



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

2023 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. 2023 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 2023
9. 2023 Approval for **Secondary Employment** [Document 3] if required
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 to the AFP or NSW Police for Medical Practitioner Vulnerable Persons, Aged Care, Disabled and Children)
12. NSW Health National **Criminal Record Check** Consent Form (Appendix 7)
13. 2023 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 (<https://www.service.nsw.gov.au/transaction/apply-for-a-working-with-children-check>) and apply for an ID number.
2. Go to your local Service NSW 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.**

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	Either provide NSW Police or AFP clearance or sign the NCC form below – 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, COVID vaccinations (Category A and Category A High Risk compliance) as per NSW Health		
HETI Moodle Online Training Certificates (or My Health Learning with active Stafflink number)	Adult Basic Life Support (40101256) once every 5 years	
	Between the Flags Tier 1: Awareness, Charts and Escalation (90688727)	
	Fire Safety and Evacuation (47902034)	
	Infection Control and Prevention Strategies for Medical Officers (111885084)	
	Open Disclosure (47311513)	
	Personal Protective Equipment for Combined Transmission Based Precautions (PPE) (294450660)	
	Privacy- It's Yours to Keep (32677159)	
	Respecting the Difference	
	Safety & Quality for Medical Officers (13439122)	
	Violence Prevention and Management for Medical Officers (134534659)	
	Recommended : Work Health and Safety for Medical Officers(111884943)	
	Other mandatory online training requirements as advised by NSW Ministry of Health	
	efluids Infusion and Clozapine for some LHDs	
	Medical Officer eMR online or Fundamental eMR Pathway-MHL	
	eMeds Medical Pathway	
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		



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

ACTIVE LOCUMS REGISTRATION 2023

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		



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

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: _____



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

CONSENT FORM & DECLARATION 2023

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.
- 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 or as required 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**.
- 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 am aware of pandemic requirements and agree to familiarise myself on a regular ongoing basis with NSW Health and NSW/Australian Government notifications regarding any infectious or communicable disease. I agree to abide by any requirements advised or as directed by NSW Health, any employing or engaging hospital or practice when undertaking locum work including getting COVID-19 tested as required or requested, completing risk assessment forms, advising if I am unwell or have any symptoms either prior to attending work or if already at work, advising if I have come into contact with anyone who is COVID positive, self-isolating as required, abiding by interstate and international travel requirements. I hereby give consent for Active Locums Pty Ltd to provide my COVID vaccination certificate or COVID APP printout as part of my credentialing paperwork for a locum position. <https://www.health.nsw.gov.au/Pages/default.aspx>.
- 14) I consent to Active Locums Pty Ltd undertaking regular clinical reference checks with my referees as nominated or agreed.
- 15) I consent to Active Locums Pty Ltd providing copies of my CV, AHPRA Registration, Medical Indemnity, references, proof of identification, health paperwork 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.
- 16) 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)

- 17) Please initial each point below to acknowledge awareness and agreement of these mandatory requirements from NSW Health:
- I have read and agree to abide by all relevant NSW Health Policies, as updated from time to time.
 - I have read and understood the NSW Secondary Employment Policy and agree to abide by it.
 - The Local Health District where I am employed is aware of my intention to undertake locum work. They have supplied written consent for Secondary Employment and have no objection, provided it does not raise any conflicts of interests, WHS, or service delivery risks that could arise as a result of secondary employment.
 - I am aware of the need to comply with safe working hours guidelines and preventing and managing work related fatigue (GL2007_023) and the need to take minimum breaks, including taking a break before commencing an engagement.
 - I have undertaken or am prepared to undergo online training modules in: 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), Infection Prevention Strategies for Medical Officers (111885084), Violence Prevention and Management for Medical Officers (134534659), Medical Officer eMR online (Fundamental eMR Medical Pathway), eMeds Medical Pathway (NSW Health Code of Conduct, Hand Hygiene and any future online training requirements as requested
 - I am aware of and agree to abide by WHS legislation on manual handling.
 - I have completed the Employment Health Assessment, Form 6, Form 7, and have provided vaccination and serology records. I acknowledge PD2005_162, will have annual blood serology and am aware doctors who are either HCV PCR positive or HIV positive or HBeAg positive or HBV DNA positive must not perform exposure prone procedures and must self-disclose to their employing facility. I give consent for my COVID vaccination certificate to be provided in application of locum work.
 - 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*.

Undertaking/Declaration Form

Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases

1. This form must be completed by all new workers, students and existing staff applying for new positions or undergoing vaccination and screening requirements outlined in the NSW Health *Occupational Assessment, Screening and Vaccination against Specified Infectious Diseases Policy Directive* (the “**policy directive**”). This includes volunteers/facilitators/contractors (including visiting medical officers and agency staff) who provide services for or on behalf of NSW Health.
2. **Category A workers** as defined in the policy directive must complete:
 - each part of this document; and
 - each part of the *Tuberculosis (TB) Assessment Tool*; and
 - provide evidence of protection which may include a *NSW Health Vaccination Record Card for Category A Workers and Students*; and
 - provide evidence of protection for COVID-19 as specified in Appendix 1 of the policy directive *Evidence of protection*; and
 - provide evidence of protection (serological and/or vaccination) for other requirements as specified in Appendix 1 *Evidence of protection*; and
 - return these forms to the health facility with their application/enrolment or before attending their first clinical placement. (Parent/guardian to sign if student is under 18 years of age).

Category A workers will only be permitted to commence employment/attend clinical placements if they have submitted this form, have evidence of protection as specified in Appendix 1 *Evidence of protection* and submitted the *Tuberculosis (TB) Assessment Tool*.

Failure to complete outstanding hepatitis B, TB or COVID-19 vaccination requirements within the appropriate timeframe(s) will result in suspension from further clinical placements/duties and may jeopardise their course of study/ work/ employment.

3. **Category B workers** as defined in the policy directive must complete:
 - each part of this document; and
 - provide evidence of protection for COVID-19 as specified in Appendix 1 of the policy directive *Evidence of protection*; and
 - return this form to the health facility with your application/enrolment. (Parent/guardian to sign if student is under 18 years of age).

Category B workers will only be permitted to commence employment/attend placements if they have submitted this form and have evidence of COVID-19 protection as specified in Appendix 1 of the policy directive *Evidence of protection*.

Failure to complete outstanding COVID-19 vaccination requirements within the appropriate timeframe(s) will result in suspension from further placements/duties and may jeopardise their course of study/ work/ employment.

4. The **recruitment agency/education provider** 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.
5. The **NSW Health agency** must assess these forms along with evidence of protection specified in this policy directive.

Undertaking/Declaration Form

Occupational Assessment, Screening and
Vaccination Against Specified Infectious Diseases



Part	Undertaking/Declaration (tick the applicable option)	✓
1	I have read, understand and agree to abide by the requirements of the NSW Health <i>Occupational Assessment, Screening and Vaccination against Specified Infectious Diseases Policy</i>	
2	<p>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)</p> <p>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.</p>	
3	<p>I have provided evidence of protection for hepatitis B as follows (Category A workers only):</p> <p>a. history of an age-appropriate vaccination course, <u>and</u> serology result Anti-HBs ≥10mIU/mL OR</p> <p>b. history of an age-appropriate vaccination course and additional hepatitis B vaccine doses, however my serology result Anti-HBs is <10mIU/mL (non-responder to hepatitis B vaccination) OR</p> <p>c. documented evidence of anti-HBc (indicating past hepatitis B infection) or HBsAg+ OR</p> <p>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 OR.</p> <p>e. I have provided evidence of a medical contraindication to hepatitis B vaccine (e.g. letter from a doctor); AND.</p> <p>f. I have been informed of, and understand, the risks of infection, the consequences of infection and management in the event of exposure (refer Appendix 6 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.</p>	
4	<p>I have provided COVID-19 vaccination evidence as follows (Category A workers only):</p> <p>a. Evidence of 3 doses of a Therapeutic Goods Administration (TGA) approved or recognised COVID-19 vaccine (in accordance with ATAGI minimum intervals); OR</p> <p>b. Evidence that I have received at least two doses of a TGA approved or a recognised COVID-19 vaccine and will complete the required 3 dose schedule with a TGA approved COVID-19 vaccine, within the dosing time frame stipulated by the Australian Technical Advisory Group on Immunisation (ATAGI) and will provide evidence of completed vaccines within 6 weeks of the dose 3 due date; OR</p> <p>c. I have provided evidence of a temporary or permanent medical contraindication to all the available TGA approved COVID-19 vaccines, in the form of an Australian Immunisation Register (AIR) - immunisation medical exemption form (IM011). I understand that if the medical contraindication is temporary, I must be reviewed by the date specified on the Medical Contraindication Form; OR</p>	
5	<p>I have provided COVID-19 vaccination evidence as follows (Category B workers only):</p> <p>a. Evidence of 2 doses of a Therapeutic Goods Administration (TGA) approved or recognised COVID-19 vaccine (in accordance with ATAGI minimum intervals); OR</p> <p>b. I have provided evidence of a temporary or permanent medical contraindication to all the available TGA approved COVID-19 vaccines, in the form of an Australian Immunisation Register (AIR) - immunisation medical exemption form (IM011). I understand that if the medical contraindication is temporary, I must be reviewed by the date specified on the Medical Contraindication Form.</p>	

Declaration: I, _____ declare that the information provided is correct

Full name _____ Worker cost centre (if available) _____

Parent/guardian name _____ Parent/guardian signature _____

(for workers/students under 18 years)

D.O.B _____ Worker/Student ID (if available): _____

Medicare number _____ Position on card _____ Expiry date _____

Email _____

NSW Health agency / Education provider _____

Signature _____ Date _____

Tuberculosis (TB) Assessment Tool

Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases

Your Personal Information

Family Name

Given Name(s)

Date of Birth

Phone Number

Medicare Number *[if eligible]*Position on card *[number next to your name]*

Expiry Date

Address

Email

Employer/Education Provider

Stafflink/Candidate ID

Course/Module of Study OR Place of Work

Signature

Date of completion of tool

Please complete all questions in Parts A, B and 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? <small>*loss of more than 5% of body weight</small>		

Tuberculosis (TB) Assessment Tool



Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases

Family Name

Given Name(s)

Stafflink/Candidate ID

Part B: Previous TB treatment or TB screening or increased susceptibility	Yes	No
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) Year _____ Country _____		
Have you ever had a positive TB skin test (TST) or blood test (IGRA or QuantiFERON TB Gold+)? If Yes, please provide copies of TB test results.		
Have you ever had a chest X-ray that was reported as abnormal?		
Have you ever been referred to or reviewed in a TB service/chest clinic in Australia?		
Do you have any medical conditions that affect your immune system? e.g. cancer, HIV, auto-immune conditions such as rheumatoid arthritis, renal disease		
Are you on any regular medications that suppress your immune system? e.g. TNF alpha inhibitors, high dose prednisone Please provide details here:		

Part C: TB exposure risk history					
The following questions explore possible exposure to TB at any time in your life (or since last TB Assessment)					
1. Have you had direct contact with a person with infectious pulmonary TB and did not complete contact screening?				Yes	No
2. In what country were you born? If born overseas, when did you migrate to Australia?					
3. Is your country of birth on the list of high-TB-incidence countries? <small>For the up-to-date list of high TB incidence countries, please go to https://www.health.nsw.gov.au/Infectious/tuberculosis/Pages/high-incidence-countries.aspx</small>				Yes	No
3a. If Yes, as part of your visa medical assessment, did you have a negative TB skin test (TST) or blood test (IGRA or QuantiFERON TB Gold+)? <small>*If yes, please provide a copy of the result</small>					
4. Have you ever visited or lived in any country/ies with a high TB incidence? <small>If Yes, please list below the countries you have visited, the year of travel and duration of stay</small>					
Country visited	Year of travel	Duration of stay (please specify d/w/m)	Country visited	Year of travel	Duration of stay (please specify d/w/m)

Tuberculosis (TB) Assessment Tool



Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases

Family Name

Given Name(s)

Stafflink/Candidate ID

Other relevant information to assist with determining TB risk

E.g. pre-migration TB screening - CXR reported as normal and negative IGRA on

Date

All workers and students need to submit this form to their NSW health agency or education provider.

Education providers must forward this form to the NSW Health agency for assessment.

The **NSW Health agency** will assess this form and determine whether TB screening or TB clinical review is required.

NSW TB Services contact details:

<https://www.health.nsw.gov.au/Infectious/tuberculosis/Pages/accessing-your-local-TB-service.aspx>

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

For Official Use of NSW Health Agency or NSW TB Service

Please refer to Appendix 3 - TB Assessment Decision Support Tool for guidance on documenting outcomes from this

TB Assessment:

TB Compliant

Advice sought from local TB service/chest clinic

TB Screening required – referred to GP or local TB service/chest clinic

TB Clinical Review required – referred to local TB service/chest clinic

Other

Name of assessor

Contact Number

LHD/Service

Date of assessment

Hepatitis B Vaccination Declaration

Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases

This form is to be used where a hepatitis B vaccination record is not available.

Stafflink/candidate ID

Section A: All sections to be completed by the Declarant in conjunction with an appropriately trained assessor

I, _____ declare that
[print name of declarant in CAPITAL LETTERS]

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, accredited nurse immuniser, paramedic, registered nurse or enrolled nurse, who has training on the policy directive, interpretation of immunological test results and vaccination schedules.

Applying my clinical judgement, 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

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: ____/____/____

2022 Non-Specialist Medical Officer Mandatory Online Learning:

<u>Compulsory Online Training Modules:</u>	<u>Recommended Modules Dependent on LHD local requirements – to be done with an active Stafflink number:</u>
Adult Basic Life Support	Work, Health and Safety for Medical Officers
Between the Flags- Tier 1: Awareness, Charts and Escalation	NSW Health Code of Conduct
Fire Safety and Evacuation	Hand Hygiene for Medical Officers
Infection Prevention Strategies for Medical Officers	IMS- How to notify an Incident
Open Disclosure	Cyber security Fundamentals
Personal Protective Equipment for Combined Transmission Based Precautions	eMeds: Medical Pathway – or LHD based training
Privacy Module – It's Yours to Keep	Fundamental eMR Medical Pathway – or LHD based training
Respecting the Difference	
Safety and Quality for Medical Officers	
Violence Prevention and Management for Medical Officers	

Specialist Medical Officer Mandatory Online Learning:

<u>Individual Training Requirements:</u>	<u>Training Requirements (with an active Stafflink number):</u>
Adult Basic Life Support	NSW Health Code of Conduct
Between the Flags- Tier 1: Awareness, Charts and Escalation	Care Coordination for Medical Officers
Fire Safety and Evacuation	Work, Health and Safety for Medical Officers
Infection Prevention Strategies for Medical Officers	Hand Hygiene for Medical Officers
Open Disclosure	IMS- How to notify an Incident
Personal Protective Equipment for Combined Transmission Based Precautions	Cyber security Fundamentals
Privacy Module – It's Yours to Keep	eMeds: Medical Pathway – or LHD based training
Respecting the Difference	Fundamental eMR Medical Pathway – or LHD based training
Safety and Quality for Medical Officers	
Violence Prevention and Management for Medical Officers	
Basic Life Support	
Incident Management (IIMS): Notifier Training	
Life Support Assessment Tools	



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

Links to NSW Health Policies – 21/04/23

(Please note updated policy directives in red)

- a) PD2015_049 NSW Health Code of Conduct
https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2015_049.pdf
- b) PD2018_013 Workplace Health and Safety: Better Practice Procedures
https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2018_013.pdf
- c) PD2022_030 PD2022_030 Occupational Assessment Screening and Vaccination against Specified Infectious Diseases.
https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2022_030.pdf
- d) PD2019_003 Working with Children Checks and Other Police Checks
https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2019_003.pdf
- e) PD2019_027 Employment Arrangements for Medical Officers in the NSW Health Service
https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2019_027.pdf
- f) PD2017_040 Recruitment and Selection of Staff to the NSW Health Service
https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2017_040.pdf
- g) PD2021_017 Service Check Register for NSW Health
https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2021_017.pdf
- h) PD2012_046 Remuneration Rates Payable to Non-Specialist Staff – Short Term/Casual (locum)
http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2012_046.pdf
- i) PD20022_003 Monitoring and Managing Health Practitioners' Compliance with Conditions on Registration
https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2022_003.pdf
- j) PD2015_045 Conflicts of Interest and Gifts and Benefits
http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2015_045.pdf
- k) PD2009_057 Records Management Policy
http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2009_057.pdf
- l) PD2017_013 Infection Prevention and Control Policy
http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2017_013.pdf
- m) PD2017_010 HIV, Hepatitis B or Hepatitis C – Management of Health Care Workers Potentially Exposed
http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2017_010.pdf
- n) PD2019_026 Management of Health Care Workers with a Blood Borne Virus and those doing Exposure Prone Procedures
https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2019_026.pdf
- o) PD20120_018 Recognition and Management of Patients who are Deteriorating
https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2020_018.pdf
- p) PD2018_032 Managing Complaints and Concern about Clinicians
https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2018_032.pdf



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

- q) PD2013_007 Child Wellbeing and Child Protection Policies and Procedures for NSE Health
https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2013_007.pdf
- r) PD2017_043 Violence Prevention and Management Training Framework for NSW Health Organisations
https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2017_043.pdf
- s) PD2020_047 Incident Management
https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2020_047.pdf
- t) Privacy Manual
<http://www.health.nsw.gov.au/policies/manuals/Documents/privacy-manual-for-health-information.pdf>
- u) GL2007_023 Fatigue – Preventing and Managing Work Related Fatigue: Guidelines
http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2007_023.pdf
- v) PD2019_054 NSW Health My Health Record Security and Access
https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2019_054.pdf
- w) PD2019_050 Electronic Medication Management System Governance and Standards
https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2019_050.pdf

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) <small>*not required for self-managed funds</small>																			
Fund Electronic Service Address (ESA) <small>*for SMSF only</small>																			
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: 20 November 2022

- **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, evidence of working rights such as passport, driver's licence, AHPRA Medical Registration, Medical Defence Indemnity, National Criminal Record/Working with Children Check consent forms, declarations, clearance notifications, health paperwork including vaccination and serology status, COVID vaccination certificate, personal references and clinical skills appraisals. Locums are always encouraged 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;
- Comply with requirements of NSW Health or NSW Government.
- 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 IT, 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 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
Double Bay
NSW 1360

Email: judith@activelocums.com.au
Phone: (02) 9327 7555
Mobile: 0433 004 560
Fax: (02) 9327 1855

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

6 Policy Review

This Privacy Policy was first implemented on 3 January 2012.

Policy Updated: 13 September 2021

It will be reviewed annually. Next review: 20 November 2023