to comply with the requirements of the NSW Health Policy Directive PD2015_045 *Conflicts of Interest and Gifts and Benefits* in relation to secondary employment. I confirm that any secondary employment will be undertaken in my own time, will not adversely affect my substantive role, will not lead to a conflict of interest, use of Health Service resources or Health Service information and will not affect my work performance, safety or the safety of colleagues, patients, clients or the public. I confirm that my substantive employer has the right to review and cancel this arrangement at any time.

Employee signature	
Date	

Supervisor / Department Head
Request not supported ☐ for the following reasons:
Request supported ☐ with the following conditions: Approval is granted until …… (date). The hours worked in secondary employment should not exceed ……(number) per week. The employee must ensure that there is a gap of at least 8 hours for rest, excluding travel time, between shifts for any employer. The employee must maintain a record of hours worked and provide a copy of the record on request.

Signature	
Position	
Date	

Local Health District/Specialty Network Chief Executive, or delegate	
Chief Executive name	
Chief Executive signature	
Delegate name	
Delegate position	
Delegate signature	
Request approved ☐	Request not approved ☐

NATIONALLY COORDINATED CRIMINAL HISTORY CHECK
APPLICATION AND INFORMED CONSENT FORM

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 *Application and informed consent form.*
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 uses to collect your *Application and informed consent form*. 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 C1.**

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 a position of trust, specified field of endeavour or as required by legislation. A nationally coordinated criminal history check contains your personal information, and police information that is disclosable about you, according to the purpose of your 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 C1.
- 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 form 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 C1. 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 C1. The ACIC recommends you seek more information from the accredited body listed in C1.

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 check result determined?

Police information is disclosed in accordance with applicable 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.slp.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 document to confirm your birth in Australia or arrival in Australia
- one primary and two secondary documents to show the use of your identity in the community.

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

The documentation you provide must include evidence of your full name and date of birth and a photograph of you. The commencement and primary documents provided must include a photo of you. If your commencement and primary documents do not include a photograph you must submit a passport-style photograph certified by a person listed in Schedule 2 of the *Statutory Declarations Regulations 1993 (*Cth).

Commencement documents

(a) full Australian birth certificate (not an extract or birth card)
(b) current Australian passport (not expired)
(c) Australian Visa current at time of entry to Australia as resident or tourist
(d) ImmiCard issued by 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 the Department of Foreign Affairs and Trade to refugees and non-Australian citizens for entry to Australia
(f) document of identity issued by the Department of Foreign Affairs and Trade to Australian citizens or persons who possess the nationality of a Commonwealth country, for travel purposes
(g) certificate of evidence of resident status.

Primary documents

(a) current Australian driver licence, learner permit or provisional licence issued by a state or territory, showing 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 your name with photo and signature
(e) current shooter or firearm licence showing signature and photo (not minor or junior permit or licence)
(f) for persons aged under 18 with no other Primary Use in Community Documents, a current student identification card with photo or signature.

Secondary documents

(a) certificate of identity issued by the Department of Foreign Affairs and Trade
(b) document of identity issued by the Department of Foreign Affairs and Trade
(c) convention travel document secondary (United Nations) issued by the Department of Foreign Affairs and Trade
(d) foreign government issued documents (for example driver licence)
(e) Medicare card
(f) enrolment with the Australian Electoral Commission
(g) security guard or crowd control photo licence
(h) evidence of right to a government benefit (Centrelink or Veterans Affairs)
(i) consular photo identity card issued by the Department of 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.

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.

Applicant Email and Mobile

Please include your email and mobile number below:

mobile:_____

email: _____

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

NATIONAL CRIME CHECK PTY LTD

Contact details

100 FULLARTON RD
NORWOOD, SA 5067

Legal entity customer (if applicable)

{INSERT BUSINESS PORTAL CUSTOMER NAME}

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 primary name, name before marriage (maiden name), and other previous names and/or alias names.

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, pre-marriage 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
Pre-marriage name:	Jones, Lucianne Jane
Alias name:	Smith, Lucy Jane
Alias name:	Jones, Lucy Jane

Primary 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 ACIC's processes are aligned with the Australian Government *Guidelines on the Recognition of Sex and Gender.* For more information, contact the ACIC directly on 02 6268 7900 or 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 accredited body or its legal entity customer.

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 position title, occupation or entitlement for which you require this nationally coordinated criminal history check.

Example: cleaner, case worker, firearms licence.

Your position title, occupation or entitlement

Medical Practitioner, Medical Officer, Health Care Vulnerable including the aged, disabled and children

B2 **Please read this before answering the following question.**

For question B2, provide the proposed place of work relevant to the position, occupation or entitlement.

Example: school, aged care facility, financial services office, domestic work sites.

Your proposed place of work

Hospital or Health Care Facility

B3. **Please read this before answering the following question.**

For question B3, indicate whether or not you will have contact with children and/or vulnerable groups as part of the role you are applying for.

Direct or indirect contact means *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 child or vulnerable person.*

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

No direct or indirect contact with children or vulnerable groups, ☐

Direct or indirect contact with children or vulnerable groups, **without supervision** ☐

Direct or indirect contact with children or vulnerable groups, **with supervision** ☐

Section C – Informed consent

What is informed consent?

Your informed consent is needed before an accredited body can request a nationally coordinated criminal history check on 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 C1 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 C2 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 C2, to give your informed consent.

Important: Please read this information about question C1.

The accredited body is required to complete question C1 before providing the form you.

Question C1 provides the details of the organisations to whom your personal and police information will be disclosed to.

In C2, 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 C1.

C1 **Organisations to whom the applicant's personal and police information will be disclosed**

Accredited Body

Accredited body (legal name)

NATIONAL CRIME CHECK PTY LTD

Address

100 FULLARTON RD NORWOOD SA 5067

Preferred contact details

ABN

60 139 183 145

Legal entity customer

Legal entity customer (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 ☐

C2. 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 C1 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 in this form and on the supplied identity documents may be disclosed to the accredited body named in Section C of this form (including contractors, legal entity customers, related bodies or third parties named in C1 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 national check to be conducted on all personal information provided in this form and provided in suppled 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, 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 C1 of this form.
   c. the accredited body named in C1 of this form disclosing to the legal entity customer, third parties and any permitted offshore transfer arrangements also detailed in C1, 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 D - Office use only

Accredited body or its legal entity customer declaration.

D1 What is the nationally coordinated criminal history check category for this application?
For example: Employ/probity/licence.

Employment

D2 What is the check type for this application?

Standard ☐

Volunteer ☐

D2 The accredited body or its legal entity customer declares they have verified the link between the applicant's personal details and identity documents, and is satisfied that they are correct.

Staff member

Print name

Signature

Date / /

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

Links to NSW Health Policies – 11/03/2019

(Please note updated policy directives in red)

a) PD2015_049 NSW Health Code of Conduct
http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2015_049.pdf

b) PD2018_013 Workplace Health and Safety: Better Practice Procedures
http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2018_013.pdf

c) PD2018_009 Occupational Assessment, Screening & Vaccination Against Specified Infectious Diseases
http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2018_009.pdf

d) PD2019_003 Working with Children Checks and Other Police Checks
https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2019_003.pdf

e) PD2017_042 Medical Officers – Employment Arrangements in the NSW Health Service
https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2017_042.pdf PD2017_040

f) PD2017_040 Recruitment and Selection of Staff to the NSW Health Service
https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2017_040.pdf

g) PD2013_036 Service Check Register for NSW Health
http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2013_036.pdf

h) PD2012_046 Remuneration Rates Payable to Non-Specialist Staff – Short Term/Casual (locum)
http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2012_046.pdf

i) PD2008_071 Medical Practitioners- Compliance with Registration Conditions
http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2008_071.pdf

j) PD2015_045 Conflicts of Interest and Gifts and Benefits
http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2015_045.pdf

k) PD2009_057 Records Management Policy
http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2009_057.pdf

l) PD2017_013 Infection Prevention and Control Policy
http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2017_013.pdf

m) PD2017_010 HIV, Hepatitis B or Hepatitis C – Management of Health Care Workers Potentially Exposed
http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2017_010.pdf

n) PD2005_162 HIV, Hepatitis B or Hepatitis C – Health Care Workers Infected
https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2005_162.pdf

o) PD2013_049 Recognition and Management of Patients who are Clinically Deteriorating
http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2013_049.pdf

p) PD2018_032 Managing Complaints and Concern about Clinicians
https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2018_032

q) PD2013_007 Child Wellbeing and Child Protection Policies and Procedures for NSW Health
https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2013_007.pdf

r) PD2017_043 Violence Prevention and Management Training Framework for NSW Health Organisations
https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2017_043.pdf

s) PD2014_004 Incident Management Policy
http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2014_004.pdf

t) Privacy Manual
https://www.health.nsw.gov.au/policies/manuals/documents/privacy-manual-for-health-information.pdf

u) GL2007_023 Fatigue – Preventing and Managing Work Related Fatigue: Guidelines
http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2007_023.pdf

4.5.1 Keep confidential all personal information and records, including not discussing or providing information on social media that could identify patients or divulge patient information

4.5.2 Not use or release official information or records without proper authority

4.5.3 Maintain the security of confidential and / or sensitive information, including that stored on communication devices

4.5.4 Not disclose, use or take advantage of information obtained in the course of official duties, including when they cease to work in NSW Health.

4.6 Maintain professional relationships with patients or clients.

Staff must:

4.6.1 Not take an unfair advantage of, or exploit any relationship with, patients or clients in any way, including not engaging in on-line friendships with patients or clients via social media; staff may accept patients and clients as members of their professional pages that contain information relating to the professional practice of the staff member

4.6.2 Not have any sexual relationship with a patient or client during a professional relationship.

I have read and understood the above Code of Conduct, and agree to comply with its provisions at all times while working in NSW Health.

By signing this Code I acknowledge my commitment to achieving the best outcomes for patients and playing my part in ensuring that my working environment is safe and supportive.

…… *Print name*

…….. *Signature*

…….. *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.

Appendix 5

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

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*.

NSW Health

National Criminal Record Check Consent Form

NATIONAL CRIMINAL RECORD CHECK CONSENT FORM

Please read the General Information sheet attached and compete all sections of this Form. Provide all names which you are currently known by, or have ever been known by, including aliases and any name changes, including by Marriage or by Deed Poll. ***NSW Health is required to sight your original identifying documents as per NSW Health's 100 point ID Checklist.***

Is this a renewal check (Aged Care Only) ☐ Yes ☐ No

	Family Name	Given Name (Primary)	Given Name 2	Given Name 3
Primary Name				
Maiden Name				
Previous/Alias Name 1				
Previous/Alias Name 2				
Previous/Alias Name 3				
Previous/Alias Name 4				

Gender	☐ Male ☐ Female ☐ Other	**Date of Birth**	/ / (dd/mm/yyyy)
Place of Birth	**Suburb/Town:**		
	State:	**Country:**	
Current Residential Address	**No/Street:**		
	Suburb/Town:		
	State:	**Postcode:**	**Country:**
Postal Address (if same as Residential Address, write "**As Above**")			

Previous Address (over the last 5 years) - If full details of previous addresses are unavailable, names of towns and States/Territories of residence will suffice.

Previous Address (if any)	**No/Street:**			**Period of Residence: Provide year only if full date unknown**
	Suburb/Town:			***From:*** ***To:***
	State:	**Postcode:**	**Country:**	
Previous Address (if any)	**No/Street:**			**Period of Residence**
	Suburb/Town:			***From:*** ***To:***
	State:	**Postcode:**	**Country:**	
Previous Address (if any)	**No/Street:**			**Period of Residence**
	Suburb/Town:			***From:*** ***To:***
	State:	**Postcode:**	**Country:**	

Email			
Telephone No	**Mobile:**	**Business:**	**Private:**
Position		**Type of Position**	☐ Paid ☐ Volunteer ☐ Other

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

Driver's Licence (Number)		**Issuing State:**	
Firearms Licence (Number)		**Issuing Agency:**	
Passport Details (Number)		**Type:** ☐ Private ☐ Government ☐ UN Refugee	**Issuing Country:**

1. I acknowledge that I have read the General Information sheet and understand that Spent Convictions Legislation, in the Criminal Records Act 1991 in the Commonwealth and many States and Territories protects "spent convictions" from disclosure and understand that the position for which I am being considered may be in a category for which exclusions from Spent Convictions legislation apply.
2. I have fully completed this Form, and the personal information I have provided in it relates to me, contains my full name and all names currently and previously used by me, and is correct;
3. I acknowledge that the provision of false or misleading information is a serious offence and acknowledge NSW Health is collecting information in this Form to provide to CrimTrac Agency (an Agency of the Commonwealth of Australia) and the Australian Police Agencies.
4. I consent to:
   i. NSW Health forwarding details obtained from this form to the CrimTrac Agency and to Australian police agencies or other relevant law enforcement agencies, if required.

National Criminal Record Check Consent Form

5. I consent to:
   i. The CrimTrac Agency disclosing personal information about me to the Australian police agencies;
   ii. The Australian police agencies disclosing to 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 and States and Territories and, in the absence of any laws governing disclosure of this information, disclosing in accordance with the policies of the police agency concerned; and
   iii. The CrimTrac Agency providing the information disclosed by the Australian police agencies, to NSW Health in accordance with the laws of the Commonwealth so that NSW Health may assess my suitability in relation to my employment
   iv. ; and
6. I acknowledge that any information provided by me on this form and information provided by the Australian police agencies or the CrimTrac Agency relates specifically .to the position detailed above.
7. ; and
8. I acknowledge that it is usual practice for an applicant's personal information to be disclosed to the Australian police agencies for them to use for their respective law enforcement purposes including the investigation of any outstanding criminal offences.

I am aware that if any such records are identified, NSW Health may seek additional information relating to that record from sources such as courts, police, prosecutors and past employers. I understand that the purpose of seeking this information is to enable a full and informed employment risk assessment and that where other information is available, NSW Health will obtain that information for employment risk assessment purposes only. I acknowledge that 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.

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

Applicant's Name: _____ Signature: _____ Date: _____

Parent/Guardian Consent - If you are under 18 years of age, a parent or guardian must provide consent.

Parent / Guardian Details

Name (printed in full): _____ Signature: _____ Date: _____

GENERAL INFORMATION - National Criminal Record Check Consent Form

This Form is used by NSW Health as part of the assessment process to determine whether a person is suitable for employment or other engagement for work.

Unless statutory obligations require otherwise, the information provided on this Form will not be used without your prior consent for any purpose other than in relation to the assessment by NSW Health of your suitability for the position identified in the consent form. You may be required to complete another consent form in the future in relation to employment in other positions.

NATIONAL CRIMINAL RECORD CHECK

a) National criminal record checks are an integral part of the assessment of your suitability. You should note that the existence of a record does not mean 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 on this form. Information extracted from the Form will be forwarded to the CrimTrac Agency and to the Australian State and Territory police agencies for checking action. By signing this Form you are consenting to these agencies accessing their records to obtain and to disclose criminal history information that relates to you to NSW Health .

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.

SPENT CONVICTION SCHEMES

The aim of Spent Convictions legislation is to prevent discrimination on the basis of certain previous convictions. Spent conviction legislation limits the use and disclosure of older, less serious convictions and findings of guilt.

Spent convictions of specific offences will be released where the check is required for certain purposes regardless of how old the convictions are. Each Australian police agency will apply the relevant Spent Convictions legislation/information release policy prior to disclosure. If further information or clarification is required please contact the individual police agency directly for further information about their release policies and any legislation that affects them.

COMMONWEALTH

Part VIIC of the Crimes Act 1914 (Cth) 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 reoffended 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 of 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 Office of the Australian Information Commissioner).

NEW SOUTH WALES

In New South Wales the *Criminal Records Act 1991* (NSW) governs the effect of a person’s conviction for a relatively minor offence if the person completes a period of crime-free behaviour, and makes provision with respect to quashed convictions and pardons.

A “quashed” conviction is a conviction that has been set aside by the Court. A “pardon” means a free and absolute pardon that has been granted to a person because they were wrongly convicted of a Commonwealth, Territory, State or foreign offence.

In relation to NSW convictions, a conviction generally becomes a “spent conviction” if a person has had a ten year crime-free period from the date of the conviction. However, certain convictions may not become spent convictions. These include:

- where a prison sentence of more than 6 months has been imposed (periodic or home detention is not considered a prison sentence);
- convictions imposed against companies and other corporate bodies;
- sexual offences pursuant to the *Criminal Records Act 1991*; and
- convictions prescribed by the Regulations.

GENERAL INFORMATION - National Criminal Record Check Consent Form

Queensland

Under the Criminal Law (Rehabilitation of Offenders) Act 1986 (Qld) a conviction automatically becomes spent upon completion of the prescribed (rehabilitation) period. This period is:

- 10 years for convictions of indictable offences where the offender was an adult at the time of conviction; and
- 5 years for other convictions (summary offences or where the offender was a juvenile).

Where a person is convicted of a subsequent offence (an offence other than a simple or regulatory offence) during the rehabilitation period, the period runs from the date of the subsequent conviction.
Convictions where the offender is sentenced to more than 30 months imprisonment (whether or not that sentence is suspended) are excluded from the regime.
Once the rehabilitation period has expired, it is lawful for a person to deny (including under oath) that the person has been convicted of the offence, and the conviction must be disregarded for occupational licensing purposes (subject to certain exceptions, see below). It is unlawful for any person to disclose the conviction unless:

- the convicted person consents;
- the Minister has granted a permit authorising disclosure (where there is a legitimate and sufficient purpose for disclosing);
- the disclosure is subject to an exemption.

South Australia

Release of information on a National Police Check is governed by the Spent Convictions Act 2009 (SA). It is an offence to release information regarding the convictions of a person if those convictions are deemed to be 'spent' under the Act.

A spent conviction is one that cannot be disclosed or taken into consideration for any purpose. Eligible convictions become spent following a 10-year conviction and proven offence-free period for adults, and a 5-year conviction and proven offence-free period for juveniles. The Act defines a conviction as:

- a formal finding of guilt by a Court;
- a finding by a Court that an offence has been proved.

Certain convictions can never be spent. These include but are not limited to:

- convictions of sex offences;
- convictions where a sentence is imposed of more than 12 months
- imprisonment for an adult, or 24 months imprisonment for a juvenile.

Schedule 1 of the Act sets out a number of exceptions to the rule where spent convictions can be released. Some examples of this include: the care of children; the care of vulnerable people (including the aged and persons with a disability, illness or impairment); activities associated with statutory character tests for licensing.
Interstate offences are released in accordance with that State or Territory's spent conviction / rehabilitation legislation and policy. Intelligence-type information is not released.

Victoria Police

For the purposes of employment, voluntary work or occupational licensing/ registration, police may restrict the release of a person's police record according to the Victoria Police "Information Release Policy." If you have a police record, the "Information Release Policy" may take into account the age of the police record and the purpose for which the information is being released. If 10 years have elapsed since you were last found guilty of an offence, police will, in most instances, advise that you have no disclosable court outcomes. However, a record over 10 years may be released if:

- it includes a term of imprisonment longer than 30 months;
- it includes a serious, violent or sexual offence and the check is for the purpose of working with children, elderly people or disabled people;
- it is in the interests of crime prevention or public safety.

Findings of guilt without conviction and good behaviour bonds may be released. Recent charges or outstanding matters under investigation that have not yet gone to court may also be released.

Western Australia

Under Section 7(1) of the Spent Convictions Act 1988 (WA) only "lesser convictions" can be spent by Western Australia Police, after a time period of 10 years plus any term of imprisonment that may have been imposed. A lesser conviction is one for which imprisonment of 12 months or less, or a fine of less than $15,000 was imposed.
All other convictions, such as "serious convictions" applicable under Section 6 of the Act can only be spent by applying to the District Court. At the time of sentencing, the Court may make a "spent conviction order" under the Sentencing Act 1995 (WA) that the conviction is a spent conviction for the purposes of the Spent Convictions Act 1988 (WA).

GENERAL INFORMATION - National Criminal Record Check Consent Form

Northern Territory

Under the Criminal Records (Spent Convictions) Act 1992 (NT), a conviction becomes spent automatically (in the case of an adult or juvenile offender convicted in a Juvenile Court) and by application to the Police Commissioner (in the case of a juvenile convicted in an adult court) upon completion of the prescribed period. The prescribed period is:

- 10 years for offences committed while an adult; and
- 5 years for offences committed as a juvenile.

The period starts on completion of any sentence of imprisonment. A subsequent traffic conviction is only taken into account for prior traffic offences (except more serious traffic offences which cause injury or death).
Once a conviction becomes spent:

- a person is not required to disclose the existence of the conviction;
- questions relating to convictions and a person's criminal record will be taken only to apply to unspent convictions;
- it is unlawful for another person to disclose the existence of a spent conviction except as authorised by the Act;
- spent convictions are not to be taken account in making decisions about the convicted person's character or fitness.

Australian Capital Territory

Generally, under the Spent Convictions Act 2000 (ACT), a conviction becomes spent automatically at the completion of the prescribed (crime-free) period.
This period is:

- 10 years for convictions recorded as an adult; or
- 5 years for convictions recorded as a juvenile

The period begins to run from the date a sentence of imprisonment is completed, or, where no sentence of imprisonment is imposed, from the date of conviction. A person must not be subject to a control order or convicted of an offence punishable by imprisonment during this period. If a person is convicted of an offence, which was committed in the crime-free period, but the conviction is not incurred until after the crime-free period, the spent conviction may be revived and will not become spent again until the offender has achieved the relevant crime-free period in respect of the later offence.
The effect of conviction becoming spent is that:

- the convicted person is not required to disclose any information concerning the spent conviction;
- any question concerning criminal history is taken only to apply to unspent convictions;
- references in Acts or statutory instruments to convictions or character or fitness does not include spent convictions, and it is an offence to disclose information regarding spent convictions; it is unlawful for a person who has access to a person's criminal record held by a public authority to disclose a spent conviction; it is unlawful for a person to fraudulently or dishonestly obtains information about a spent conviction from records kept by a public authority.

Tasmania

Under the Annulled Convictions Act 2003 (Tas) a conviction is annulled upon completion of the prescribed period of good behaviour. This period is:

- 10 years where the offender was an adult at the time of conviction; or
- 5 years where the offender was a juvenile at the time of conviction.

A person is taken to be of good behaviour for the required period if, during that period, he or she is not convicted of an offence punishable by a term of imprisonment. If the person is so convicted, the qualifying period (for the original offence) starts to run from the date of the subsequent conviction. A subsequent traffic conviction is only taken into account for prior traffic offences (except more serious traffic offences which cause injury or death).

Only "minor" convictions can become annulled. A minor conviction is a conviction other than one for which a sentence of imprisonment of more than 6 months is imposed, a conviction for a sexual offence or a prescribed conviction.
A minor conviction is also annulled if the offence ceases to be an offence. Once an offence is annulled the convicted person is not required to disclose any information concerning the spent conviction. Any question concerning criminal history is taken only to apply to unspent convictions, and references in Acts or statutory instruments to convictions or character or fitness do not include spent convictions. An annulled conviction or the non-disclosure of the annulled conviction is not grounds for refusing the person any appointment, post, status or privilege or revoking any appointment, post, status or privilege.

- a person is not required to disclose the existence of the conviction;
- questions relating to convictions and a person's criminal record will be taken only to apply to unspent convictions;
- it is unlawful for another person to disclose the existence of a spent conviction except as authorised by the Act;
- spent convictions are not to be taken account in

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 or, if already employed, may lead to your dismissal.

It is a serious offence to provide false or misleading information.

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

Appendix 5

Instructions

(a) To lodge a National Police Check, the NSW Health Organisation must:

- sight original identifying documents (scanned or photocopied certified copies are not acceptable) and check them against the applicant's completed NSW Health NPC Consent Form (there is no requirement to retain copies of the identifying documents)
- complete this Identification Checklist.

(b) The combination of the documents sighted must include the applicant's full name and date of birth and a photograph: If the applicant is unable to provide a photo in a *Commencement of identity* or *Primary Use in the Community document*, a passport-style photograph certified by a person listed in Schedule 2 of the *Statutory Declarations Regulations 1993 (Cth)*)

As a minimum requirement, the applicant must provide:

- 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)

(c) 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 they also need to provide 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 (church or celebrant issued certificates are not accepted)

(d) Evidence of ability to work in Australia: If the documents do not include an Australian /New Zealand passport or 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 (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 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 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).

Full Name: ---------- NSW Health Organisation: ----------

Position: ---------- Employee Number: ----------

Signature: ---------- Date: ----------

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

Appendix 5

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

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

Appendix 5

Section 4 - Special Provisions

Special Provision 1 – Acceptance of alternate types of proof of identity documents

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 and date of birth. 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 one of 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 claimed 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 meet the 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.

PRE EMPLOYMENT HEALTH ASSESSMENT

PART A: PERSONAL DETAILS

Surname: _____ First Name/s: _____

Former name (if applicable): _____Date of Birth: ____/____/_____ **M** / **F** (circle)

Address: _____

Postcode: _____

Phone No (Home): _____ (Mobile):_____ (Work):_____

Present Employee: **Yes** / **No** Employee Number: **Yes** / **No** Number: _____

PART B: POSITION DETAILS

Position applied for: _____ Recruitment No: _____

Hospital/Facility: _____ Ward/Dept: _____

PART C: GENERAL HEALTH SCREENING

1. Have you been involved in any motor vehicle accidents resulting in personal injury? **Yes** / **No**

1a. Please give details of motor vehicle accidents or Third Party claims relating to injuries sustained:

Date of injury: _____Insurer: _____

Nature of Injury/Illness:

_____

_____

_____

2. Have you ever lodged a claim for workers compensation? **Yes** / **No**

If Yes, Please give details including date, injury and employer at the time of claim:

Date of Injury:_____ Employer: _____

Nature of Injury/ Illness:

_____

_____

_____

3. Have you suffered back pain or strain injury (including back surgery)? **Yes** / **No**

If yes, please give details:

_____

_____

_____

4. Have you suffered from shoulder, neck or arm strain? If yes, please give details: **Yes** / **No**

_____

_____

_____

5. Have you had a full medical clearance for any injury identified in questions 1, 2, 3 or 4? **Yes** / **No**

Please give details:

_____

_____

_____

_____

6. Are you receiving any ongoing treatment for injuries identified in questions 1, 2, 3 or 4? **Yes** / **No**

If Yes, please give details:

_____

_____

_____

_____

7. Do you suffer from any medical condition (including physical, psychiatric, psychological) for which you are receiving treatment? **Yes** / **No**

If Yes, please give details:

_____

_____

_____

_____

8. Have you ever had or do you have, any of the following?

	YES / NO	If Yes, is it current?
Lower back, neck or thoracic spinal pain?	Yes / No	Yes / No
Sciatica?	Yes / No	Yes / No
Wrist or elbow pain or weakness?	Yes / No	Yes / No
Tenosynovitis, carpel tunnel or RSI?	Yes / No	Yes / No
Arthritis, rheumatism or painful joints or other musculoskeletal pain?	Yes / No	Yes / No
Any broken bones or torn cartilage?	Yes / No	Yes / No
Scars/deformations which may restrict physical movement?	Yes / No	Yes / No
Hernia?	Yes / No	Yes / No
Diabetes?	Yes / No	Yes / No
Epilepsy, dizzy/giddy/fainting spells, blackouts or neurological disorder?	Yes / No	Yes / No
Mental health condition including severe anxiety and depression?	Yes / No	Yes / No
High blood pressure, chest pain or heart or circulatory trouble?	Yes / No	Yes / No
Asthma, chronic bronchitis or other chest problems?	Yes / No	Yes / No
Auto Immune Disease or on immunosuppressant medication?	Yes / No	Yes / No
Nail infections, or chronic skin infections?	Yes / No	Yes / No
Eczema, dermatitis, hives or other skin rashes or complaints?	Yes / No	Yes / No
Allergic or adverse reaction to any medicines, vaccinations, insect bites, animal fur, bandaids, rubber or latex products and/or foods?	Yes / No	Yes / No
Any problems with vision or hearing?	Yes / No	Yes / No
Any other serious illness?	Yes / No	Yes / No
Current health problems, illness or injury related to any previous employment?	Yes / No	Yes / No

If you answered **YES** to any of the above conditions, please give details (eg year, diagnosis, treatment, medication etc):

_____

_____

_____

_____

_____

_____

_____

_____

_____

PART D: PAST OCCUPATIONAL EXPOSURES

Have you been exposed to or monitored for any of the following?

	YES / NO	YEAR & PLACE
a. Cytotoxics	Yes / No	
b. Glutaraldehyde	Yes / No	
c. Ethylene oxide	Yes / No	
d. Asbestos	Yes / No	
e. Pesticides	Yes / No	
f. Lead	Yes / No	
g. Solvents	Yes / No	
h. Excessive noise or required to wear hearing protection	Yes / No	
i. Have you had previous hearing testing?	Yes / No	
j. Have you had previous health screening / medicals for exposure to asbestos or work-related dust?	Yes / No	

PART E: HEALTH DECLARATION

I hereby declare that the above statements and answers are true and correct to the best of my knowledge. I have read the inherent requirements for the position I am applying for and I understand and can fulfil these requirements.

I agree to the release of medical information to my prospective employer that directly relates to my ability to carry out the tasks adequately and safely in this position.

I am aware that any false or misleading statements may impact on my appointment or continued employment.

Print Name: _____

Signature of Applicant: _____

Employee Number (if known): _____

Date: ____/ ___/ _____

Attachment 1 Risk Categorisation Guidelines

CATEGORY A

All positions must be categorised as Category A that involve either:

1. **Direct physical contact** with:
a) patients/clients
b) deceased persons, body parts
c) blood, body substances, infectious material or surfaces or equipment that might contain these (e.g. soiled linen, surgical equipment, syringes)

OR

2. **Contact** that would allow the acquisition or transmission of diseases that are spread by **respiratory means**:
a) Workers with frequent/prolonged face-to-face contact with patients or clients e.g. interviewing or counselling individual clients or small groups; performing reception duties in an emergency/outpatients department;
b) 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, e.g. persons employed in food services who deliver meals and maintenance workers.

CATEGORY A - HIGH RISK

In addition to the requirements for workers employed in in Category A positions, workers employed in positions in the following high risk clinical areas must also receive annual influenza vaccine (refer to Section 4 *Annual Influenza Vaccination Program*)

High risk clinical areas

1. Antenatal, perinatal and post-natal areas including labour wards and recovery rooms and antenatal outreach programs
2. Neonatal intensive care units; special care units; any home visiting heath service provided to neonates
3. Paediatric intensive care units
4. Transplant and oncology wards
5. Intensive care units

CATEGORY B

1. Does not work with the high risk client groups or in the high risk clinical areas listed above.
2. No direct physical contact with patients/clients, deceased persons, blood, body substances or infectious material or surfaces/equipment that might contain these.
3. Normal work location is not in a clinical area, e.g. persons employed in administrative positions not working in a ward environment, food services personnel in kitchens.
4. Only attends clinical areas infrequently and for short periods of time e.g. visits a ward occasionally on administrative duties; is a maintenance contractor undertaking work in a clinical area.
5. Incidental contact with patients no different to other visitors to a facility (e.g. in elevators, cafeteria, etc)

Attachment 2 Risk Management Framework (RMF) under CE Discretionary Power

Refer to the NSW Health Control Guidelines for more detailed information at http://www.health.nsw.gov.au/Infectious/controlguideline/Pages/default.aspx

MEASLES

- An unprotected worker must be excluded from working in the high risk clinical area (as specified in Attachment 1) for 14 days after he/she has returned from overseas.
- The unprotected worker must also be excluded from all clinical duties until assessed by a medical practitioner to be non-infectious if he/she, develops a fever, new unexplained rash or coughing illness
- Public health unit advice must be sought if the unprotected worker has been in contact with a measles case
- Following contact with a measles case, an unprotected worker must be offered MMR vaccine within 72 hours of exposure or normal human immunoglobulin (NHIG) within 144 hours (6 days). Those who refuse/are unable to be vaccinated must be excluded from clinical duties for 18 days after the last exposure to the infectious case

MUMPS

- A worker who develops mumps must be excluded from all clinical duties for 9 days following the onset of swelling or until fully recovered, whichever is sooner.

RUBELLA

- An unprotected worker must be excluded from all clinical duties for 21 days following exposure to a rubella case, or at least 4 days after the onset of a rash if illness develops.

VARICELLA

- Following contact with a varicella/shingles case, an unprotected worker must be offered varicella vaccine as soon as possible and within 5 days of exposure or varicella-zoster immunoglobulin (VZIG) within 96 hours (4 days).
- Those who refuse/are unable to be vaccinated must be excluded from clinical duties for 21 days after the last exposure to the infectious case

HEPATITIS B

- Workers performing exposure prone procedures (EPPs) must first comply with the requirements of NSW Health Policy Directive PD2005_162 HIV, Hepatitis B or Hepatitis C – health care workers infected.
- Subject to complying with these requirements, an unprotected worker working under the written approval of the Chief Executive may only perform EPPs if he/she:
  - is provided with information regarding the risk and the consequences of hepatitis B infection and management in the event of body substance exposure;
  - provides a signed declaration *Undertaking/Declaration Form* (Attachment 6), as appropriate, indicating:
    - receipt and understanding of the above information; and
    - is managed, in the event of exposure, in accordance with NSW Health Policy Directive *PD2007_010 HIV, Hepatitis B and Hepatitis C – Management of Health Care Workers Potentially Exposed* and the recommendations of the current edition of *The Australian Immunisation Handbook* regarding post-exposure prophylaxis for hepatitis B

PERTUSSIS

- Following exposure to a pertussis case, an unprotected worker must be excluded from all clinical duties until they have completed a 5 day course of an appropriate antibiotic.
- In situations during an outbreak at a facility where asymptomatic unprotected workers have been recommended and refused antibiotics, they must be excluded from all clinical duties for 14 days following exposure to a pertussis case.

INFLUENZA

- An unprotected worker employed in a Category A High Risk position must wear a surgical/procedural mask while providing patient care in high risk clinical areas (as specified in Attachment 1 *Risk Categorisation Guidelines*) during the influenza season (see Key Definitions. Usually from 1 June to 30 September), or be deployed to a non-high risk clinical area.

TUBERCULOSIS *(where screening is indicated)*

An individual risk assessment needs to be undertaken to determine the appropriate risk management framework

For guidance on the management of health workers with symptomatic illness, refer to the Infection Prevention and Control Policy (PD2017_013) available at http://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2017_013 .

Attachment 3 Non-Participation Form

This form is to be used for workers employed in an existing Category A position at the release of this revised policy. Workers employed in existing positions must be assessed as compliant against the policy or acknowledge in writing that they decline to participate in assessment, screening and vaccination in accordance with this policy directive.

Non-Participation in Assessment, Screening and Vaccination

1. I have read and understood the policy directive regarding assessment, screening and vaccination and the infectious diseases covered by the policy directive.
2. I decline to participate in: (tick box for specific disease(s)/vaccination as applicable)
   - ☐ Assessment and/or vaccination for diphtheria / tetanus / pertussis (dTpa)
   - ☐ Assessment and/or vaccination for hepatitis B
   - ☐ Assessment and/or vaccination for measles/ mumps/ rubella (MMR)
   - ☐ Assessment and/or vaccination for varicella (chicken pox)
   - ☐ Vaccination for influenza (Category A-High Risk only)
   - ☐ Assessment and/or screening for tuberculosis
3. I am aware of the potential risks to myself and/or others that my non-participation in assessment, screening and/or vaccination may pose.
4. I am aware that non-participation will require my employer to either manage me as unprotected or unscreened, as described in *Section 9.1 Reassignment of Unprotected/Unscreened Workers* or terminate my employment if reassignment to a non-high risk position is not feasible as specified in Section 12 *Termination of Employment.*

Refusal to submit documentation / attend appointment

This worker has failed to attend an appointment for assessment, screening and vaccination despite multiple requests and will be referred to the CE for possible termination

Refusal to sign

In circumstances where the worker refuses to sign this form, it should be noted on the form and the worker should be advised that their employment will be terminated.

Name:
Phone or Email:
Date of Birth:
Health Service/Facility: **Clinical area/ward:**
Signature:

OFFICE USE ONLY

I have discussed with this worker the potential risks that non-participation may pose and the management of unprotected/unscreened workers in accordance with this policy.

Assessor's Name:

Assessor's Position:

Contact details: Phone: **Email:**

Health Agency/Facility:

Signature:

Attachment 4 Checklist: Evidence required from Category A Applicants

Workers, new recruits, other clinical personnel and students should take this checklist (and relevant sections of this policy directive referred to in this checklist) to their immunisation provider and discuss their screening and vaccination requirements

Diseases	Vaccination Evidence	Serology Evidence	Other acceptable evidence	COMMENTS *Acceptable evidence of protection includes a written record of vaccination signed, dated and stamped by the medical practitioner/nurse immuniser on the NSW Health Vaccination Record Card for Health Care Workers and Students and/or serological confirmation of protection, and/or other evidence, as specified in this table. An AIR transcript is also acceptable evidence of vaccination*
Diphtheria, Tetanus & Pertussis	**One adult dose of dTpa vaccine within the last 10 years**	**N/A Serology will not be accepted**	**NIL**	• **dTpa booster is required 10-yearly** • **DO NOT use ADT vaccine**
Hepatitis B	**History of age-appropriate hepatitis B vaccination course**	**AND Anti-HBs ≥ 10mIU/mL**	**OR Documented evidence of anti-HBc, indicating past hepatitis B infection, or HBsAg+**	• **A verbal history and a completed *Hepatitis B Statutory Declaration* (Attachment 9) are acceptable if all attempts fail to obtain the vaccination record. The assessor must be satisfied that a reliable history has been provided and the risks of providing a false declaration or providing a verbal vaccination history based on recall must be explained.** • **Positive HBcAb and/or HBsAg result indicate compliance with this policy** • **A further specialist assessment is required for HBsAg+ workers who perform Exposure Prone Procedures**
Measles, Mumps & Rubella (MMR)	**2 doses of MMR vaccine at least one month apart**	**OR Positive IgG for measles, mumps and rubella**	**OR Birth date before 1966**	• **Two doses of MMR vaccine, given at least 4 weeks apart, should be accepted as compliance with this policy.** • **Do not compare the numeric levels reported from different laboratories. The interpretation of the result given in the laboratory's report must be followed i.e. the report may include additional clinical advice e.g. consideration of a booster vaccination for low levels of rubella IgG detected.** • **DO NOT use MMRV vaccine (not licensed for use in persons ≥ 14 years). If a dose of MMRV vaccine is inadvertently given to an older person, this dose does not need to be repeated.**
Varicella	**2 doses of varicella vaccine at least one month apart.**	**OR Positive IgG for varicella**	**N/A**	• **Evidence of one dose of varicella vaccine is sufficient in persons vaccinated before 14 years of age** • **DO NOT use MMRV vaccine (not licensed for use in persons ≥ 14 years)**
Influenza	**One dose of current seasonal influenza vaccine by June 1 each year**	**N/A Serology will not be accepted**	**NIL**	• **Influenza vaccination is strongly recommended for all workers, other clinical personnel in Category A positions and for all students.** • **Influenza vaccination is required annually for workers in Category A High Risk positions, as specified in Attachment 1 *Risk Categorisation Guidelines* (see Section 4)**
Tuberculosis	**N/A**	**Refer to Section 3.8**	**Refer to Section 3.8**	• **Refer to Section 1.2 *Key Definitions*** • **Refer to Section 3 *TB Assessment and Screening***

Attachment 5 Specified Infectious Diseases: Risks and Consequences of Exposure

Hepatitis B Virus (HBV)	Blood-borne viral disease. Infection can lead to 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/needle-stick, or unprotected sex. Specific at risk groups include: health care workers, sex partners of infected people, injecting drug users, haemodialysis patients. For more information: http://www.health.nsw.gov.au/Infectious/factsheets/Pages/hepatitis_b.aspx
Diphtheria	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. For more information: http://www.health.nsw.gov.au/Infectious/factsheets/Pages/diphtheria.aspx
Tetanus	Infection from a bacterium usually found in soil, dust and animal faeces, generally occurs through injury. Toxin from the bacterium can attack the nervous system. Although the disease is now fairly uncommon, it can be fatal and is seen mostly in older adults who were never adequately immunised. Not spread from person to person. Neonatal tetanus can occur in babies of inadequately immunised mothers. For more information: http://www.health.nsw.gov.au/Infectious/factsheets/Pages/tetanus.aspx
Pertussis (Whooping cough)	Highly infectious bacterial infection, spread by respiratory droplets through coughing or sneezing. Cough that persists for more than 3 weeks and may be accompanied by paroxysms, resulting in a "whoop" sound or vomiting. Can be fatal, especially in babies under 12 months of age. Neither infection nor vaccination provide long-lasting immunity, however vaccinated people have less severe disease. For more information: http://www.health.nsw.gov.au/Infectious/factsheets/Pages/pertussis.aspx
Measles	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 first dose and children over 18 months of age who have not had a second dose. For more information: http://www.health.nsw.gov.au/Infectious/factsheets/Pages/measles_factsheet.aspx
Mumps	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 complications, e.g. swelling of testes or ovaries; encephalitis or meningitis may occur rarely. For more information: http://www.health.nsw.gov.au/Infectious/factsheets/Pages/mumps.aspx
Rubella	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. Infection in pregnancy can cause birth defects or miscarriage. For more information: http://www.health.nsw.gov.au/Infectious/factsheets/Pages/rubella-german-measles.aspx
Varicella (chickenpox)	Viral disease, usually mild, but can be severe, especially in immunosuppressed persons. Complications include pneumonia and encephalitis. In pregnancy, can cause fetal 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. For more information: http://www.health.nsw.gov.au/Infectious/factsheets/Pages/chickenpox.aspx
Influenza (flu)	Viral infection, caused by A or B strains. 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. Annual vaccination reduces the risk of infection, however this is less effective in the elderly. Small children are at high risk of infection unless vaccinated. For more information: http://www.health.nsw.gov.au/Infectious/factsheets/Pages/influenza_factsheet.aspx
Tuberculosis (TB)	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. For more information: http://www.health.nsw.gov.au/Infectious/factsheets/Pages/tuberculosis.aspx

Attachment 6 Undertaking/Declaration Form

All new recruits/other clinical personnel/ students /volunteers / facilitators must complete each part of this document and Attachment 7 *Tuberculosis (TB) Assessment Tool* and provide a NSW Health Vaccination Record Card for Health Care Workers and Students and serological evidence of protection as specified in Attachment 4 *Checklist: Evidence required from Category A Applicants* and return these forms to the health facility as soon as possible after acceptance of position/enrolment or before attending their first clinical placement. (Parent/guardian to sign if student is under 18 years of age).

New recruits/other clinical personnel/ students /volunteers / facilitators will only be permitted to commence employment/attend clinical placements if they have submitted this form, have evidence of protection as specified in Attachment 4 *Checklist: Evidence required from Category A Applicants* and submitted Attachment 7 *Tuberculosis (TB) Assessment Tool.* Failure to complete outstanding hepatitis B or TB requirements within the appropriate timeframe(s) will result in suspension from further clinical placements/duties and may jeopardise their course of study/duties.

The education provider/recruitment agency must ensure that all persons whom they refer to a NSW Health agency for employment/clinical placement have completed these forms, and forward the original or a copy of these forms to the NSW Health agency for assessment. **The NSW Health agency** must assess these forms along with evidence of protection against the infectious diseases specified in this policy directive.

Part	Undertaking/Declaration	√
1	I have read and understand the requirements of the NSW Health *Occupational Assessment, Screening and Vaccination against Specified Infectious Diseases Policy*	☐
2	**a**. I consent to assessment and 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**	☐
	b. I consent to assessment and 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.	☐
3	I have provided evidence of protection for hepatitis B as follows: **a.** history of an age-appropriate vaccination course, and serology result Anti-HBs ≥10mIU/mL **OR**	☐
	b. history of an age-appropriate vaccination course and additional hepatitis B vaccine doses, however my serology result Anti-HBs is <10mIU/mL (non-responder to hepatitis B vaccination) **OR**	☐
	c. documented evidence of anti-HBc (indicating past hepatitis B infection) or HBsAg+ **OR**	☐
	d. 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 my initial verification process.	☐
4	I have been informed of, and understand, the risks of infection, the consequences of infection and management in the event of exposure (refer Attachment 5 *Specified Infectious Diseases: Risks and Consequences of Exposure*) and agree to comply with the protective measures required by the health service and as defined by PD2007_036 Infection and Control Policy.	☐

Declaration: I _____declare that the information provided is correct

Full name:	*Worker cost centre (if available):*
D.O.B:	*Worker/Student ID (if available):*
Email:	*NSW Health agency /Education provider:*
Signature:	*Date:*

Attachment 7 Tuberculosis (TB) Assessment Tool

All new recruits, other clinical personnel, volunteers and students are required to complete this Tuberculosis Assessment Tool along with a NSW Health Record of Vaccination for Health Care Workers and Students and Attachment 6 *Undertaking/ Declaration Form*. They should advise the NSW Health agency if they prefer to provide this information in private consultation with a clinician.
The NSW Health agency will assess this form and decide whether TB screening or clinical review is required.
New recruits, other clinical personnel and volunteers will only be permitted to commence duties if they have submitted this form to the employing NSW Health agency. Failure to complete outstanding TB requirements within the appropriate timeframe may affect their employment status.
The education provider must forward a copy of this form to the health service for assessment.
Existing Category A staff, clinical personnel, volunteers and students who spend more than 3 months in a country with high incidence of TB after their initial TB assessment must complete and submit this tool for reassessment on return to a NSW Health agency.

Part A

1. Do you currently have a cough that has lasted longer than 2 weeks?	*Yes* ☐	*No* ☐
2. If yes, have you had any episode of haemoptysis (coughing up blood)?	*Yes* ☐	*No* ☐
3. Have you had unexplained fever, chills or night sweats in the past month?	*Yes* ☐	*No* ☐
4. Have you had any unexplained weight loss in the past month?	*Yes* ☐	*No* ☐

If you answered yes to any of the above questions, please attach relevant details on a separate page, including all results of any investigations or medical assessment you may have had it to this form.

Part B

1. What is your country of birth?

2. Have you ever in your lifetime (new personnel), or since your last occupational TB Assessment (existing personnel), lived or travelled overseas? If yes, provide details *Yes* ☐ *No* ☐

Country	*Duration of stay*	*Approximate dates/ year*
_____	_____	_____
_____	_____	_____

*(attach a separate page if **necessary**)*

3. Have you ever had contact with a person known to have TB? Yes ☐ No ☐
If yes, detail the nature of the contact (attach separate page if necessary):

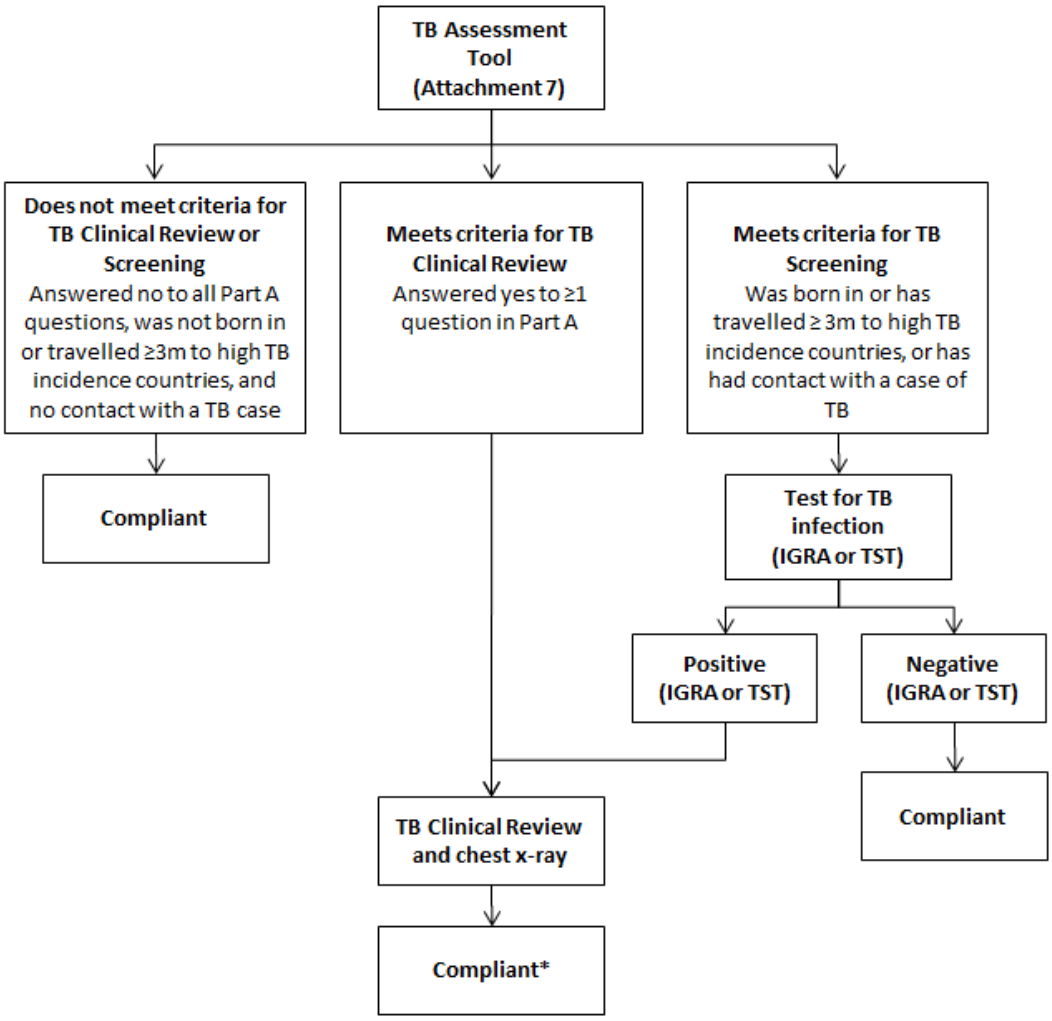
4. Have you ever been tested for TB before? *Yes* ☐ *No* ☐

If you answered yes to any of the above questions, please attach further information on a separate page, including the date and results of any previous tests for TB (including TST, IGRA, sputum culture, chest x-ray) and attach it to this form

Worker/Student Declaration: I declare that the information provided on this form is correct

Full name:_____ ***Date of birth: / /*** ***Phone:*** _____ ***Email:***	***Worker cost centre (if applicable):*** ***Student ID (if applicable):*** ***NSW Health agency /Education provider:***
Signature:	***Date:***

Attachment 8 Algorithm for TB Assessment, Screening and Review



**TB compliance may be revoked in the event of non-adherence to the recommendations of the TB Service regarding preventive treatment and or chest x-ray surveillance.*

Attachment 9 Hepatitis B Statutory Declaration

To be used where a hepatitis B vaccination record is not available

Statutory Declaration

Commonwealth Declaration Act 1959

I, ..., do solemnly and sincerely declare that
[print name of declarant]

☐ I have received an age-appropriate course of hepatitis B vaccine consisting of ☐ (insert number) vaccine doses.

The approximate year I was vaccinated against hepatitis B was……

I do not have the record of vaccination because: .....

.....

.....

and I understand the risks of making a false declaration.

I make this solemn declaration* conscientiously believing the same to be true, and by virtue of the provisions of the Commonwealth Declaration Act 1959.

Declared at: ..... on .....
[place] *[date]*

……
[signature of declarant]

in the presence of an authorised witness, who states:

I, ..., a ☐
[print 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: I have known the person for at least 12 months OR *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]*

*This statutory declaration is made under the Commonwealth Declaration Act 1959
**An authorised witness must be an appropriately trained assessor

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Links to 2019 Compulsory Locum Online Training Modules for RMOs, Registrars and CMOs Correct at 20 March 2019
(compulsory are listed in blue)

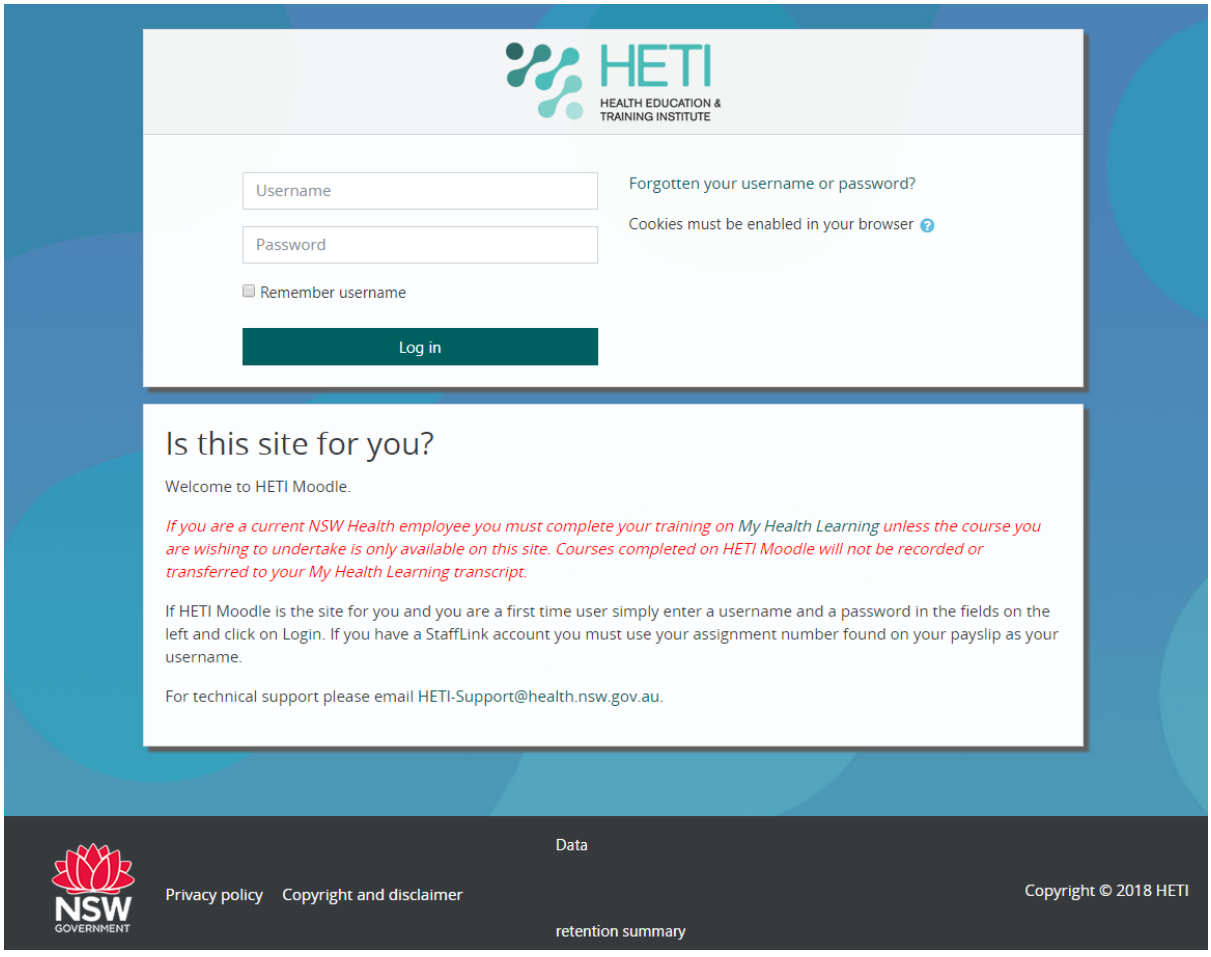
Module	Link
Locum E-Orientation (eMO)	http://nswhealth.moodle.com.au/login/index.php
Electronic Medical Records (eMR)	http://nswhealth.moodle.com.au/login/index.php
NSW Health Code of Conduct	http://www.heti.nsw.gov.au/courses/code-of-conduct/
DETECT Between the Flags: Adults	http://nswhealth.moodle.com.au/login/index.php
Child Protection	http://www.heti.nsw.gov.au/courses/child-protection/
Fire Safety and Evacuation	http://www.heti.nsw.gov.au/courses/fire-safety-and-evacuation/
Hand Hygiene	http://www.heti.nsw.gov.au/courses/hand-hygiene/
Incident Management (IIMS): Notifier Training	http://www.heti.nsw.gov.au/courses/iims-notifier-training/
Aboriginal Culture - Respecting the Difference	http://www.heti.nsw.gov.au/courses/aboriginal-culture---respecting-the-difference/
Basic Life Support	http://www.heti.nsw.gov.au/courses/adult-basic-life-support/
Life Support Assessment Tools (face-to-face course in a hospital where this is provided)	http://www.heti.nsw.gov.au/courses/life-support-assessment-tools/
Open Disclosure	http://www.heti.nsw.gov.au/courses/introduction-to-open-disclosure/
Privacy Module 1 - Know Your Boundaries	http://www.heti.nsw.gov.au/courses/privacy-know-your-boundaries/
Work, Health and Safety for Medical Officers includes Introduction to Work, Health and Safety, Hazardous Manual Tasks	http://www.heti.nsw.gov.au/Courses/Work-Health-and-Safety-for-Medical-Officers/
Infection Prevention Strategies for Medical Officers includes Infection Prevention and Control Practices, Aseptic Technique, Sharps Injury for Clinical Staff, Waste Management	http://www.heti.nsw.gov.au/Courses/Infection-Prevention-Strategies-for-Medical-Officers/
Safety and Quality for Medical Officers includes Introduction to Safety and Quality, Safety and Quality -Advanced	http://www.heti.nsw.gov.au/Courses/Safety-and-Quality-for-Medical-Officers/
Violence Prevention and Management for Medical Officers includes Violence Prevention and Management Awareness, Violence Prevention and Management – A Introduction to Legal and Ethical Issues	http://www.heti.nsw.gov.au/Courses/Violence-Prevention-and-Management-for-Medical-Officers/
Care Coordination for Medical Officers	http://www.heti.nsw.gov.au/Courses/Care-Coordination-for-Medical-Officers/
Medical Officer eMeds (Rural) Learning Pathway	See the next pages for information on how to access rural eMeds

NSW Health Online Learning Centre

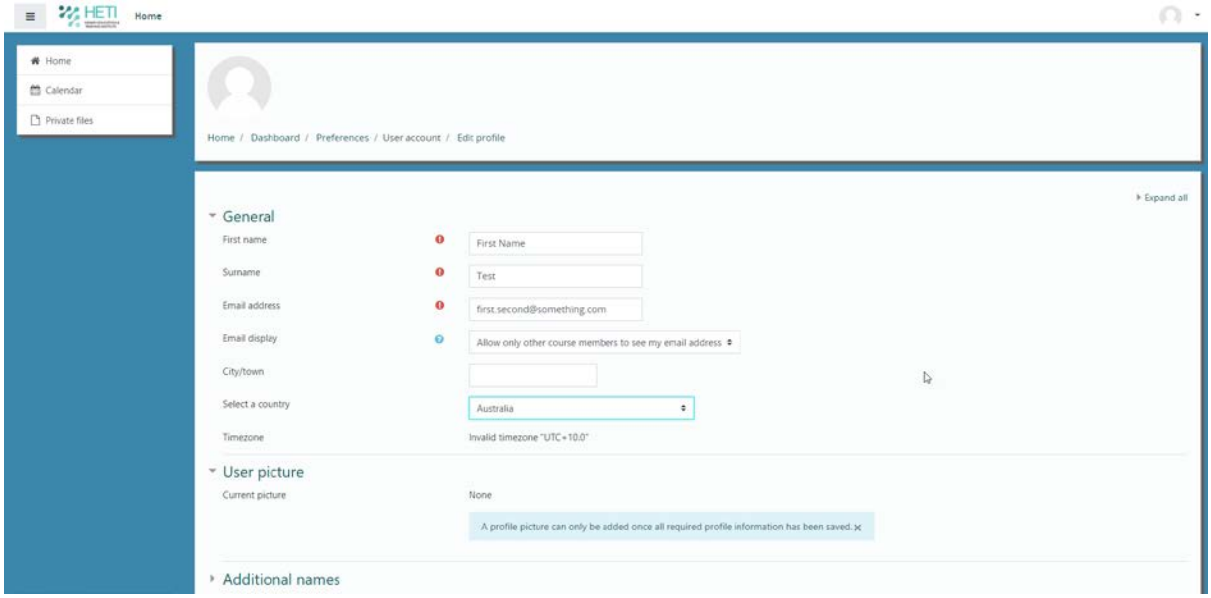
Setting up an Account

Step 1: Goto http://elearning.heti.nsw.gov.au

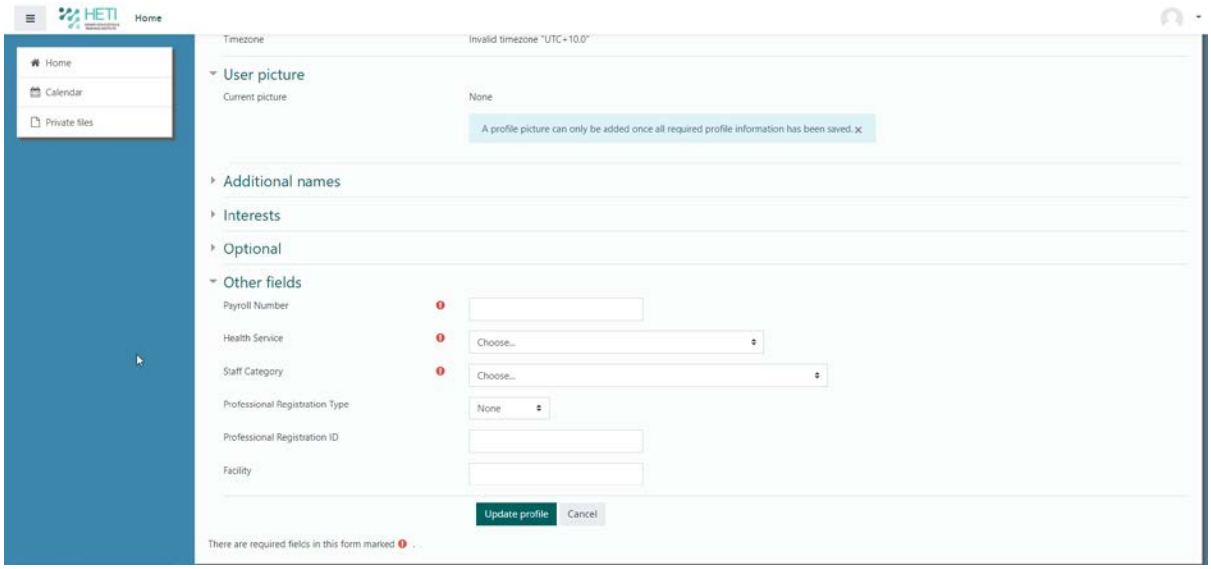
Step 2: Type an easy to remember username and password in the login section of the page. If the username is already being used by another user an error message will appear saying “Invalid login, please try again”.



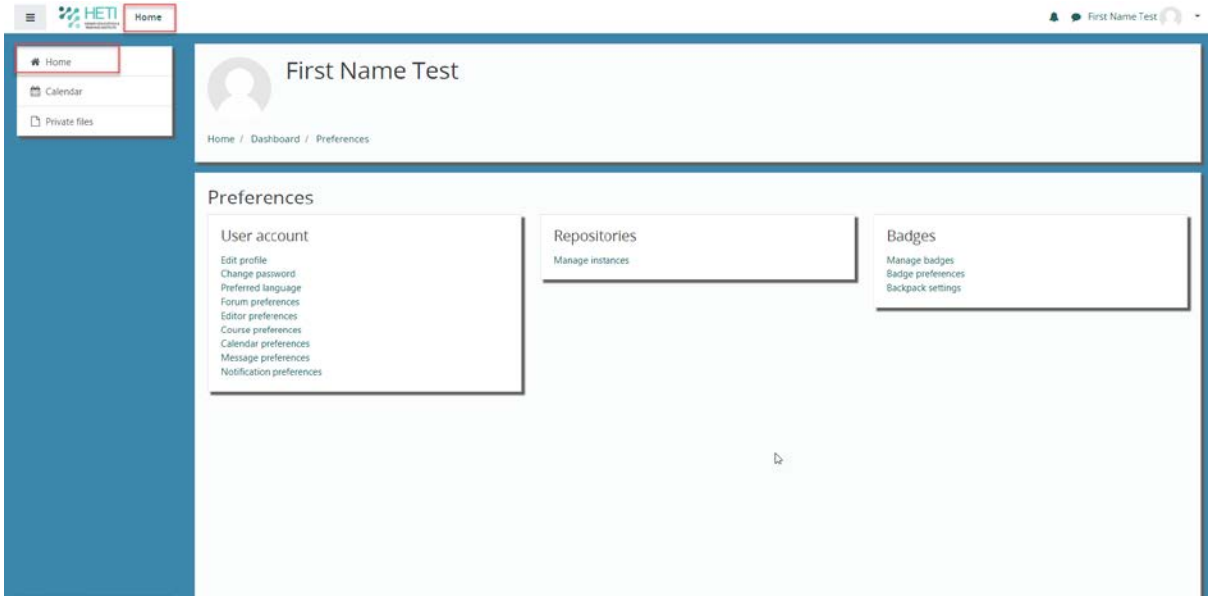
Step 3: Fill out the required details. Questions marked with a red exclamation mark (!) are compulsory.



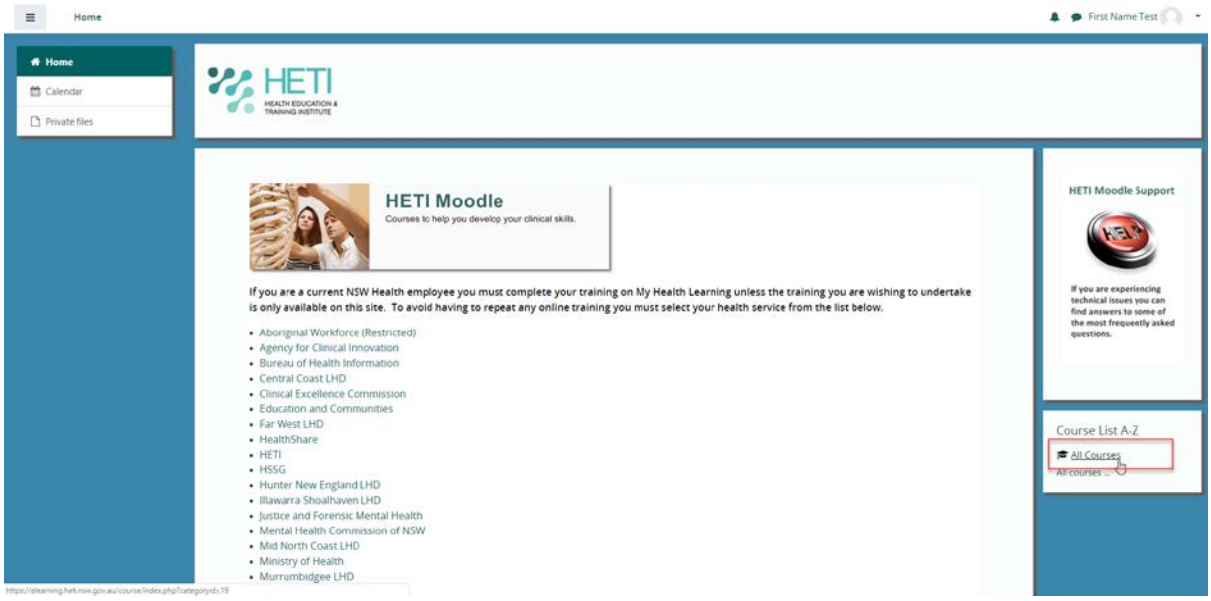
Step 4: Scroll down and complete remaining compulsory fields and click “Update Profile” button.



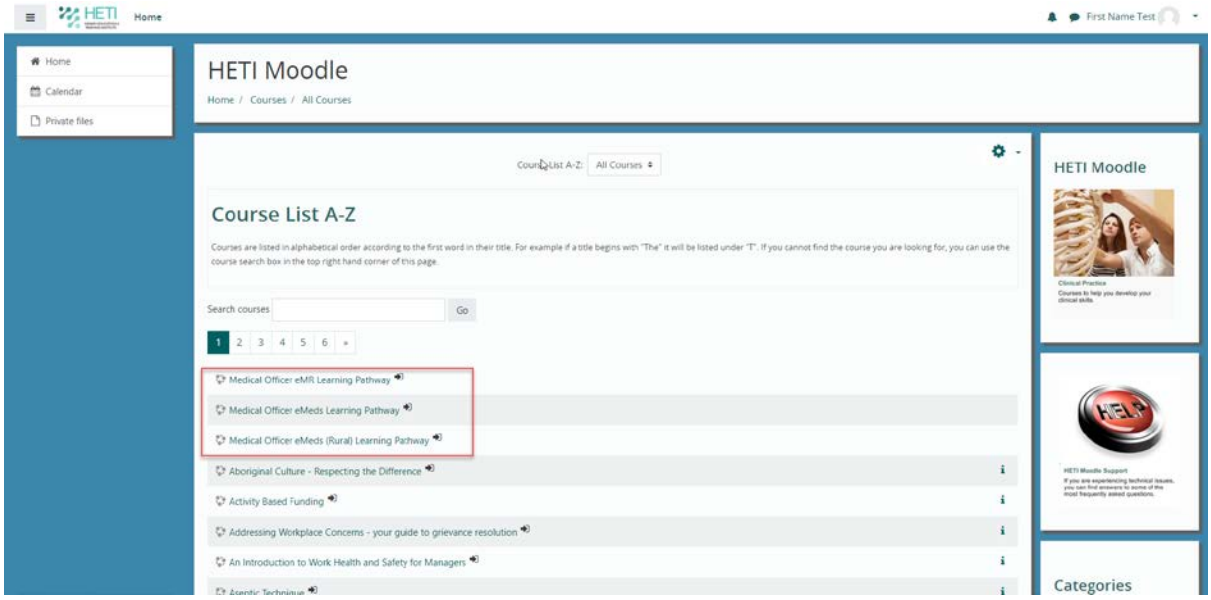
Step 5: Click the Home button on the top left corner



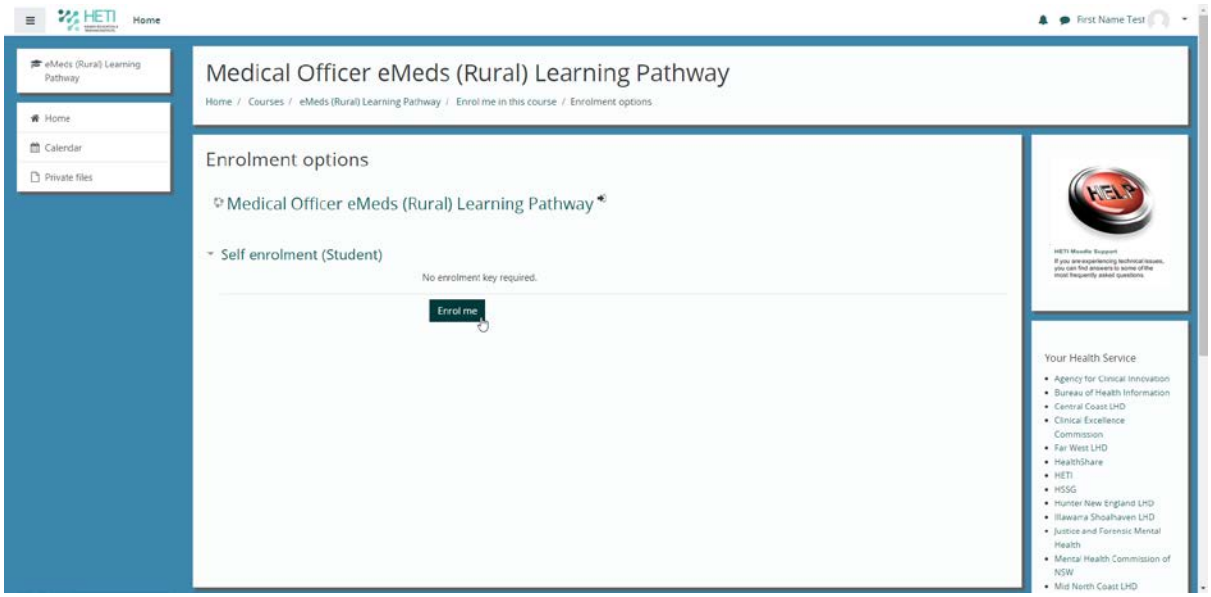
Step 6: Click All Courses link on the Home Page



Step 7: Click the desired course link.



Step 8: Click "Enrol me" button to enrol yourself in the desired course.



You will now be redirected to the course.

Please note some of these courses need Flash Player, please use Microsoft Internet Explorer with Flash Player to access the modules.

If you face any issues or difficulties, please contact State Wide Service Desk by calling 1300285533.

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PO Box 276, Double Bay, NSW 1360 Phone: (02) 9327 7555 Fax: (02) 9327 1855 judith@activelocums.com.au

Links to NSW Health Policies – 11/03/2019

(Please note updated policy directives in red)

a) PD2015_049 NSW Health Code of Conduct
http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2015_049.pdf

b) PD2018_013 Workplace Health and Safety: Better Practice Procedures
http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2018_013.pdf

c) PD2018_009 Occupational Assessment, Screening & Vaccination Against Specified Infectious Diseases
http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2018_009.pdf

d) PD2019_003 Working with Children Checks and Other Police Checks
https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2019_003.pdf

e) PD2017_042 Medical Officers – Employment Arrangements in the NSW Health Service
https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2017_042.pdf PD2017_040

f) PD2017_040 Recruitment and Selection of Staff to the NSW Health Service
https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2017_040.pdf

g) PD2013_036 Service Check Register for NSW Health
http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2013_036.pdf

h) PD2012_046 Remuneration Rates Payable to Non-Specialist Staff – Short Term/Casual (locum)
http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2012_046.pdf

i) PD2008_071 Medical Practitioners- Compliance with Registration Conditions
http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2008_071.pdf

j) PD2015_045 Conflicts of Interest and Gifts and Benefits
http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2015_045.pdf

k) PD2009_057 Records Management Policy
http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2009_057.pdf

l) PD2017_013 Infection Prevention and Control Policy
http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2017_013.pdf

m) PD2017_010 HIV, Hepatitis B or Hepatitis C – Management of Health Care Workers Potentially Exposed
http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2017_010.pdf

n) PD2005_162 HIV, Hepatitis B or Hepatitis C – Health Care Workers Infected
https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2005_162.pdf

o) PD2013_049 Recognition and Management of Patients who are Clinically Deteriorating
http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2013_049.pdf

p) PD2018_032 Managing Complaints and Concern about Clinicians
https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2018_032

q) PD2013_007 Child Wellbeing and Child Protection Policies and Procedures for NSW Health
https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2013_007.pdf

r) PD2017_043 Violence Prevention and Management Training Framework for NSW Health Organisations
https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2017_043.pdf

s) PD2014_004 Incident Management Policy
http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2014_004.pdf

t) Privacy Manual
https://www.health.nsw.gov.au/policies/manuals/documents/privacy-manual-for-health-information.pdf

u) GL2007_023 Fatigue – Preventing and Managing Work Related Fatigue: Guidelines
http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2007_023.pdf

Model Health Declaration form

Name:

Address:

Position:

Duties of the Position:

I have read the inherent job requirements and job demands for the position and these requirements have been explained to me. I have ticked the appropriate statement below:

☐ I am not aware of any health condition which might interfere with my ability to perform the inherent job requirements and job demands of this position.

☐ I have a health condition that may require the employer to provide me with services or facilities (adjustments) so that I can successfully carry out the inherent job requirements and job demands of the position.

☐ I understand that adjustments to the workplace can be made to assist employees with disabilities in carrying out the inherent job requirements and job demands of the position. Any adjustments I need have been discussed with the organisation prior to completing this health declaration.

☐ I no longer wish to be considered for this position.

I am aware that any false or misleading statements may threaten my appointment or continued employment.

Signature: _____ Date: _____

This information will be used in determining your ability to meet the inherent requirements of the position and any workplace adjustments that may be required, and stored together with your application.

Standard consent form: employment related checks

I give authority for the following employment related checks to be undertaken, in line with the requirements of NSW Health policy:

- ☐ Obtain relevant information from the NSW Health Care Complaints Commissions and/or registration/licensing authorities relating to any conditions placed on practice, the nature of any outstanding complaints and whether there is any pending disciplinary action
- ☐ Referee checks, including a referee check with my current supervisor
- ☐ Additional past performance checks (for medical appointments)
- ☐ Obtain confirmation of membership of professional association (where required)

I understand that my consent to the above checks is required for my application to be considered by an employer in the NSW Health Service.

In addition I have completed the necessary consent forms for employment screening (national criminal record check/working with children check).

……. ……
Signature Date

TO BE COMPLETED BY MEDICAL PRACTITIONERS, DENTISTS, PHARMACISTS, NURSES

Under the provisions of the Poisons and Therapeutic Goods Regulation 1994 I declare that my authority as a medical practitioner/dentist/pharmacist/nurse to be in possession of, prescribe, supply, dispense or administer drugs of addiction (Schedule 8 of the NSW Poisons List), as the case may be, has not been withdrawn by the Director-General, NSW Health Department.

SIGNATURE:_____ **DATE: _____/_____/_____**

NSW GOVERNMENT | HealthShare

Author: Business Process Co-ordinator	Document ID: FM100012
Approved by: Business Process Manager	Version: 3.0
Modified: 24 October 2017	Published: 30 September 2011

EMPLOYEE PERSONAL DETAILS FORM

COMPLETE THIS FORM ONLINE, PRINT and SIGN.

PERSONAL DETAILS												
Employee Number									-			
Surname							**Given Name/s**					
Position Title							**Position Number**					
Location/Facility (Mandatory)							**Telephone No**					
New or Amended Application:	☐ **New**		☐ **Amended**				**Date of Original:**					

SECTION A: PERSONAL DETAILS									
Please Tick	☐ **Mr**	☐ **Mrs**	☐ **Miss**	☐ **Ms**	☐ **Dr**	☐ **Other**	**Gender**	☐ **M**	☐ **F**
Name (if additional to above): (attached certificate for name changes)	**Surname:**								
	Given Name/s:								
Street Address:									
Suburb:					**Postcode:**				
Postal Address:					**Postcode:**				
Contact Ph. Numbers:	**Home:**			**Mobile:**			**Work:**		

Payslip Delivery

Options	Select **one** option	**Details**
Electronic Payslip (email) Payslips will be delivered electronically to your preferred e-mail address. Payslips are also available to view, print and save in ESS.	☐ (Preferred)	Personal Email:
	☐	Work Email:

SECTION B: Emergency and Next Of Kin Contact Details					
Emergency Contact Name:					
Street Address:					
Suburb:		**State:**		**Postcode:**	
Contact Ph. Numbers:	**Home:**	**Mobile:**		**Work:**	

SECTION C: Banking Details (Payment Method)

Note: For Salary Packaging Banking detail changes please contact your salary packaging provider.

Assignment Number:			
Primary Bank Account PLEASE SELECT ☐ **New** ☐ **Amend** ☐ **Cease**			
Effective From (DD-MMM-YY):			
Name of Financial Institution:			
Branch Name:			
Full Account Name:			
BSB No.:		**Account No.:**	

SECTION D: Additional Bank Accounts (complete only if your salary is to be paid into more than one bank account)			
Assignment Number:			
Part Pay Banking Details #1 PLEASE SELECT ☐ **New** ☐ **Amend** ☐ **Cease**			
Effective From (DD-MMM-YY):		**Deduction Amount (per fortnight):**	$
Name of Financial Institution:			
Branch Name:			
Full Account Name:			
BSB No.:		**Account No.:**	
Part Pay Banking Details #2 PLEASE SELECT ☐ **New** ☐ **Amend** ☐ **Cease**			
Effective From (DD-MMM-YY):		**Deduction Amount (per fortnight):**	$
Name of Financial Institution:			
Branch Name:			
Full Account Name:			
BSB No.:		**Account No.:**	
Part Pay Banking Details #3 PLEASE SELECT ☐ **New** ☐ **Amend** ☐ **Cease**			
Effective From (DD-MMM-YY):		**Deduction Amount (per fortnight):**	$
Name of Financial Institution:			
Branch Name:			
Full Account Name:			
BSB No.:		**Account No.:**	

SIGNATURE			
Employees signature:		**Date** (DD-MMM-YY)	
Would you like to receive an email notification that this request has been actioned?		YES ☐	NO ☐
Email Address			

FORM SUBMISSION

*** PLEASE FOLLOW YOUR INTERNAL LOCAL HEALTH DISTRICT PROCEDURES TO FORWARD FORMS ***

All internal procedures, including necessary approval and sign off, must be completed.
If you are unsure of your Local Health District (LHD) internal procedures, please contact your LHD.

NOTE: It is the responsibility of the LHD to ensure all internal LHD procedures have been followed

HEALTHSHARE NSW
Email: HSNSW-Payroll@health.nsw.gov.au

Author: Business Process Co-ordinator	Document ID FM100030
Approved by: State Manager, RETS	Version: 2.5
Modified: 4 September 2015	Published: 30 September 2011

Health Organisation					
☐ CCLHD	☐ MNCLHD	☐ NSLHD	☐ SCHN	☐ AWH	☐ NSWHP
☐ FWLHD	☐ MLHD	☐ SESLHD	☐ SLHD	☐ EHNSW	☐ Other:
☐ HNELHD	☐ NBMLHD	☐ SWSLHD	☐ WNSWLHD	☐ HSNSW	
☐ ISLHD	☐ NNSWLHD	☐ SNSWLHD	☐ WSLHD	☐ JHFMHN	

SUPERANNUATION FUND ELECTION FORM (SGC)

If you are changing your Superannuation fund ensure that the new fund is receiving contributions before closing the old fund and your new fund is visual on your payslip.

If you do not nominate a fund upon commencement of employment, superannuation contributions will be paid to First State Super, Phone: 1300 650 873, *www.firststatesuper.com.au*

Assignment Number									-		

☐ New Employee ☐ Change of Fund

Surname		Given Name(s)	
Facility/Location		Full Contact Number	

1. NOMINATE YOUR SUPERANNUATION FUND FOR SUPER GUARANTEE.

Member Number		☐ First State Super (Default Fund) Complete Section 3	☐ Other – Complete Section 2 & 3

2. IF ELECTING *OTHER* FUND, COMPLETE THE FOLLOWING DETAILS AND PROVIDE DOCUMENTATION:

- Attach Documentation from the trustee stating that this is a complying fund, or for a self managed super fund, a copy of documentation from the ATO confirming the fund is regulated. Also attach a printed copy of funds EFT details.
- Please allow **10** business days for processing.
- Check with your Fund to ensure they will accept contributions into your nominated Superannuation Account from your Employer (Please provide written evidence of acceptance).
- Method of Payment to your **Fund** must be EFT and the **Fund** Email Address is also required

SUPERANNUATION GUARANTEE FUND DETAILS (All fields are mandatory. Incomplete requests will not be actioned & returned)

If your Choice fund request cannot be actioned your superannuation will be set up to the default fund, First State Super. You will be responsible to undertake any transfer of contributions from First State Super to another SuperStream compliant fund of your choice and cover any related rollover costs.

Fund Name					
Fund Address					
Suburb/Town		State		Postcode	
Member Number		Australian Business Number (ABN)			
Unique Superannuation identifier (USI) *not required for self-managed funds					
Fund Electronic Service Address (ESA) *for SMSF only					
Fund Bank Name		Fund Account Details /Name			
Fund BSB	-	FUND ACC #			
Fund Day Time Phone		Fund Email Address			

3. DECLARATION BY EMPLOYEE

I hereby certify that I have obtained independent financial advice in relation to this Superannuation Fund Election or I have not obtained financial advice but I fully understand the implications of my election.

Employee Signature		Date (DD/MMM/YY)	
Would you like to receive an email notification that this request has been actioned?	YES ☐ NO ☐		
	Email Address		

PLEASE FORWARD COMPLETED FORM TO HEALTHSHARE NSW

Service Centre	Email:	Fax:
Newcastle	HSNSW-Superannuation@health.nsw.gov.au	(02) 4041 7878
Parramatta	HSNSW-Superannuation@health.nsw.gov.au	(02) 9685 3869

ORIGINAL – Tax office copy

Australian Government
Australian Taxation Office

Tax file number declaration

This declaration is NOT an application for a tax file number.

- Please print neatly in BLOCK LETTERS and use a BLACK pen.
- Print X in the appropriate boxes.
- Make sure you read all the instructions before you complete this declaration.

30920707

www.ato.gov.au

Section A: To be completed by the PAYEE

1 What is your tax file number (TFN)?

See *Privacy of information* on page 6.

OR I have made a separate application/enquiry to the Tax Office for a new or existing TFN. ☐

OR I am claiming an exemption because I am under 18 years of age and do not earn enough to pay tax. ☐

OR I am claiming an exemption because I am a pensioner. ☐

2 What is your name? Title: Mr ☐ Mrs ☐ Miss ☐ Ms ☐

Surname or family name

First given name

Other given names

3 If you have changed your name since you last dealt with the Tax Office, show your previous family name

4 What is your date of birth? Day / Month / Year

5 What is your home address in Australia?

Suburb or town

State Postcode

6 On what basis are you paid? (Select only one.)

Full-time employment ☐ Part-time employment ☐ Labour hire ☐ Superannuation income stream ☐ Casual employment ☐

7 Are you an Australian resident for tax purposes? Yes ☐ No ☐ You must answer **No** at question 8.

8 Do you want to claim the tax-free threshold from this payer?

ONLY CLAIM THE TAX-FREE THRESHOLD FROM ONE PAYER.

If you have more than one source of income and currently claim the tax-free threshold from another payer, **do not** claim it now.

Yes ☐ No ☐ Answer **No** at questions 9 and 10 unless you are a non-resident claiming a senior Australians, zone or overseas forces tax offset.

9 Do you want to claim family tax benefit or the senior Australians tax offset by reducing the amount withheld from payments made to you?

Yes ☐ Complete a *Withholding declaration*, but only if you are claiming the tax-free threshold from this payer. If you have more than one payer, see page 3. No ☐

10 Do you want to claim a zone, overseas forces, dependent spouse or special tax offset by reducing the amount withheld from payments made to you?

Yes ☐ Complete a *Withholding declaration*. No ☐

11 (a) Do you have an accumulated Higher Education Loan Programme (HELP) debt?

Yes ☐ Your payer will withhold additional amounts to cover any compulsory repayments. No ☐

(b) Do you have an accumulated Financial Supplement debt?

Yes ☐ Your payer will withhold additional amounts to cover any compulsory repayments. No ☐

DECLARATION by payee: *I declare that the information I have given is true and correct.*

Signature

Date Day / Month / Year

There are penalties for deliberately making a false or misleading statement.

Once this form is completed and signed, send the original to the Tax Office and keep your copy in a secure place.

Section B: To be completed by the PAYER

1 What is your Australian business number (ABN) (or your withholding payer number if you are not in business)? Branch number (if applicable)

2 If you don't have an ABN or withholding payer number, have you applied for one?

Yes ☐ No ☐ See 'More information for payers' on page 6.

3 What is your registered business name or trading name (or your individual name if not in business)

DECLARATION by payer: *I declare that the information I have given is true and correct.*

Signature of payer

Date Day / Month / Year

There are penalties for deliberately making a false or misleading statement.

4 What is your business address?

Suburb or town

State Postcode

5 Who is your contact person?

Business phone number

6 If you no longer make payments to this payee, print X in this box ☐

Return completed original Tax Office copy to:

For WA, SA, NT, VIC or TAS
Australian Taxation Office
PO Box 795
ALBURY NSW 2640

For NSW, QLD or ACT
Australian Taxation Office
PO Box 9004
PENRITH NSW 2740

TAXPAYER-IN-CONFIDENCE (when completed)

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*. These APPs can be found below.

1. Open and transparent management of personal information
2. Anonymity and pseudonymity
3. Collection of solicited personal information
4. Dealing with unsolicited personal information
5. Notification of the collection of personal information
6. Use or disclosure of personal information
7. Direct marketing
8. Cross-border disclosure of government related identifiers
9. Adoption, use or disclosure of government related identifiers
10. Quality of personal information
11. Security of personal information
12. Access to personal information
13. Correction of personal information

More information on APPs can be found at https://www.oaic.gov.au/agencies-and-organisations/guides/app-quick-reference-tool. 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 to 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 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;

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.

3 Managing Security

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11. In the case of an eligible breach, Active Locums Pty Ltd will notify all those affected
12. 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
PO BOX 276
Double Bay
NSW 1360

Email: judith@activelocums.com.au
Phone: (02) 9327 7555
Mobile: 0433 004 560
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 2019