



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

2021 RMO/REG/CMO Locum Application Package

Forms required by Active Locums Pty Ltd:

1. Active Locums Pty Ltd Employment Registration Form
2. Active Locums Pty Ltd Consent Form & Declaration
3. Passport-sized photo
4. Privacy Policy

Forms required by NSW Health:

1. Current CV
2. 2020 Clinical **Skills Self-Assessment** (Non-Specialist) [Document 2.1]
3. JP certified copies of **qualifications** or transcripts and specialist qualifications (if applicable) and proof of CME
4. Contact details of 3 clinical referees who would be prepared to vouch for your competency
5. JP certified **ID and working rights** (current passport, drivers licence, visa, proof of name change, Medicare, academic transcript or alternative)
6. **ID checklist** form (Appendix 5)
7. Copy of **AHPRA** registration
8. Medical **indemnity** certificate of currency for 2021
9. 2021 Approval for **Secondary Employment** [Document 3]
10. NSW **Working with Children** clearance through the Office of the Children's Guardian (please see below on how to apply)
11. **National Police Check** certificate (please ensure you apply for Medical Practitioner Vulnerable Persons, Aged Care, Disabled and Children)
12. NSW Health National **Criminal Record Check** Consent Form (Appendix 7)
13. 2021 Criminal Record **Statutory Declaration** [Document 5]
14. **Overseas** Criminal Record Check **Statutory Declaration** for Overseas Applicants
15. **Ongoing Statutory Declaration** to advise if status changes within 7 days
16. Commonwealth of Australia **Statutory Declaration for Aged Care** and Vulnerable Patients
17. **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) as per NSW Health requirements
18. **HETI Moodle Online Training Certificates (or My Health Learning)** : see next page for courses
19. Employee **Personal Details & Superannuation** Fund Election Forms
20. **Tax File Number** Declaration
21. PD2015_049 NSW Health **Code of Conduct**
22. Standard Consent Form: **Employment Related Checks**
23. **Model Health** Declaration
24. **Drugs of Addiction** Authority

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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Name of document	Notes	Complete
Forms required by Active Locums Pty Ltd		
Active Locums Pty Ltd Employment Registration Form	Please read, complete and sign	
Active Locums Pty Ltd Consent & Declaration Form	Please read and sign	
Passport-sized photo	Can be taken on phone.	
Privacy Policy	Please read and sign	
Forms required by NSW Health		
Current CV		
Clinical Skills Self-Assessment (Non-Specialist)	Document 2.1	
JP certified copies of qualifications or transcripts (including specialist qualifications). Proof of CME.		
Contact details of 3 clinical referees who would be prepared to vouch for your competency	Provide details on Active Locums Registration form. All referees must be from the last 6 - 12 months.	
JP certified ID and working rights (current passport, drivers licence, visa, proof of name change, Medicare, academic transcript or alternative)	Note if you are an international or overseas applicant you must provide a valid permit to work in Australia and a visa permitting work at multiple work sites	
ID checklist form (Appendix 5)		
Copy of AHPRA registration		
Medical indemnity certificate of currency		
Approval for Secondary Employment	Document 3. If working full or part-time with NSW Health.	
NSW Working with Children clearance through the Office of the Children's Guardian	Either WWCC clearance number with date of clearance and expiry or copy of application number.	
National Police Check certificate	Provide AFP clearance – please ensure you apply for Medical Practitioner Vulnerable Persons, Aged Care, Disabled and Children	
NSW Health National Criminal Check Consent Form (Appendix 7)	Information so NSW Health can complete the check if required	
Criminal Record Statutory Declaration	Document 5. Any convictions or pending charges since the date of the National Crime Check Certificate	
Overseas Criminal Record Check Statutory Declaration	If born or lived overseas for 6 months+	
Commonwealth of Australia Statutory Declaration for Aged Care and Vulnerable Patients		
Ongoing Statutory Declaration	Will advise if status changes in the future (7 days).	
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) as per NSW Health requirements		
HETI Moodle Online Training Certificates (or My Health Learning with active Stafflink number)	Privacy Policy1- Know your Boundaries	
	Open Disclosure	
	Fire Safety and Evacuation	
	Basic Life Support Adult	
	Between the Flags Adult	
	Respecting the Difference	
	Safety & Quality for Medical Officers	
	Infection Control and Prevention Strategies for Medical Officers	
	Violence Prevention and Management for Medical Officers	
	Medical Officer eMR online	
	eMeds Medical Pathway	
	Personal Protective Equipment for Combined Transmission Based Precautions (PPE)	
	Recommended : Work Health and Safety for Medical Officers	
	Other mandatory online training requirements as advised by NSW Ministry of Health	
Employee Personal Details & Superannuation Fund Election Forms		
Tax File Number Declaration		
PD2015_049 NSW Health Code of Conduct		
Standard Consent Form: Employment Related Checks		
Model Health Declaration		
Drugs of Addiction Authority		



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ACTIVE LOCUMS REGISTRATION 2021

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 2021

I _____ acknowledge that I am a locum doctor registered with Active Locums Pty Ltd.
I declare that:

- 1) I have full (unconditional) AHPRA registration to practise medicine in Australia.
MED _____ Renewal date _____.
I am not aware of any investigation into my registration that would compromise my ability to accept work.
I **have /have not** been investigated by any medical board/council or suspended from duty.
I have not been convicted of a crime that may affect my application to work as a doctor.
I have not had my registration cancelled for any reasons and am not subject to any restrictions or conditions.
If applicable, condition/restriction details are: _____.
- 2) a) I do not have any serious or chronic health problems that will affect my ability to carry out my work as a doctor, **OR**
b) I have a health condition that may require an employer to provide me with services or adjustments so that I can successfully carry out the inherent requirements and job demands of the position, and I have disclosed this to Active Locums Pty Ltd. (*Please strike through a) or b) as applicable.*)
- 3) I am an **Australian citizen** and I am legally able to work in Australia, or have provided details of **permanent residency or current work visa**. If I am an Australian visa holder I give consent for Active Locums Pty Ltd to access VEVO online upon registration and every 3 months to check my status. Details: _____.
- 4) I have current Medical Indemnity insurance with _____. Category _____.
Renewal date: _____. The insurance effected by me is adequate to cover any liability I may incur in the course of my locum work as a medical practitioner. I **am /am not** aware of any outstanding medical negligence claims against me. If yes, give details _____.
- 5) I have a current clearance for Working with Children and have supplied this to Active Locums Pty Ltd. My status permits me to work in a child-related position **Yes / No**.
OR I will apply for a Working with Children Clearance and will provide proof of clearance to Active Locums Pty Ltd. I undertake to notify Active Locums Pty Ltd of any change to my status in regard to Working with Children. I give permission for Active Locums Pty Ltd to access and check my Working with Children status on the Office of the Children's Guardian website.
- 6) I am prepared to undergo mandatory National Criminal Record Checking and agree to notify Active Locums Pty Ltd if I am under investigation, charged or convicted of any offences. I consent to Active Locums Pty Ltd providing copies of National Criminal Record Clearance and WWCC Clearance Numbers to prospective employers for the purpose of obtaining work. **Duty to report certain criminal conduct and disciplinary matters – a doctor who is charged with having committed, or is convicted of, a serious sex or violence offence must, within seven days of the charge being laid or conviction, report that fact in writing to the chief executive of the relevant organisation/Active Locums Pty Ltd.** I will sign an annual ongoing statutory declaration in regard to WWCC/NCRC.
- 7) My prescriber number is _____. I am eligible to apply for a provider number **Yes / No**.
My provider number is _____.
- 8) My ABN is _____. I am registered to claim GST **Yes / No**.
- 9) If I am working through a Pty Ltd company, I agree to provide a copy of current professional indemnity, worker's compensation and public liability insurances. If I am working as a sole trader ABN, I confirm that I have suitable professional indemnity and income protection insurance, which is adequate to cover the work undertaken. I acknowledge that Active Locums Pty Ltd recommends that all locum doctors maintain appropriate private medical indemnity insurance.
- 10) In consideration of Active Locums Pty Ltd agreeing to try and place me in a position, I agree to indemnify Active Locums Pty Ltd and its directors, employees and representatives, against any claims made against any of them relating to medical negligence, dishonesty or otherwise, which may arise in connection with any engagement or employment I may accept that is arranged by Active Locums Pty Ltd.
- 11) I understand that Active Locums Pty Ltd has no responsibility to employ or pay me. I will either be employed by a Local Health District or will work as an independent contractor, issuing a tax invoice to the employer/host client through my own ABN or entity.
- 12) I undertake to work to the best of my ability with due diligence, punctuality, honesty, courtesy and care.

I undertake to dress and behave appropriately.
 I undertake to provide certificates of annual CME/EMST/ALS/APLS courses undertaken.
 I undertake not to attend work impaired by alcohol or drugs.
 I undertake to notify Active Locums Pty Ltd within seven days if an adverse event or situation occurs which could result in any disciplinary or legal action or compromise the status of my medical registration.
 I undertake to notify Active Locums Pty Ltd as soon as practicable about my inability to work a confirmed shift.
 I have no objection to Active Locums Pty Ltd obtaining regular performance appraisal feedback reports from the employing organisation for quality control purposes.
 I understand my employment could be terminated if my work or attitude is deemed to be unsatisfactory by the employer or if my Medical Registration/Medical Indemnity is altered or compromised in any way.

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

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

- 16) Please initial each point below to acknowledge awareness and agreement of these mandatory requirements from NSW Health:
 - I have read and agree to abide by all relevant NSW Health Policies, including COVID-19 policy as updated from time to time.
 - I have read and understood the NSW Secondary Employment Policy and agree to abide by it.
 - The Local Health District where I am employed is aware of my intention to undertake locum work. They have supplied written consent for Secondary Employment and have no objection, provided it does not raise any conflicts of interests, WHS, or service delivery risks that could arise as a result of secondary employment.
 - I am aware of the need to comply with safe working hours guidelines and preventing and managing work related fatigue (GL2007_023) and the need to take minimum breaks as advised by NSW Health Policy
 - I have already undertaken or am prepared to undergo online training modules in: Electronic Medical Orientation (EMO), Privacy Module 1- Know your Boundaries; Open Disclosure, Fire Safety and Evacuation; Basic Life Support Adult; Between the Flags Adult; Respecting the Difference; Safety and Quality for Medical Officers; Infection Prevention Strategies for Medical Officers; Violence Prevention and Management for Medical Officers; Medical Officer(EMR online), eMeds Medical Pathway, 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 Management of health care workers with a blood borne virus and those doing exposure prone procedures [PD2019_026], will have annual blood serology and am aware doctors who are either HCV PCR positive or HIV positive or HBeAg positive or HBV DNA positive must not perform exposure prone procedures and must self-disclose to their employing facility.
 - I am aware that I may be required to supervise Junior Medical Officers.
 - I am aware that I am required to perform my engagement in accordance with accepted medical practice and at the direction of the customer.
 - I am not aware of any reasons that would disqualify me from accepting locum work for NSW Health.
 - I am mentally, physically and professionally able to perform my duties as a medical officer.
 - I am aware that prior to commencing work for NSW Health, an internal service check will be conducted.
 - I will have provided three recent references to Active Locums Pty Ltd to confirm my competency for the positions applied for.

Additional Clauses:

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

Signed: _____ Date: _____

DOCUMENT 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 <i>work under supervision</i> . 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Medicine: Able to correlate history, examination and diagnostic tests in order to make provisional diagnosis and initiate management for <i>most presentations</i> 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intensive Care Unit Medicine: Mechanical ventilation. Can generally function at the level of a registrar in intensive care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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:	<input type="checkbox"/> <input type="checkbox"/> Yes	<input type="checkbox"/> <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> 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:	<input type="checkbox"/> <input type="checkbox"/> Yes	<input type="checkbox"/> <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> 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:	<input type="checkbox"/> <input type="checkbox"/> Yes	<input type="checkbox"/> <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/> 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uncomplicated Intubation – Adult: Uncomplicated intubation of an unconscious adult patient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficult Intubation – Adult: Difficult intubation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continuous Positive Airway Pressure (CPAP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bilevel Positive Airway Pressure (BiPAP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intercostal Catheter Insertion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CIRCULATION – SKILLS	Theory Only	Have seen and can perform	Have performed and can teach
Central Line Insertion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arterial Line Insertion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vasoactive Drugs: Use of vasoactive drugs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardioversion and Defibrillation: Emergency cardioversion and defibrillation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
External Pacing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pericardiocentesis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

Instructions

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

Applicant's Full Name: _____

Mandatory record of identifying documents sighted:						
Description of document	Full name on document (including middle names)	Date issued	Place/ Office of issue/ issuing organisation	Expiry date	Checked Against NPC Consent Form	Document Type(eg Commencement, Primary or Secondary)
Mandatory record of document sighted that confirm person's ability to work in Australia						

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

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

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

Full Name: _____ Position: _____ Employee Number: _____

NSW Health Organisation: _____ Signature: _____ Date: _____

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

Documents

Section 1: Commencement Documents

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

Section 2: Primary Use in the Community Documents

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

Section 3: Secondary Use in the Community documents

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

Translation of identity documents to English

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

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

Section 4 – Special Provisions

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

Where the applicant cannot provide a:

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

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

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

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

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

The authorised referee must:

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

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

Access to this provisions is restricted to applicants who:

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

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

Applicant must provide:

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

Parent, legal guardian or authorised agent must:

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

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

Applicant must provide:

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

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

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 ☐

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.

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*.

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, carpal 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, band-aids, 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: ____/____/____

Appendix 1: Risk Categorisation Guidelines

CATEGORY A

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

OR

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);
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 the current southern hemisphere 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 health service provided to neonates
3. Paediatric intensive care units
4. Transplant and oncology wards
5. Intensive care units
6. Multipurpose Services (NSW Health)
7. NSW Health Residential aged care facilities (except when special provisions under 4.1 apply)

* Applies to:

- workers in associated community settings whose usual clients include infants, pregnant women, transplant or oncology patients.
- workers that are required to work in a variety of areas or change location on a rotating basis who may be required to work in Category A High Risk areas
- workers who are posted to or predominately work in Category A High Risk 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)

Appendix 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>

<p><u>MEASLES</u></p> <ul style="list-style-type: none">• An unprotected worker must be excluded from working in the high risk clinical area (as specified in Appendix 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 <p><u>MUMPS</u></p> <ul style="list-style-type: none">• 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. <p><u>RUBELLA</u></p> <ul style="list-style-type: none">• 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.	<p><u>HEPATITIS B</u></p> <ul style="list-style-type: none">• Unprotected workers (persistent non-responders and vaccination refusers) must be informed of, and understand, the risks of infection, the consequences of infection and management in the event of exposure (refer Appendix 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 PD2017_013 Infection Prevention and Control Policy.• Subject to complying with these requirements, an unprotected worker must:<ul style="list-style-type: none">○ be provided with information regarding the risk and the consequences of hepatitis B infection and management in the event of body substance exposure;○ provide a signed declaration <i>Undertaking/Declaration Form</i> (Appendix 6), as appropriate, indicating:<ul style="list-style-type: none">- receipt and understanding of the above information; and- be managed, in the event of exposure, in accordance with NSW Health Policy Directive <i>PD2017_010 HIV, Hepatitis B and Hepatitis C – Management of Health Care Workers Potentially Exposed</i> and the recommendations of the current edition of <i>The Australian Immunisation Handbook</i> regarding post-exposure prophylaxis for hepatitis B• Workers performing exposure prone procedures (EPPs) must comply with the requirements of NSW Health Policy Directive PD2019_026, Management of health care workers with a blood borne virus and those doing exposure prone procedures.	
<p><u>TUBERCULOSIS</u> (<i>where screening is indicated</i>)</p> <p>An individual risk assessment needs to be undertaken to determine the appropriate risk management framework</p>		
<p><u>VARICELLA</u></p> <ul style="list-style-type: none">• 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	<p><u>PERTUSSIS</u></p> <ul style="list-style-type: none">• 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.	<p><u>INFLUENZA</u></p> <ul style="list-style-type: none">• 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 Appendix 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.
<p>For guidance on the management of health workers with symptomatic illness, refer to the NSW Health Infection Prevention and Control Policy (PD2017_013)</p>		

APPENDICES

Appendix 3: Non-Participation Form

This form is to be used for workers employed in an existing Category A position. 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- except for those workers that 4.1 apply)
 - ☐ 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:

Date: / /

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:

Date: / /

Appendix 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.

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.

Diseases	Vaccination Evidence	Serology Evidence	Other Acceptable Evidence	Comments
Diphtheria, Tetanus & Pertussis	One adult dose of dTpa vaccine within the last 10 years	N/A. Serology will <u>not</u> be accepted	NIL	<ul style="list-style-type: none"> dTpa booster is required 10-yearly DO NOT use ADT vaccine
Hepatitis B	History of age-appropriate hepatitis B vaccination course	AND Anti-HBs \geq 10mIU/mL	OR Documented evidence of anti-HBc, indicating past hepatitis B infection, or HBsAg+	<ul style="list-style-type: none"> A completed <i>Hepatitis B Vaccination Declaration</i> (Appendix 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 (Rubella immunity is provided as a numerical value with immunity status as per lab report)	OR Birth date before 1966	<ul style="list-style-type: none"> Two doses of MMR vaccine, given at least 4 weeks apart, should be accepted as compliance with this policy. Do <u>not</u> compare the numeric levels reported from different laboratories. The interpretation of the result given in the laboratory's report must be

				<p>followed i.e. the report may include additional clinical advice e.g. consideration of a booster vaccination for low levels of rubella IgG detected.</p> <ul style="list-style-type: none"> 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 Serology is <u>not required</u> following completion of a documented two dose MMR course. Those born before 1966 do <u>not</u> require serology
Varicella	2 doses of varicella vaccine at least one month apart (or evidence of 1 dose if the person was vaccinated before 14 years of age).	OR Positive IgG for varicella	Australian Immunisation Register (AIR) History Statement that records natural immunity to chickenpox	<ul style="list-style-type: none"> Evidence of one dose of varicella vaccine is sufficient in persons vaccinated before 14 years of age; two doses administered at least one month apart is required when aged 14 years or more when vaccinated. DO NOT use MMRV vaccine (not licensed for use in persons ≥ 14 years) Evidence of one dose of Zostavax in persons vaccinated over 50 years of age
Influenza	One dose of current southern hemisphere seasonal influenza vaccine by 1 June each year	N/A Serology will not be accepted	NIL	<ul style="list-style-type: none"> Influenza vaccination is required annually for workers in Category A High Risk positions, as specified in Appendix 1 <i>Risk Categorisation Guidelines</i> (see Section 4) Influenza vaccination is strongly recommended for all workers, other clinical personnel in Category A positions and for all students.
Tuberculosis	N/A	Refer to Section 3.5	Refer to Section 3.5	<ul style="list-style-type: none"> Refer to Section 1.2 <i>Key Definitions</i> Refer to Section 3 <i>TB Assessment and Screening</i>

Appendix 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)	<p>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.</p> <p>For more information: http://www.health.nsw.gov.au/Infectious/factsheets/Pages/chickenpox.aspx</p>
Influenza (flu)	<p>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, e.g. 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.</p> <p>For more information: http://www.health.nsw.gov.au/Infectious/factsheets/Pages/influenza_factsheet.aspx</p>
Tuberculosis (TB)	<p>A bacterial infection that can attack any part of the body, but the lungs are the most common site. Spread via respiratory droplets when an infected person sneezes, coughs or speaks. At risk are those who spend time with a person with TB infection of the lung or respiratory tract or anyone who was born in, or has lived or travelled for more than 3 months in, a high TB incidence country.</p> <p>For more information: http://www.health.nsw.gov.au/Infectious/factsheets/Pages/tuberculosis.aspx</p>

Appendix 6: Undertaking/Declaration Form

All new recruits/other clinical personnel/ students /volunteers / facilitators must complete each part of this document and Appendix 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 Appendix 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 Appendix 4 *Checklist: Evidence required from Category A Applicants* and submitted Appendix 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 (tick the applicable option)	✓
1	I have read and understand the requirements of the NSW Health <i>Occupational Assessment, Screening and Vaccination against Specified Infectious Diseases Policy</i>	
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. (For existing workers only) 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, <u>and</u> serology result Anti-HBs ≥ 10 mIU/mL OR b. history of an age-appropriate vaccination course and additional hepatitis B vaccine doses, however my serology result Anti-HBs is < 10 mIU/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 <i>The Australian Immunisation Handbook</i> , 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 Appendix 5 <i>Specified Infectious Diseases: Risks and Consequences of Exposure</i>) and agree to comply with the protective measures required by the health service and as defined by PD2017_013 Infection Prevention 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):
Medicare Number:	Position on card:	NSW Health agency / Education provider:
Email:		
Signature:		Date:

Appendix 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 *Appendix 6: Undertaking/Declaration Form*. The healthcare worker/student should advise the NSW Health agency if they prefer to provide this information in private consultation with a clinician.

The **education provider** must forward a copy of this form to the health service for assessment. The **NSW Health agency** will assess this form and decide whether TB screening or TB clinical review is required.

New recruits, other clinical personnel, volunteers and students can commence duties once they have submitted this form to the employing NSW Health agency **and** have been cleared of active TB disease **and** have completed TB testing when it is indicated by the information in this TB assessment tool. When employment commences prior to completing TB clinical review, failure to complete outstanding TB requirements within the appropriate timeframe may affect employment status.

Existing Category A staff, clinical personnel, volunteers and students who have spent more than 3 months in a country with high incidence of TB or have had known TB exposure since last TB assessment must complete a new TB Assessment Tool and re-submit this to their manager/education provider.

Please complete Part A, Part B and Part C

Part A: Symptoms requiring investigation to exclude active TB disease					
Do you currently have any of the following symptoms that are not related to an existing diagnosis or condition that is being managed with a doctor?			Yes	No	
1.	Cough for more than 2 weeks?				
2.	Episodes of haemoptysis (coughing blood) in the past month?				
3.	Unexplained fevers, chills or night sweats in the past month?				
4.	Significant* unexpected weight loss over the past 3 months? *loss of more than 5% of body weight				
If Yes to any of the questions in Part A: Urgent TB Clinical Review required. Contact the TB Service/Chest Clinic recommended by the Health Agency undertaking this TB assessment See link to list of NSW clinics and contact numbers on Page 2. Clearance from TB Service/Chest Clinic is required before commencing clinical placement/employment					
Part B: Previous TB treatment or TB screening or increased susceptibility				Yes	No
1.	Have you ever been treated for active TB disease or latent TB infection (LTBI)?				
If Yes, please state the year and country where you were treated and provide documentation (if available) to the TB Service/Chest Clinic			Year:	Country:	
2.	Have you ever been tested for LTBI with Tuberculin skin test or Quantiferon blood test?				
If Yes, please provide copies of TB test results to the TB Service/Chest Clinic.					
3.	Have you ever had a chest X-ray that was reported as abnormal?				
4.	Have you ever been referred to or reviewed in a TB Service/Chest Clinic in Australia?				
5.	Do you have any medical conditions that affect your immune system? e.g. cancer, HIV, auto-immune conditions such as rheumatoid arthritis, renal disease, diabetes				
6.	Are you on any regular medications that suppress your immune system?				
If Yes to any of the questions in Part B: Contact the TB Service/Chest Clinic recommended by the Health Agency undertaking this TB assessment for advice regarding TB screening or clinical review requirements to obtain TB compliance. See link to list of clinics and contact numbers on Page 2 of this form.					

Privacy Notice: Personal information about students and employees collected by NSW Health is handled in accordance with the Health Records and Information Privacy Act 2002. NSW Health is collecting your personal information to meet its obligations to protect the public and to provide a safe workplace as per the current Occupational Assessment Screening and Vaccination Against Specified Infectious Diseases Policy Directive. All personal information will be securely stored and reasonable steps will be taken to keep it accurate, complete and up-to-date. Personal information recorded on this form will not be disclosed to NSW Health officers or third parties unless the disclosure is authorised or required by or under law. If you choose not to provide your personal information, you will not meet the condition of placement. For further information about how NSW Health protects your personal information, or to learn about your right to access your own personal information, please see our website at www.health.nsw.gov.au

Occupational Assessment Screening and Vaccination Against Specified Infectious Diseases

APPENDICES



Part C: TB exposure risk history

The following questions explore possible exposure to TB

1.	In what country were you born?		
If born overseas, in what year did you migrate to Australia?			
2.	Is your country of birth on the list of high TB incidence countries? For a list of high TB incidence countries, please go to https://www.health.nsw.gov.au/Infectious/tuberculosis/Pages/high-incidence-countries.aspx	Yes	No
3.	Have you spent a total of three (3) months or more visiting or living in any country/ies with a high TB incidence? e.g. 2 months in country A + 1 month in country B = 3 months cumulative		
If Yes, please list below the countries you have visited, the year of travel and duration of stay			
	Country visited	Year of travel	Duration of stay (please specify d/w/m)
4.	Have you had direct contact with a person with pulmonary TB whilst infectious and where you were not wearing a P2/N95 mask?	Yes	No

If Yes to any of the questions in Part C, a record of TB infection status after the latest TB exposure risk is required.

The accepted tests are:

- Interferon Gamma Release Assay (IGRA) blood test. This test can be ordered by your doctor – pathology fees will apply. Blood draw for IGRA must be prior to or at least 4 weeks after a live vaccine, for example MMR or Varicella vaccination; or
- Tuberculin Skin Test (TST) performed at a specialist TB Service/Chest Clinic - requires 2-4 visits and there may be a cost involved. TST must be prior to or at least 4 weeks after a live vaccine, e.g. MMR or Varicella vaccination.

If the TB screening test is negative and there are no additional steps indicated by Part B of this assessment, TB compliance can be granted and clinical placement/employment can be attended.

If the TB screening test is positive, a chest X-ray and TB Clinical Review is required – please contact the TB Service/Chest Clinic recommended by the Health Agency undertaking this TB assessment. **Clearance from TB Service/Chest Clinic is required before commencing clinical placement/employment** See link to list of clinics and contact numbers below. There is no out-of-pocket expense for treatment of TB disease or LTBI in public health facilities in New South Wales

NOTE that any possible exposure to TB after this screening i.e. via overseas travel or workplace exposure, must be declared and another TB self-assessment tool must be re-submitted to your manager / education provider.

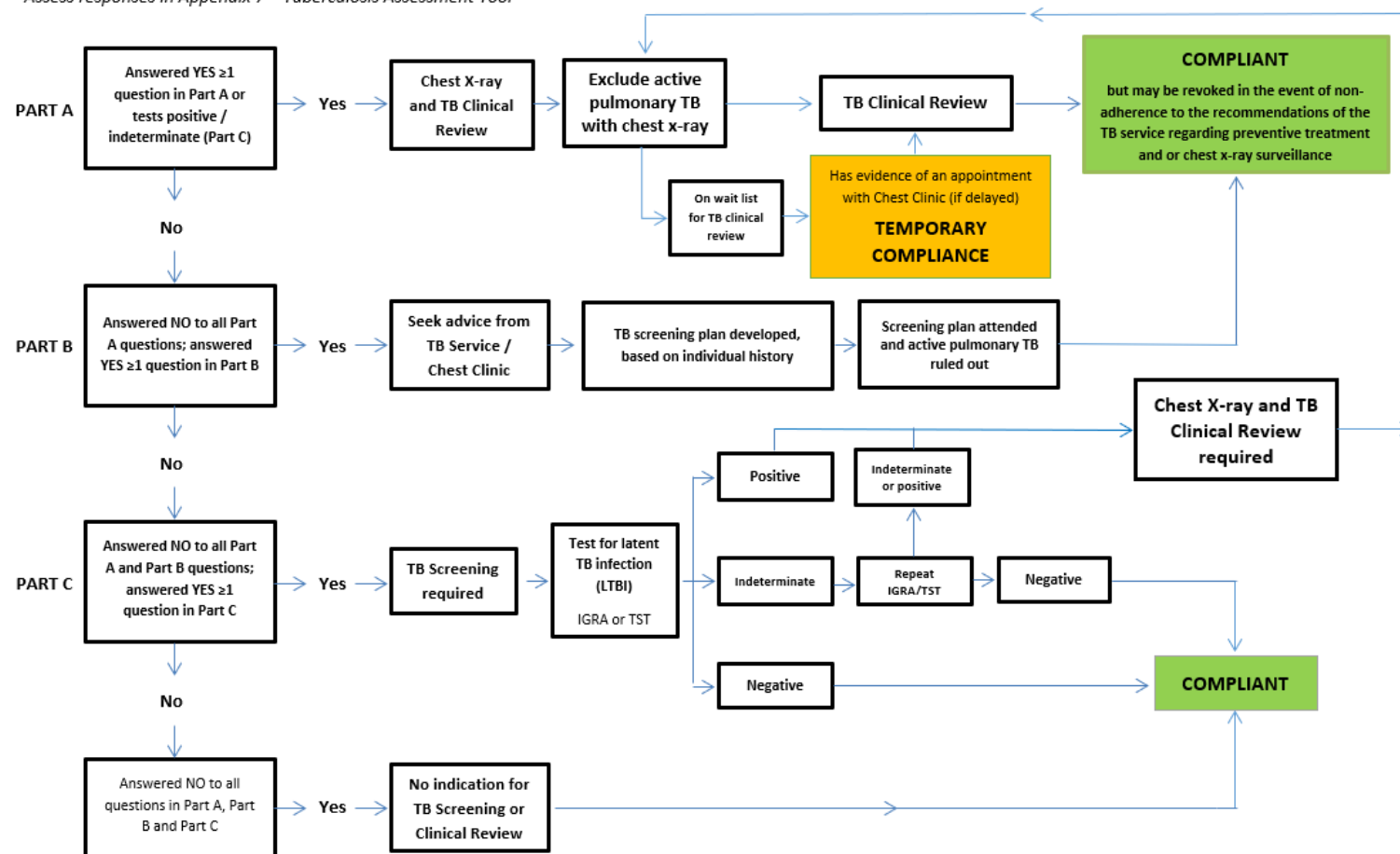
Your Personal Information

Family Name		Given Name(s)	
Date of Birth	/ /	Phone number	
Address			
Email			
Education Provider OR Employer		Student/Employee ID	
Course/Module of Study OR Place of Work			
Signature and Date			

NSW TB Services/Chest Clinics & contact numbers: <https://www.health.nsw.gov.au/Infectious/tuberculosis/Pages/chest-clinics.aspx>

Appendix 8: TB Algorithm

Assess responses in Appendix 7 – Tuberculosis Assessment Tool



Appendix 9: Hepatitis B Vaccination Declaration

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

Section A: to be completed by the Declarant

I, , 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:

.....
.....

I make this declaration believing it to be true

Declared on:..... [date]

.....
[signature of declarant]

Section B: to be completed by the Assessor

An Assessor includes: a doctor, paramedic, registered nurse or enrolled nurse, who has
training on the policy directive, interpretation of immunological test results and vaccination
schedules.

Applying my clinical judgment, I am satisfied that the declarant's hepatitis B vaccination
history and serology demonstrate compliance and long term protection.

Assessor name:.....

Assessor qualification:.....

Assessor signature:.....

Date:.....



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

2021 Compulsory Locum Online Training Modules for RMOs, Registrars and CMOs Correct at 1 February 2021

Compulsory Online Training Modules
Privacy Module 1 - Know Your Boundaries
Open Disclosure
Fire Safety and Evacuation
Basic Life Support - Adult
Between the Flags: Deteriorating Patient – Adult Patients (Medical)
Aboriginal Culture - Respecting the Difference
Safety and Quality for Medical Officers (134533194) <i>includes</i> Introduction to Safety and Quality, Safety and Quality -Advanced
Infection Prevention Strategies for Medical Officers (111885084) <i>includes</i> Infection Prevention and Control Practices, Aseptic Technique, Sharps Injury for Clinical Staff, Waste Management
Violence Prevention and Management for Medical Officers (134534659) <i>includes</i> Violence Prevention and Management Awareness, Violence Prevention and Management – A Introduction to Legal and Ethical Issues
Medical Officer (eMR online)
eMeds Medical Pathway
Personal Protective Equipment for Combined Transmission-Based Precautions (PPE)

We also recommend completing the following modules when you have received an active Stafflink number:

NSW Health Code of Conduct

Work, Health and Safety for Medical Officers (134539122) *includes* Introduction to Work, Health and Safety, Hazardous Manual Tasks

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:	<input type="checkbox"/> New		<input type="checkbox"/> Amended		Date of Original:							

SECTION A: PERSONAL DETAILS

Please Tick	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Dr	<input type="checkbox"/> Other	Gender	<input type="checkbox"/> M	<input type="checkbox"/> 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) <small>Payslips will be delivered electronically to your preferred e-mail address. Payslips are also available to view, print and save in ESS.</small>		<input type="checkbox"/> (Preferred)		Personal Email:					
		<input type="checkbox"/>		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 <input type="checkbox"/> New <input type="checkbox"/> Amend <input type="checkbox"/> 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

Health Organisation						
<input type="checkbox"/> CCLHD	<input type="checkbox"/> MNCLHD	<input type="checkbox"/> NSLHD	<input type="checkbox"/> SCHN	<input type="checkbox"/> AWH	<input type="checkbox"/> NSWHP	
<input type="checkbox"/> FWLHD	<input type="checkbox"/> MLHD	<input type="checkbox"/> SESLHD	<input type="checkbox"/> SLHD	<input type="checkbox"/> EHNSW	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> HNELHD	<input type="checkbox"/> NBMLHD	<input type="checkbox"/> SWSLHD	<input type="checkbox"/> WNSWLHD	<input type="checkbox"/> HSNSW		
<input type="checkbox"/> ISLHD	<input type="checkbox"/> NNSWLHD	<input type="checkbox"/> SNSWLHD	<input type="checkbox"/> WSLHD	<input type="checkbox"/> 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								-			<input type="checkbox"/> New Employee <input type="checkbox"/> Change of Fund
-------------------	--	--	--	--	--	--	--	---	--	--	---

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

1. NOMINATE YOUR SUPERANNUATION FUND FOR SUPER GUARANTEE.

Member Number	<input type="checkbox"/> First State Super (Default Fund) <u>Complete Section 3</u>	<input type="checkbox"/> Other – <u>Complete Section 2 & 3</u>
---------------	---	--

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

- o 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.
- o **Please allow 10 business days for processing.**
- o Check with your Fund to ensure they will accept contributions into your nominated Superannuation Account from your Employer (Please provide written evidence of acceptance).
- o 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.

<p>Employee Signature</p>				<p>Date (DD/MMM/YY)</p>	
<p>Would you like to receive an email notification that this request has been actioned?</p>		<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>			
		<p>Email Address</p>			

PLEASE FORWARD COMPLETED FORM TO HEALTHSHARE NSW

Service Centre

Newcastle

Email:

HSNSW-Superannuation@health.nsw.gov.au

Fax:

(02) 4041 7878

Parramatta

HSNSW-Superannuation@health.nsw.gov.au

(02) 9685 3869



-
- 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*

Recruitment, Selection and Appointment in the NSW Public Health System
Web Tool 1.6

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

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: _____

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:** ____/____/____



Confidentiality and Privacy Policy

Policy Updated: 13 September 2019

- **Privacy Protocol**

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

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

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

1 Personal Information

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

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

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

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

1.2 Use of Personal Information

Active Locums Pty Ltd uses personal information to:

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

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

- Hospitals registered with NSW Health;
- Private Hospitals;
- Medical Practices;
- Relevant Health Services;
- The locums' representatives (e.g. authorised representatives or legal adviser);
- Our professional advisers, including [insurance brokers and insurers](#), accountants and lawyers;
- Government and regulatory authorities, tribunals and other organisations, as required or authorised

by law;

- During the process of auditing/accreditation purposes to auditors of Global Mark.

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

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

1.3 Access to Personal Information

Locums have a right to access their personal information, subject to some exceptions allowed by law. If a locum would like to do so, please let us know. Locums will be required to put their request in writing for security purposes. Personal information will only be released to a locum directly, unless they grant authority for their information to be released to a third party.

1.4 Ensuring Accuracy of Personal Information

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

- Let us know if there are any errors in their personal information;
- Keep us up-to-date with changes to personal information, such as name, address, contact telephone numbers, banking and superannuation details, ABN and/or company details;
- Report certain criminal conduct and disciplinary matters – a doctor who is charged with having committed, or is convicted of, a serious sex or violence offence must, within 7 days of the charge being laid or conviction, report that fact in writing to the chief executive of the relevant organisation/Active Locums Pty Ltd.

2 Managing Security

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

3.1 Breach Notification Policy and Procedure

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

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

- There is unauthorised access to or disclosure of personal information held by an entity (or information is lost in circumstances where unauthorised access or disclosure is likely to occur)
- This is likely to result in serious harm to any of the individuals to whom the information relates

- The entity has been unable to prevent the likely risk of serious harm with remedial action

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

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

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

3 Website Privacy

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

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

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

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

4 Special Circumstances

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

5 Complaints

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

Active Locums Pty Ltd
PO BOX 276

Email: judith@activelocums.com.au
Phone: (02) 9327 7555

Double Bay
NSW 1360

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: 13 September 2019

It will be reviewed annually. Next review: 13 September 2022