



Inc. in NSW. ABN 63 122 710 534  
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### **2023 VMO Locum Application Package**

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

1. Active Locums Pty Ltd Employment Registration Form
2. Active Locums Pty Ltd Consent Form & Declaration
3. Post-Graduate Qualifications and Relevant Courses Completed (Form 7)
4. **2023 Criminal Record Statutory Declaration**
5. Statutory Declaration for overseas applicants (*if applicable*)
6. Commonwealth of Australia Statutory Declaration
7. National Criminal Record Check Consent Form and certified identification or NSW Police History check
8. **Pre-Employment Health Assessment, Form 6 (New Recruit Undertaking/Declaration), Form 7 (TB Assessment), Form 9 (Hep B) and Vaccination/Serology Records (Category A and Category A High Risk compliance)**
9. Model Health Declaration form
10. Signed PD2015\_049 NSW Health Code of Conduct
11. Standard consent form: Employment related checks
12. Drugs of Addiction Authority
13. VMO Sessional Input Form/superannuation fund details
14. Privacy Policy

#### **Documents to be Included by Locum:**

1. Current CV
2. Contact details of 3 clinical referees who would be prepared to vouch for your competency
3. JP certified copies of qualifications or transcripts and specialist qualifications if applicable and proof of CME
4. Medical (AHPRA) registration
5. Medical indemnity for current year
6. Clearance number from the Office of the Children's Guardian regarding clearance to work with children AND consent form to access and verify WWCC records on the Commission's website and to provide clearance proof to facilities locums are intending to work in
7. National Police Check certificate – please apply for an AFP or NSW Police clearance and supply it to Active Locums Pty Ltd – **please ensure you apply for Medical Practitioner Vulnerable Persons, Aged Care, Disabled and Children**
8. JP certified ID (passport, drivers licence, visa, proof of change of name, medicare, academic transcript or alternative)
9. Vaccination/serology and evidence of Category A compliance, Forms 6, 7 and 9
10. **Certificates of online training: Fire Safety and Evacuation, Privacy, Open Disclosure, Hand Hygiene, Infection Control and Prevention Strategies for Medical Officers, Work Health and Safety for Medical Officers, Safety and Quality for Medical Officers, Violence Prevention and Management for Medical Officers, Care Coordination for Medical Officers, DETECT, Basic Life Support (online), PPE and eMeds, eMR**

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

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 with consent to access your Working with Children status on the Office of the Children's Guardian website and to provide it to any facility that you are applying to work in.
- **An employment placement service must not charge a job seeker a fee for the purpose of finding the job seeker employment.**
  - **An employment placement service must not engage in misleading or deceptive conduct (such as advertising a position as being available when the agency knows no such position exists or knowingly giving misleading information about the nature of a position)**
  - **If a job seeker believes that an employment placement service has acted inappropriately, the job seeker may contact NSW Fair Trading for information on possible action that may be taken.**



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## 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: \_\_\_\_\_

## APPENDIX C – Clinical Skills Assessment

	Document ID: Form 07
	Version: V5
	Modified Date: May 2013

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

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

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

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

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

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

## 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. ....  
.....

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## 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.

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

Declared at: ..... on .....

[place] [date]

.....

[signature of declarant]

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

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 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,<sup>1</sup>

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 <sup>4</sup> on <sup>5</sup> of <sup>6</sup>

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*.

## 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.

## NATIONAL CRIMINAL RECORD CHECK CONSENT FORM

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

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

		Family Name	Given Name (Primary)	Given Name 2	Given Name 3
Primary Name					
Maiden Name					
Previous/Alias Name 1					
Previous/Alias Name 2					
Previous/Alias Name 3					
Previous/Alias Name 4					
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		Date of Birth	/ / (dd/mm/yyyy)	
Place of Birth		Suburb/Town:			
		State:		Country:	
Current Residential Address		No/Street:			
		Suburb/Town:			
		State:		Postcode:	
Postal Address (if same as Residential Address, write "As Above")					
Previous Address (over the last 5 years) - If full details of previous addresses are unavailable, names of towns and States/Territories of residence will suffice.					
Previous Address (if any)	No/Street:			Period of Residence: Provide year only if full date unknown	
	Suburb/Town:			From: To:	
	State: Postcode: Country:				
Previous Address (if any)	No/Street:			Period of Residence	
	Suburb/Town:			From: To:	
	State: Postcode: Country:				
Previous Address (if any)	No/Street:			Period of Residence	
	Suburb/Town:			From: To:	
	State: Postcode: Country:				
Email					
Telephone No	Mobile:		Business:		Private:
Position			Type of Position	<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer <input type="checkbox"/> Other	
If you have used one of these documents to verify your identity, please fill in these details:					
Driver's Licence (Number)				Issuing State:	
Firearms Licence (Number)				Issuing Agency:	
Passport Details (Number)		Type: <input type="checkbox"/> Private <input type="checkbox"/> Government <input type="checkbox"/> UN Refugee		Issuing Country:	

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

**National Criminal Record Check Consent Form**

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

I am aware that if any such records are identified, NSW Health may seek additional information relating to that record from sources such as courts, police, prosecutors and past employers. I understand that the purpose of seeking this information is to enable a full and informed employment risk assessment and that where other information is available, NSW Health will obtain that information for employment risk assessment purposes only. I acknowledge that any information obtained as part of this process may be used by Australian Police Services for law enforcement purposes including the investigation of any outstanding criminal offences.

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

Applicant's  
Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Parent / Guardian Details**

Name  
(printed  
in full): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**GENERAL INFORMATION - National Criminal Record Check Consent Form**

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

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

**NATIONAL CRIMINAL RECORD CHECK**

- a) National criminal record checks are an integral part of the assessment of your suitability. You should note that the existence of a record does not mean you will be assessed automatically as being unsuitable. Each case will be assessed on its merit, so it is in your interest to provide full and frank details on this form. Information extracted from the Form will be forwarded to the CrimTrac Agency and to the Australian State and Territory police agencies for checking action. By signing this Form you are consenting to these agencies accessing their records to obtain and to disclose criminal history information that relates to you to NSW Health.

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

**SPENT CONVICTION SCHEMES**

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

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

**COMMONWEALTH**

Part VIIC of the Crimes Act 1914 (Cth) deals with aspects of the collection, use and disclosure of old conviction information. The main element of this law is a "Spent Convictions Scheme." The aim of the Scheme is to prevent discrimination on the basis of certain previous convictions, once a waiting period (usually 10 years) has passed and provided the individual has not reoffended during this period. The Scheme also covers situations where an individual has had a conviction "quashed" or has been "pardoned." A "spent conviction" is a conviction of a Commonwealth, Territory, State or foreign offence that satisfies all of the following conditions:

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

**NEW SOUTH WALES**

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

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

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

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

**GENERAL INFORMATION - National Criminal Record Check Consent Form****Queensland**

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

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

Where a person is convicted of a subsequent offence (an offence other than a simple or regulatory offence) during the rehabilitation period, the period runs from the date of the subsequent conviction.

Convictions where the offender is sentenced to more than 30 months imprisonment (whether or not that sentence is suspended) are excluded from the regime.

Once the rehabilitation period has expired, it is lawful for a person to deny (including under oath) that the person has been convicted of the offence, and the conviction must be disregarded for occupational licensing purposes (subject to certain exceptions, see below). It is unlawful for any person to disclose the conviction unless:

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

**South Australia**

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

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

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

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

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

Schedule 1 of the Act sets out a number of exceptions to the rule where spent convictions can be released. Some examples of this include: the care of children; the care of vulnerable people (including the aged and persons with a disability, illness or impairment); activities associated with statutory character tests for licensing.

Interstate offences are released in accordance with that State or Territory's spent conviction / rehabilitation legislation and policy. Intelligence-type information is not released.

**Victoria Police**

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

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

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

**Western Australia**

Under Section 7(1) of the Spent Convictions Act 1988 (WA) only "lesser convictions" can be spent by Western Australia Police, after a time period of 10 years plus any term of imprisonment that may have been imposed. A lesser conviction is one for which imprisonment of 12 months or less, or a fine of less than \$15,000 was imposed.

All other convictions, such as "serious convictions" applicable under Section 6 of the Act can only be spent by applying to the District Court. At the time of sentencing, the Court may make a "spent conviction order" under the Sentencing Act 1995 (WA) that the conviction is a spent conviction for the purposes of the Spent Convictions Act 1988 (WA).

**GENERAL INFORMATION - National Criminal Record Check Consent Form****Northern Territory**

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

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

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

Once a conviction becomes spent:

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

**Australian Capital Territory**

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

This period is:

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

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

The effect of conviction becoming spent is that:

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

**Tasmania**

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

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

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

Only "minor" convictions can become annulled. A minor conviction is a conviction other than one for which a sentence of imprisonment of more than 6 months is imposed, a conviction for a sexual offence or a prescribed conviction.

A minor conviction is also annulled if the offence ceases to be an offence. Once an offence is annulled the convicted person is not required to disclose any information concerning the spent conviction. Any question concerning criminal history is taken only to apply to unspent convictions, and references in Acts or statutory instruments to convictions or character or fitness do not include spent convictions. An annulled conviction or the non-disclosure of the annulled conviction is not grounds for refusing the person any appointment, post, status or privilege or revoking any appointment, post, status or privilege.

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

**PROVISION OF FALSE OR MISLEADING INFORMATION**

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

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

# 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>	<input type="checkbox"/>
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, <b>(OR)</b></p> <p>b. <b>(For existing workers only)</b> I consent to assessment and I undertake to participate in the assessment, screening and vaccination process; however I am aware of medical contraindications that may prevent me from fully completing these requirements and am able to provide documentation of these medical contraindications. I request consideration of my circumstances.</p>	<input type="checkbox"/>
3	<p><b>I have provided evidence of protection for hepatitis B as follows (Category A workers only):</b></p> <p>a. history of an age-appropriate vaccination course, <u>and</u> serology result Anti-HBs <math>\geq 10</math> mIU/mL <b>OR</b></p> <p>b. history of an age-appropriate vaccination course and additional hepatitis B vaccine doses, however my serology result Anti-HBs is <math>&lt; 10</math> mIU/mL (non-responder to hepatitis B vaccination) <b>OR</b></p> <p>c. documented evidence of anti-HBc (indicating past hepatitis B infection) or HBsAg+ <b>OR</b></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 <b>OR</b>.</p> <p>e. I have provided evidence of a medical contraindication to hepatitis B vaccine (e.g. letter from a doctor); <b>AND</b>.</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>	<input type="checkbox"/>
4	<p><b>I have provided COVID-19 vaccination evidence as follows (Category A workers only):</b></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); <b>OR</b></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) <b>and</b> will provide evidence of completed vaccines within 6 weeks of the dose 3 due date; <b>OR</b></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; <b>OR</b></p> <p>d. I have provided evidence of two doses of a TGA approved or recognised COVID-19 vaccine and agree to comply with <u>all</u> other risk mitigation strategies as directed, while working in a Category A position.</p>	<input type="checkbox"/>
5	<p><b>I have provided COVID-19 vaccination evidence as follows (Category B workers only):</b></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); <b>OR</b></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>	<input type="checkbox"/>

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)	
<input type="text"/>		<input type="text"/>	
Date of Birth		Phone Number	
<input type="text"/>		<input type="text"/>	
Medicare Number <i>[if eligible]</i>	Position on card <i>[number next to your name]</i>	Expiry Date	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address			
<input type="text"/>			
Email			
<input type="text"/>			
Employer/Education Provider		Stafflink/Candidate ID	
<input type="text"/>		<input type="text"/>	
Course/Module of Study OR Place of Work			
<input type="text"/>			
Signature		Date of completion of tool	
<input type="text"/>		<input type="text"/>	

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?	<input type="radio"/>	<input type="radio"/>
2. Episodes of haemoptysis (coughing blood) in the past month?	<input type="radio"/>	<input type="radio"/>
3. Unexplained fevers, chills or night sweats in the past month?	<input type="radio"/>	<input type="radio"/>
4. Significant* unexpected weight loss over the past 3 months? <small>*loss of more than 5% of body weight</small>	<input type="radio"/>	<input type="radio"/>

# 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
<b>Have you ever been treated for active TB disease or latent TB infection (LTBI)?</b> If Yes, please state the year and country where you were treated and provide documentation (if available) Year <input type="text"/> Country <input type="text"/>	<input type="radio"/>	<input type="radio"/>
<b>Have you ever had a positive TB skin test (TST) or blood test (IGRA or QuantiFERON TB Gold+)?</b> If Yes, please provide copies of TB test results.	<input type="radio"/>	<input type="radio"/>
<b>Have you ever had a chest X-ray that was reported as abnormal?</b>	<input type="radio"/>	<input type="radio"/>
<b>Have you ever been referred to or reviewed in a TB service/chest clinic in Australia?</b>	<input type="radio"/>	<input type="radio"/>
<b>Do you have any medical conditions that affect your immune system?</b> e.g. cancer, HIV, auto- immune conditions such as rheumatoid arthritis, renal disease	<input type="radio"/>	<input type="radio"/>
<b>Are you on any regular medications that suppress your immune system?</b> e.g. TNF alpha inhibitors, high dose prednisone Please provide details here: <input type="text"/>	<input type="radio"/>	<input type="radio"/>

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 <input type="radio"/>	No <input type="radio"/>
2. In what country were you born?				<input type="text"/>	
If born overseas, when did you migrate to Australia?				<input type="text"/>	
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 <a href="https://www.health.nsw.gov.au/Infectious/tuberculosis/Pages/high-incidence-countries.aspx">https://www.health.nsw.gov.au/Infectious/tuberculosis/Pages/high-incidence-countries.aspx</a></small>				Yes <input type="radio"/>	No <input type="radio"/>
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>				<input type="radio"/>	<input type="radio"/>
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>				<input type="radio"/>	<input type="radio"/>
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)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

# 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](http://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

## PRE EMPLOYMENT HEALTH ASSESSMENT

### PART A: PERSONAL DETAILS

Surname: _____	First Name/s: _____
Former name (if applicable): _____	Date of Birth: ____/____/____ <b>M / F</b> (circle)
Address: _____	
Postcode: _____	
Phone No (Home): _____	(Mobile): _____ (Work): _____
Present Employee: <b>Yes / No</b>	Employee Number: <b>Yes / No</b> 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:

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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:

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

If yes, please give details:

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

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

Please give details:

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

If Yes, please give details:

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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?

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

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

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## 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):** \_\_\_\_\_

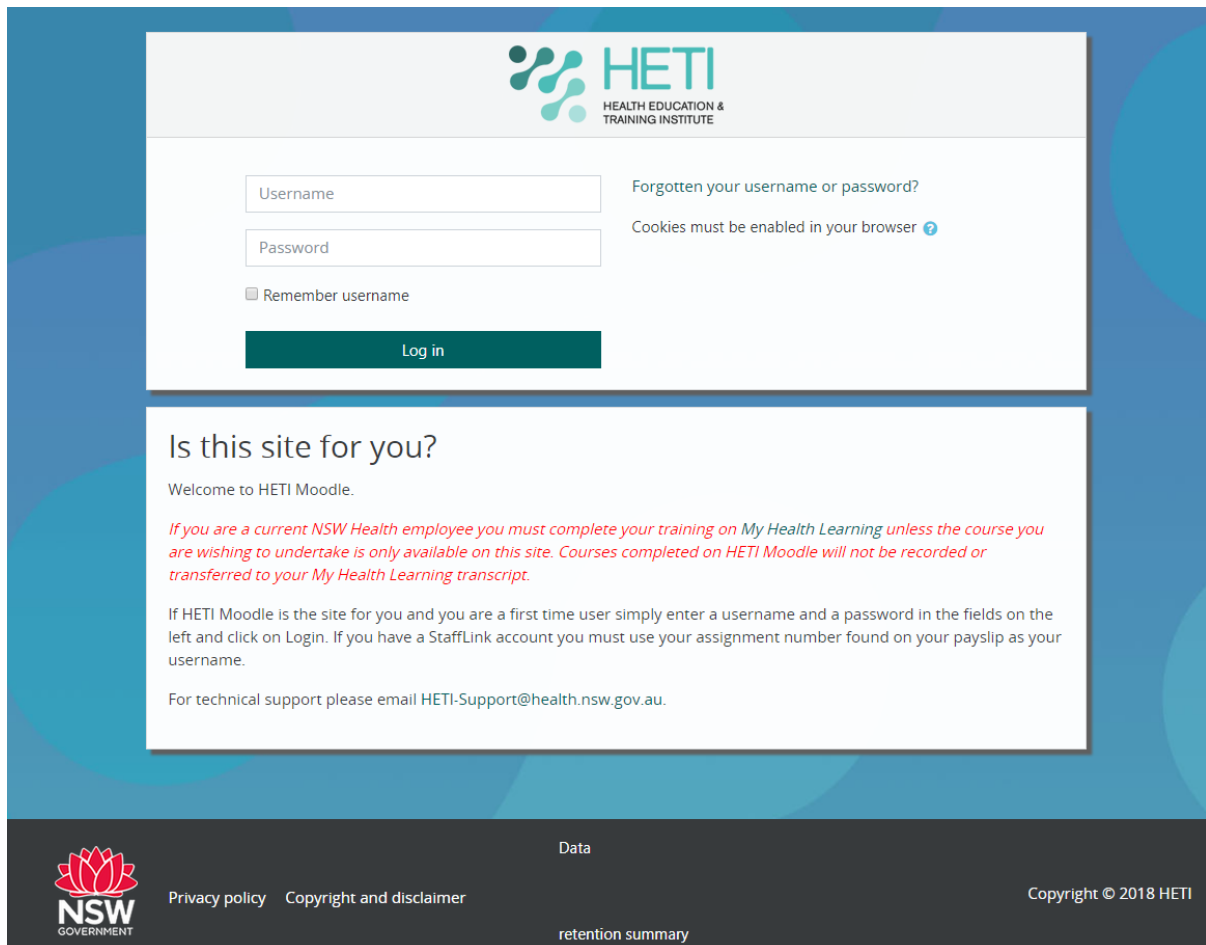
**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

## NSW Health Online Learning Centre

### Setting up an Account

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

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



The screenshot shows the HETI Moodle login interface. At the top, the HETI logo (Health Education & Training Institute) is displayed. Below the logo, there is a login form with two input fields: 'Username' and 'Password'. To the right of the 'Username' field, there is a link 'Forgotten your username or password?'. Below the 'Password' field, there is a checkbox labeled 'Remember username'. A 'Log in' button is positioned below the 'Remember username' checkbox. To the right of the login form, a message states 'Cookies must be enabled in your browser' with a help icon. Below the login form, a section titled 'Is this site for you?' contains a welcome message and instructions for users. It states that if a user is a current NSW Health employee, they must complete training on 'My Health Learning' unless the course is only available on this site. It also mentions that courses completed on HETI Moodle will not be recorded or transferred to the 'My Health Learning' transcript. For first-time users, it instructs them to enter a username and password and click on 'Login'. For users with a StaffLink account, it instructs them to use their assignment number found on their payslip as their username. At the bottom, it provides an email address for technical support: HETI-Support@health.nsw.gov.au. The footer of the page includes the NSW Government logo, links for 'Privacy policy' and 'Copyright and disclaimer', a 'Data retention summary' link, and a copyright notice for 2018 HETI.

Username

Password

☐ Remember username

Log in

Forgotten your username or password?

Cookies must be enabled in your browser ?

### Is this site for you?

Welcome to HETI Moodle.

*If you are a current NSW Health employee you must complete your training on My Health Learning unless the course you are wishing to undertake is only available on this site. Courses completed on HETI Moodle will not be recorded or transferred to your My Health Learning transcript.*

If HETI Moodle is the site for you and you are a first time user simply enter a username and a password in the fields on the left and click on Login. If you have a StaffLink account you must use your assignment number found on your payslip as your username.

For technical support please email [HETI-Support@health.nsw.gov.au](mailto:HETI-Support@health.nsw.gov.au).

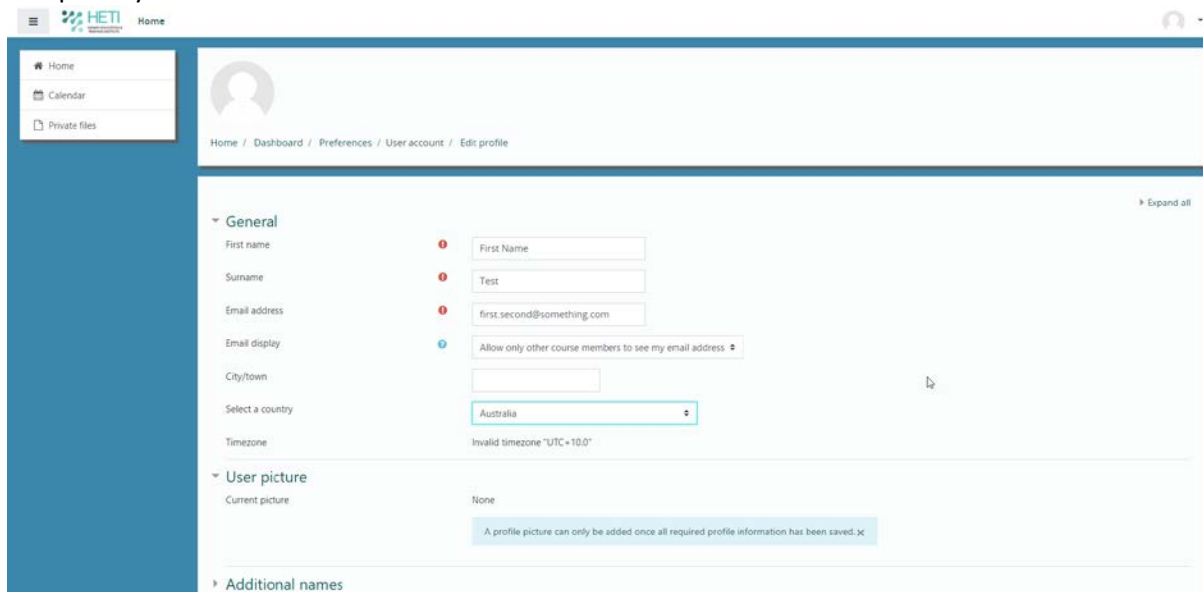
NSW GOVERNMENT

Privacy policy Copyright and disclaimer

Data retention summary

Copyright © 2018 HETI

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



Home / Dashboard / Preferences / User account / Edit profile

**General**

First name:  (compulsory)

Surname:  (compulsory)

Email address:  (compulsory)

Email display: ☐ Allow only other course members to see my email address

City/town:

Select a country:

Timezone: Invalid timezone "UTC+10.0"

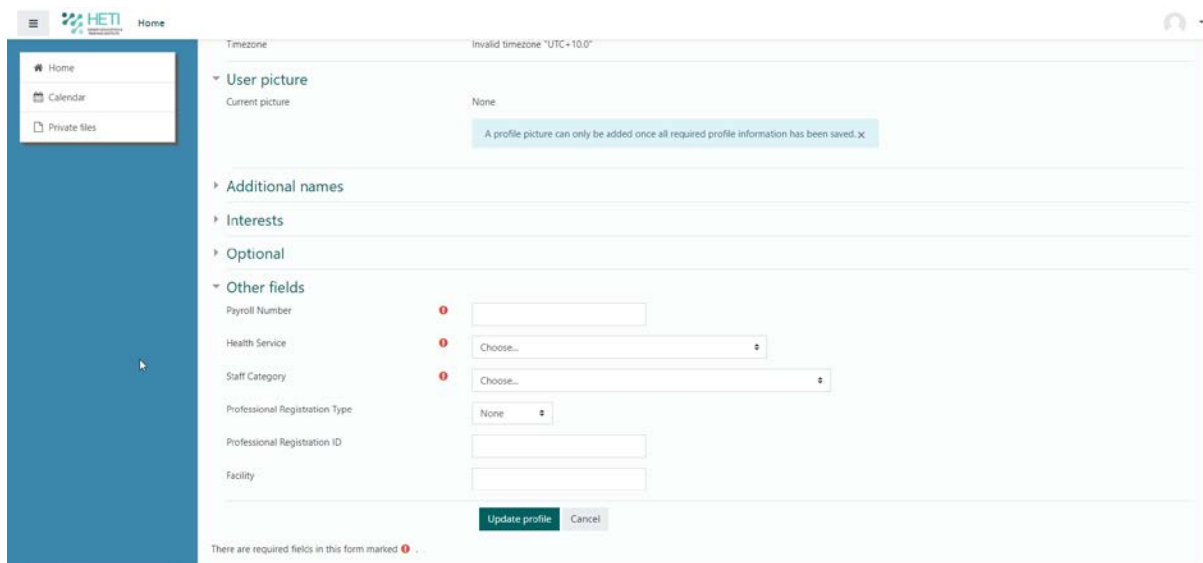
**User picture**

Current picture: None

A profile picture can only be added once all required profile information has been saved.

**Additional names**

**Step 4:** Scroll down and complete remaining compulsory fields and click "Update Profile" button.



Timezone: Invalid timezone "UTC+10.0"

**User picture**

Current picture: None

A profile picture can only be added once all required profile information has been saved.

**Additional names**

**Interests**

**Optional**

**Other fields**

Payroll Number:  (compulsory)

Health Service:  (compulsory)

Staff Category:  (compulsory)

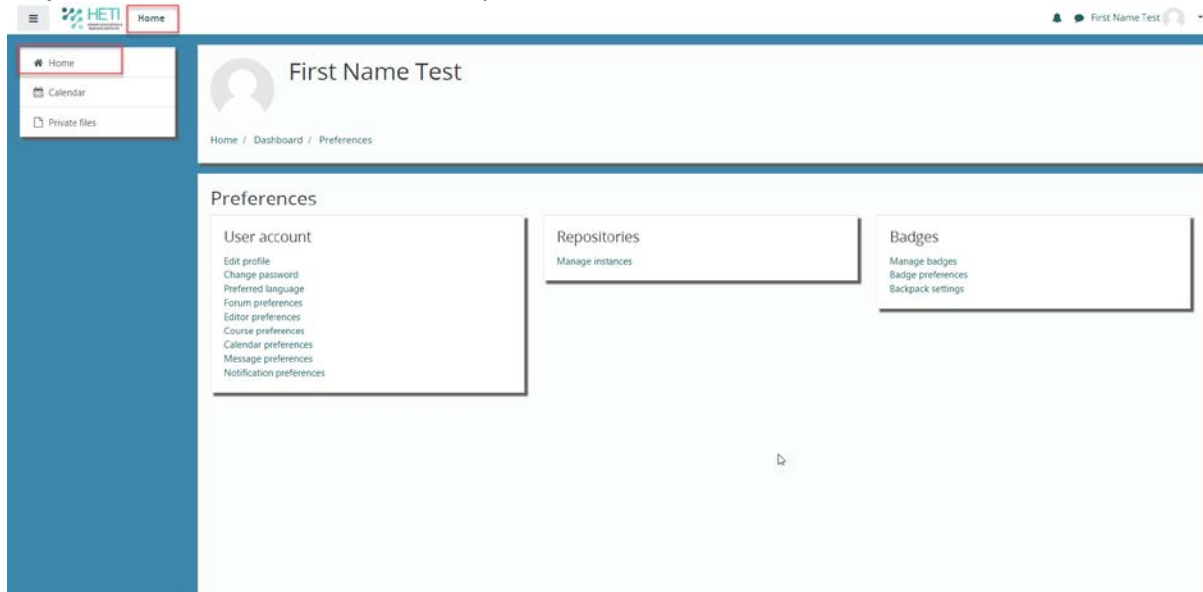
Professional Registration Type:

Professional Registration ID:

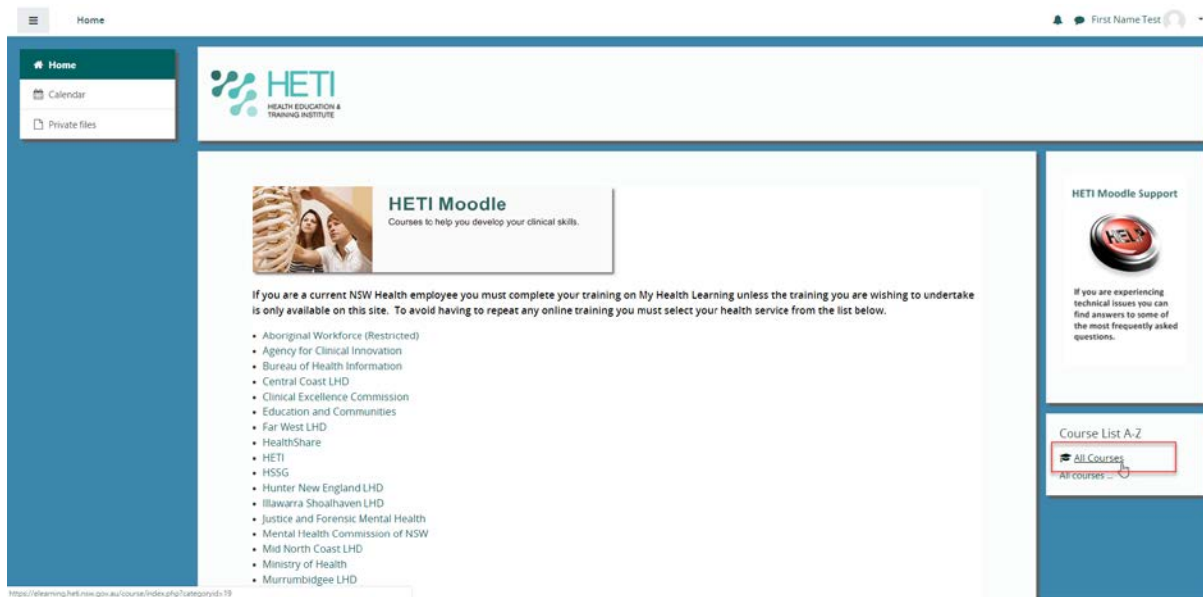
Facility:

There are required fields in this form marked !

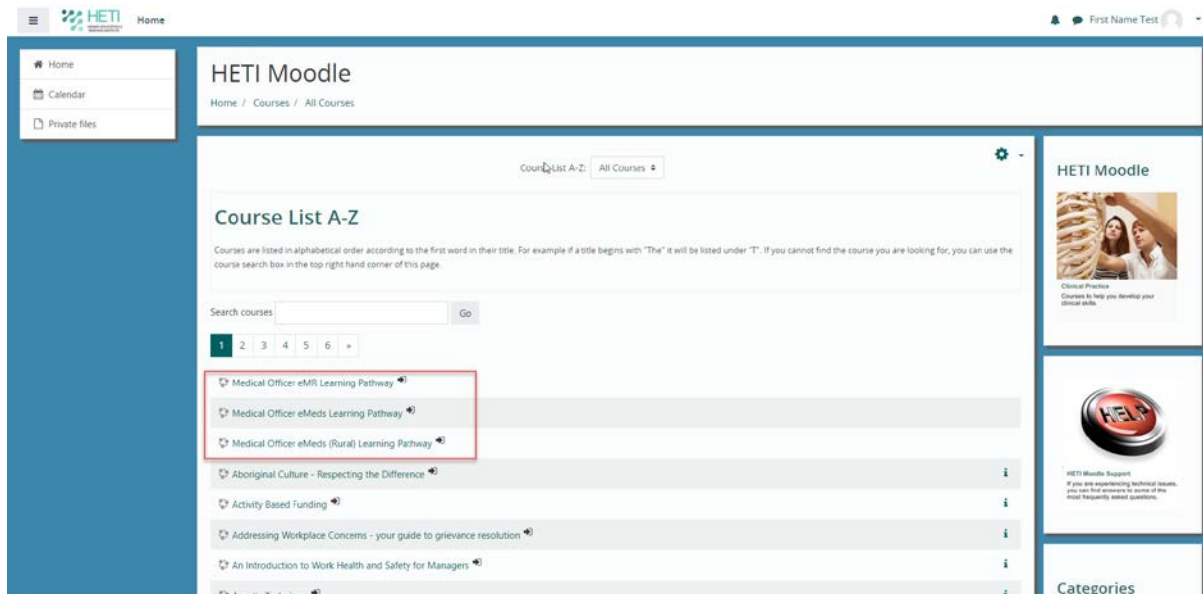
**Step 5:** Click the Home button on the top left corner



**Step 6:** Click All Courses link on the Home Page

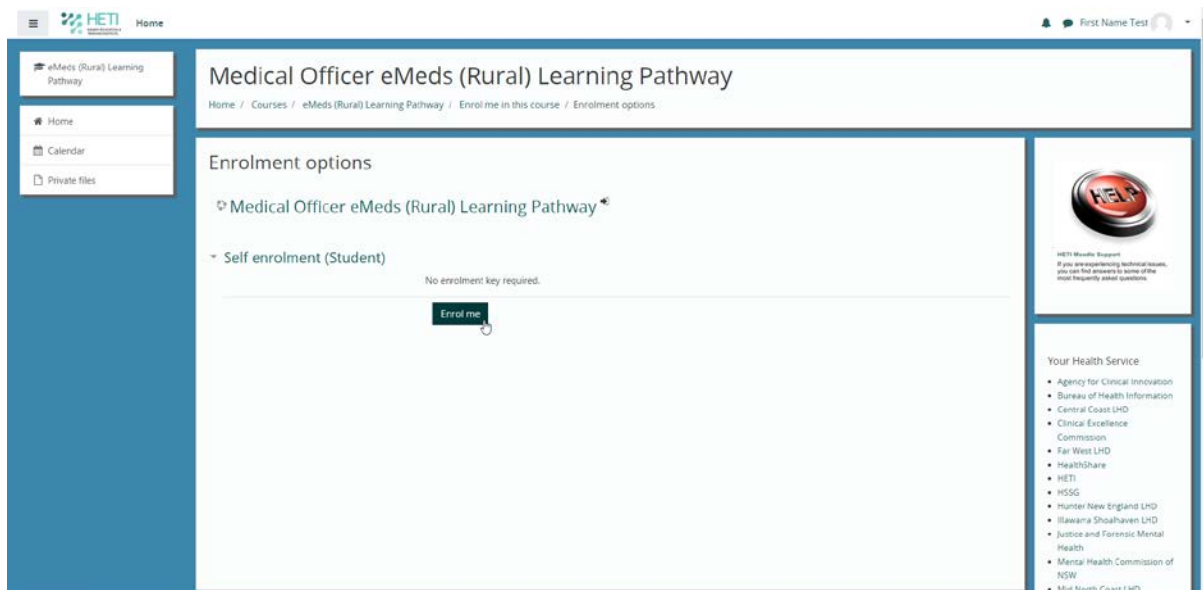


**Step 7:** Click the desired course link.



The screenshot shows the HETI Moodle interface. On the left is a navigation menu with 'Home', 'Calendar', and 'Private files'. The main header reads 'HETI Moodle' with a breadcrumb trail 'Home / Courses / All Courses'. Below this is a 'Course List A-Z' section with a search bar and a 'Go' button. A list of courses is displayed, with the first three items highlighted in a red box: 'Medical Officer eMR Learning Pathway', 'Medical Officer eMeds Learning Pathway', and 'Medical Officer eMeds (Rural) Learning Pathway'. Other visible courses include 'Aboriginal Culture - Respecting the Difference', 'Activity Based Funding', 'Addressing Workplace Concerns - your guide to grievance resolution', and 'An Introduction to Work Health and Safety for Managers'. On the right side, there are promotional banners for 'Clinical Practice' and 'HETI Moodle Support', and a 'Categories' section.

**Step 8:** Click “Enrol me” button to enrol yourself in the desired course.



The screenshot shows the enrolment options page for the 'Medical Officer eMeds (Rural) Learning Pathway'. The breadcrumb trail is 'Home / Courses / eMeds (Rural) Learning Pathway / Enrol me in this course / Enrolment options'. The page title is 'Enrolment options'. Below the title, the course name 'Medical Officer eMeds (Rural) Learning Pathway' is listed. Under the 'Self enrolment (Student)' section, it states 'No enrolment key required.' and features a prominent 'Enrol me' button. On the right side, there is a 'Your Health Service' section listing various NSW health services, including the Agency for Clinical Innovation, Bureau of Health Information, Central Coast LHD, Clinical Excellence Commission, Far West LHD, HealthShare, HETI, HSSG, Hunter New England LHD, Illawarra Shoalhaven LHD, Justice and Forensic Mental Health, Mental Health Commission of NSW, and Mid North Coast LHD.

You will now be redirected to the course.

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

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

***Model Health Declaration form***

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

- 
- 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*

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

***Standard consent form: employment related checks***

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

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

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

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

.....  
Signature

.....  
Date

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

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

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

## VISITING MEDICAL OFFICER INPUT FORM

### Sessional

PART A Personal Details					
Surname				Given Name/s	
Address					
Date Of Birth		StaffLink Number			
Email Address		Tax File Number			
Mobile Number		Other Contact Number			
Medical Registration Number					
PART B Bank Account Details					
Account Name					
BSB		Account Number			
PART C Trading Details Australian Business Number					
<p>➤ Sole Practice Company: Arrangements can only be offered to VMOs who operate their own single medical practitioner practice companies. VMOs cannot elect to be appointed under a service contract with a practice company which is conducted or controlled by a number of medical practitioners and/or non- medical practitioners, nor can contracts be made involving a trust arrangement.</p> <p>➤ Individual Sole Trader: Where a VMO contracts as an individual e.g. Dr P Smith, the ABN should identify the individual (sole trader) e.g. Dr P Smith</p>					
Entity Type		Please select applicable entity type			
Entity Name					
ABN		Registered For GST		Yes <input type="checkbox"/> No <input type="checkbox"/>	
PART D Superannuation (Select either 1, 2 or 3) Applicable only with Individual Sole Trader Contract/ABN					
1. Create an account on my behalf with NSW Health default fund First State Super				Yes <input type="checkbox"/> No <input type="checkbox"/>	
2. APRA Fund					
Fund Name					
Fund ABN		Member Number			
Unique Super Identifier (USI) Supplied by your Superannuation Fund					
3. Self-Managed Fund					
Fund Name					
Fund ABN		Email Address			
BSB		Account Number			
Account Name					
Address					
Electronic Service Address (ESA) Supplied by your accountant, fund administrator or financial institution					
VMO Signature		Date			
PART E Contract Appointment Medical Administration to complete					
Local Health District		Please select applicable LHD			
Classification		Please select applicable classification			
Specialty		StaffLink Number			
Appointment Date		Termination Date			
Live Within 50km Of Regional Facility		Yes <input type="checkbox"/> No <input type="checkbox"/>		Annual Contracted Hours	
Facility Cost Centre/s					
Medical Administration Name		Contact Number			
Medical Administration Signature		Date			
FORM SUBMISSION Email to VMO Team, HealthShare NSW <a href="mailto:HSNSW-VMOprocessing@health.nsw.gov.au">HSNSW-VMOprocessing@health.nsw.gov.au</a>					

VMONEY PROCESSING OFFICE USE ONLY		New VMO <input type="checkbox"/> Existing VMO <input type="checkbox"/>			
VMO Code/s				Unique ID	
VMO Vendor Number		VMO Site		Site Change <input type="checkbox"/> Yes <input type="checkbox"/> No	
Super Vendor Number		Super Site		Site Change <input type="checkbox"/> Yes <input type="checkbox"/> No	
Super Payment Code		Sacrifice Payment Code		Added To CH <input type="checkbox"/> Yes <input type="checkbox"/> N/A	
Checked By		Date Checked			
Processed By		Date Processed			
Comments					

## VISITING MEDICAL OFFICER INPUT FORM

### Superannuation Election Form

PART A Personal Details			
Surname		Given Name/s	
Date Of Birth (dd-mmm-yy)		StaffLink Number	
Mobile Number		Other Contact Number	
Medical Registration Number		Tax File Number	

Complete ALL questions in PART B or C unless nominating an account to be created with First State Super on your behalf

\*Please note Superannuation is only applicable with an individual/Sole Trader ABN on a Sessional contract

I give permission for HealthShare NSW to create an account on my behalf with NSW Health default fund First State Super	Yes <input type="checkbox"/>
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PART B APRA Fund Details	
APRA Fund Name	
APRA Fund ABN	
Member/Policy Number	
Unique Superannuation Identifier (USI) Supplied by superannuation fund	

PART C Self-Managed Fund Details			
Self-Managed Fund Name			
Self-Managed Fund ABN			
Self-Managed Fund Address			
Email Address			
Bank Account Name			
Bank Account BSB		Bank Account Number	
Electronic Service Address (ESA) Supplied by SMSF Administrator, Accountant or Bank			
If Modifying my Superannuation I give permission to extend this update to any Salary Sacrifices I currently have in place	Yes <input type="checkbox"/> No <input type="checkbox"/>		
VMO Signature		Date (dd-mmm-yy)	

FORM SUBMISSION	
<p>Email to <a href="mailto:HSNSW-VMOSuper@health.nsw.gov.au">HSNSW-VMOSuper@health.nsw.gov.au</a></p> <p><b>VMO PROCESSING TEAM - SHARED FINANCIAL SERVICES – HEALTHSHARE NSW</b></p> <p>Telephone 1300 883 962</p>	

VMONEY PROCESSING OFFICE USE ONLY					
VMO Code/s				Unique ID	
Super Vendor Number		Super Vendor Site		Payment Code	
Sacrifice Vendor Number		Sacrifice Vendor Site		Payment Code	
SMF Added To CH	Yes <input type="checkbox"/> N/A <input type="checkbox"/>	Added By		Checked By	
Checked By			Date Checked (dd-mmm-yy)		
Processed By			Date Processed (dd-mmm-yy)		
Comments					

## *VMO Hint Sheet to complete the Sessional Input Form*

Please make sure **ALL** section of this form is completed, checked, signed and dated by the VMO and Medical Administration prior to forwarding to HealthShare, **Incomplete form will delay the set up process**

- \* Check all VMO details are complete
- \* ABN follows the contract – ABN look up: <http://www.abr.business.gov.au/>
- \* Withholding Tax will be applied, if **NO ABN** details are provided
- \* Super details are completed for sole trader contract
- \* Appointment & Termination date **need to match the dates on the contract**

### **VMO to Complete:**

## **PART (A) PERSONAL AND PROFESSIONAL DETAILS**

<b>SURNAME</b>	Enter your Surname
<b>GIVEN NAMES</b>	Enter your given names
<b>MAILING ADDRESS</b>	Enter your mailing address
<b>HOME ADDRESS</b>	Home address if different to mailing address
<b>MEDICAL REGISTRATION NO.</b>	Current Medical Registration number
<b>TAX FILE NUMBER</b>	Enter your Tax File Number
<b>DATE OF BIRTH</b>	Enter your Date of Birth
<b>CONTACT FOR PAYMENT INFORMATION</b>	Enter your current
HOME	home phone number
WORK	work phone number
MOBILE	mobile number
FAX NUMBER	fax number
EMAIL ADDRESS	email address

## **PART (B) BANKING DETAILS**

<b>BANK ACCOUNT</b>	Enter banking details for the payment
BSB	
ACCOUNT NO	
ACCOUNT NAME:	
BRANCH	

## **PART (C) TRADING DETAILS**

<input type="checkbox"/> INDIVIDUAL/SOLE TRADER ( <b>PART D</b> ) OR <input type="checkbox"/> COMPANY / SOLE DIRECTOR ( <b>PART E</b> )	<b>Select one of the following:</b> Registered as individual sole trader – <b>Part D needs to be completed (Super details)</b> Registered as a company and should be the sole director of the company – <b>continue to Part E (not entitled to Superannuation)</b>
--	--

## **PART (D) INDIVIDUAL/SOLE TRADER**

<b>AUSTRALIAN BUSINESS NUMBER (ABN)</b>	<b>Enter ABN</b> - ABN Name must identify the individual as a Sole Trader and match the Name as provided in Part (A) EG. DR P SMITH The name of the individual and ABN will appear on your remittance advice and recipient created tax invoice (RCTI)
<b>FOR GST (tick box)</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	Select if registered for GST or not
<b>SUPERANNUATION DETAILS</b>	(Individual/Sole Trader)
<b>Superannuation Fund Name</b>	Enter Superannuation Fund Name
<b>ESA* for SMSF</b>	Enter ESA if it's SMSF
<b>USI* for APRA</b>	USI for APRA funds
<b>Membership/Policy No.</b>	Enter membership or Policy Number
<b>Bank Account Details</b> BSB Account No. Branch Account Name Contact Number	Enter Superfund Banking details for your Superannuation payments.

## PART (E) SOLE PRACTICE COMPANY

<b>REGISTERED NAME PRACTICE COMPANY NAME</b> – this will appear on your remittance advice	Enter your Sole Practice Company Name
<b>AUSTRALIAN BUSINESS NUMBER (ABN)</b>	<p><b>Enter ABN</b> - ABN Name must identify the Sole Practice Company and match the name provided in Part (A)          EG. DR P SMITH PTY LTD          The name of the sole practice company and ABN will appear on your remittance advice and recipient created tax invoice (RCTI)</p>
<b>FOR GST (tick box)</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	Select if registered for GST or not
<b>VMO Signature</b>	Need to sign the form

### Facility Medical Administration to Complete:

<b>LOCAL HEALTH DISTRICT :</b>	Enter the LHD & Facility (preferred) name
<b>StaffLink ID:</b>	Enter VMO StaffLink ID – need to have an assignment in StaffLink as contingent work for the relevant LHD
<b>APPOINTMENT DATE:</b>	<b>Enter contract start date as per the date on the contract</b>
<b>TERMINATION DATE:</b>	<b>Enter contract end date as per the date on the contract</b>
<b>TYPE OF CONTRACT (Sessional)</b>	Enter contract type
<b>ANNUAL CONTRACTED HOURS:</b>	Enter annual hours only If applicable
<b>SPECIALTY</b>	Enter VMO's speciality
<b>Live within 50km of Facility Y/N (Regional Hospital Only)</b>	<b>This only applies to Regional Hospital and VMO lives within 50km of the facility</b>
<b>CLASSIFICATION (Please tick box)</b> A – Specialist Non Surgeon – Senior B – Specialist Non Surgeon C/D – General Practitioner > 5 years E – General Practitioner < 5 years I F – Specialist Surgeon – Senior G – Specialist Surgeon Radiologist Denta	Select VMO's classification from the list below.  <b>Dental – please specify dental classification</b>
<b>COST CENTRE</b>	Enter default cost centre
<b>Approved Medical Administration:</b>	Need to checked and approved by Medical Administration
<b>Date</b>	Enter date checked and approved.



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](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](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](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](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](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](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](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](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](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](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](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](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](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](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](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](https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2018_032.pdf)



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- 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](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](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](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](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](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](https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2019_050.pdf)



# 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](http://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](mailto: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](http://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