This form is to be used for applications for the following position types:
- Visiting Medical Officer/Honorary Medical Officer
- Staff Specialist and Postgraduate Fellow
- Clinical Academic
- Dental Officer
- Visiting Dental Officer/Honorary Dental Officer

APPLI CATION PROCESS OVERVIEW
We welcome your interest in applying for a position in Northern Sydney Local Health District (NSLHD).

Phase 1 – Applicants submit their applications

Phase 2 - The Interview and Credentialing Sub-Committee culls the applications and conducts interviews.

Phase 3 - Recommendations for appointment are considered by the Medical and Dental Appointments Advisory Committee (MDAAC), which makes recommendations to the Chief Executive who has final sign off for all senior medical and dental appointments. Therefore, the approval phase may take some time after interview.


INSTRUCTIONS
Please complete this application form (ensure you sign all authorities in the application form) and prepare all the relevant attachments, including a document addressing the selection criteria for the position. Submit this form and the accompanying documentation to the contact person listed in the advertisement for the position. Ensure your application is submitted by the due date.

If invited to interview please ensure you have the originals of qualifications, registrations, indemnities, and evidence of identity (original documents only) for 100 point ID check (generally passport and driver's licence).

EMPLOYMENT SCREENING
Note that employment screening is a mandatory requirement for all applicants, including honorary medical officers. The majority of medical and dental positions are classified as “working with children“, as defined in the position description, and the relevant employment screening consent is attached. It is an offence under the Child Protection (Prohibited Employment) Act 1998 for a person convicted of a serious sex offence to apply for a child related position.

Please note that a NSW Health internal service check, using the NSW Service Check Register, will be conducted on all preferred applicants.

If you have any questions, please contact the Senior Medical Workforce Unit on (02) 9887 5980 for further advice.

APPLICATION CHECKLIST FOR APPLICANTS
Please ensure you provide the following information when you send in your application:

- Completed Application Form
- Covering letter addressing the essential criteria as listed in the position description
- Up-to-date Curriculum Vitae, including detail of education/qualifications and summary of work history with all appointments (current and minimum within the last ten years) listed
- At least three (but not more than five) professional referees, one of whom must be a current manager or supervisor, with name, email address and phone contact details
- Certified copies of Qualifications (at least University and College fellowship, where applicable)
- Copy of evidence of Continuing Education/Professional Development (College certification or statement that meets the Continuing Professional Development Standard of the Medical Board of Australia)
- Copy of Medical Indemnity
- Copy of evidence of citizenship, permanent residency, or temporary residency and visa type e.g. passport, birth certificate, citizenship certificate, working visa (as applicable)
- Overseas applicants only - Copy of police clearances from each country you have lived in, or completed statutory declaration
Application for Appointment – Senior Medical Officers and Dentists

PLEASE NOTE:
- The information you provide is confidential
- Equality of Employment Opportunity is NSW Health Policy
- Appointment is subject to proof of eligibility to work in Australia.
- Any statement on this form which is found to be deliberately misleading will make you, if appointed, liable for dismissal.

SECTION A - CONTACT DETAILS

SURNAME: ______________________________________
(Preferred title: Mr / Mrs / Ms / Miss / Dr / Prof / A/Prof (Circle whichever applicable)

GIVEN NAME/ S: ________________________________

POSTAL ADDRESS: ___________________________________________________________

POST CODE: __________________

TELEPHONE/ FAX/ EMAIL:

Business: ............................................. Private: ....................................... Fax: ................................................

Mobile: ................................................ E-mail: ............................................................. ..................................

Are you currently or have you previously been employed in the NSLHD?
Yes ☐ No ☐

Are you currently or have you previously been employed in the NSW Public Health System?
Yes ☐ No ☐

If yes, please indicate where: ______________________________________________________

SECTION B - POSITION DETAILS

POSITION APPLIED FOR: _______________________________  POSITION NO:___________

☐ North Shore Ryde Health Service
☐ Royal North Shore Hospital
☐ Ryde Hospital

☐ Hornsby Ku-ring-gai Health Service (Hornsby Hospital)

☐ Northern Beaches Health Service (Manly and/or Mona Vale Hospitals)

☐ Area Services:
☐ BreastScreen
☐ Medical Imaging
☐ Mental Health/ Drug & Alcohol
☐ Oral Health Services
☐ Pathology
☐ Other _________________________

Opportunities for cross-appointment between the above health services may be available according to the interests of the individual practitioner and the needs of the relevant clinical network.

CLINICAL PRIVILEGES AND SCOPE OF PRACTICE APPLIED FOR:

☐ As listed in Position Description

☐ Plus additional procedures not listed: _________________________________________________

☐ Excluding the following listed procedures: ____________________________________________
**SECTION C - APPLICANT DETAILS**

**WORK HISTORY & QUALIFICATIONS**

You must attach a current CV which includes current and historical employment and qualifications information.

**MEDICAL/DENTAL REGISTRATION (AHPRA) NUMBER:**

(Note NSLHD will verify your registration via the AHPRA public registration database)

**MEDICAL/DENTAL INDEMNITY INSURANCE:**

(attach current evidence)

**MEDICARE PROVIDER NUMBERS AND LOCATIONS:**

Would you require a 19AB exemption from Medicare Australia to obtain a provider number for the location of this position?  
Yes ☐  No ☐

**PRACTICE COMPANY - VISITING MEDICAL/DENTAL OFFICER APPLICANTS**

If offered an appointment, do you wish the contract to be in the name of a practice company?  
Yes ☐  No ☐

**COMPANY NAME:** …………………………………………………………………………Pty Ltd  
ABN: ……………………………

Practice Company arrangements can only be offered to Practitioners who operate their own single medical practitioner companies. Is this a single medical practitioner company?  
Yes ☐  No ☐

Attach copy of the practice company’s public liability insurance cover to a minimum level of $10 million and practice company’s medical indemnity cover to a minimum level of $5 million.

**RESIDENCY STATUS**

**Australian Citizens and Permanent Residents:**

*Are you a citizen or permanent resident of Australia?*  
Yes ☐  No ☐

You must provide evidence of your Citizenship or Permanent Residency with this application (e.g. copy of passport front page or permanent residency visa if applicable).

**Temporary Residents**

*Are you a temporary resident of Australia?*  
Yes ☐  No ☐

You must provide evidence of your visa with this application.

**Overseas Applicants**

Overseas applicants (i.e. applicants who do not hold a current visa to Australia at the time of application, including citizens and permanent residents of New Zealand) must provide the following documents prior to commencing in the position (if appointed):

- A police clearance from your home country and any country you have resided in/or been employed in (incorporating any charges you may have against your name)
- If unable to provide a Police clearance, you must complete a Statutory Declaration stating you have no pending criminal charges or convictions from any country in which you have resided or been employed. If you do have such records, you must list date of offence, type of offence and court outcome. Note that this does not preclude an offer of appointment. A Statutory Declaration form is available on request.
- Certified copies of 100-points of identification in English, or a certified English translation must be provided. Once you arrive in Australia the original documents must be sighted by the employer and copied for the Area’s file.

*Attach (overseas applicants only):*  
Police Clearances ☐  OR Statutory declaration ☐  OR
I will submit Police Clearances or statutory declaration prior to commencement (if appointed) ☐

**NEXT OF KIN / CONTACT PERSON IN CASE OF EMERGENCY:**

Name:  
___________________________________________________________________________________

Address:  
___________________________________________________________________________________

Postcode:  
__________________________

Telephone Numbers: (H) _____________________ (W) ____________________ (M) ______________________
SECTION D - EQUAL EMPLOYMENT OPPORTUNITY / SPECIAL NEEDS

This section is for compliance with EEO Legislation

Was English the first language of:

- Yourself □ Yes □ No
- Your Mother □ Yes □ No
- Your Father □ Yes □ No

Are you a racial, ethnic or ethno-religious group which is a minority in Australian society?

- □ Yes □ No

Are you an Australian Aboriginal and/or Torres Strait Islander?

- □ Yes □ No □ Both

It is the policy of Northern Sydney Local Health District to welcome applications from people with disabilities and to attempt to meet reasonable/appropriate work-related requirements of employees. If you have a disability OR special needs, please indicate how the workplace might be adjusted to overcome any barriers that may affect your interview or performance:

______________________________________________________________________________________________

SECTION E - DETAILS OF REDUNDANCY PAYMENTS

Have you received a redundancy payment from a NSW Public Sector Organisation within the last 12 months?

- □ Yes (Name of Organisation and Date Paid: ____________________________)
- □ No

SECTION F - REGISTRATION, PRIVILEGING ACTION & LEGAL HISTORY

Have you ever had any clinical privileges refused, withdrawn or reduced, or appointments terminated at other health care organisations?  YES / NO

If yes, please give details:

______________________________________________________________________________________________

Has your registration in any jurisdiction ever been revoked or restricted?  YES / NO

If yes, please give details:

______________________________________________________________________________________________

Have you ever been declined or had any reduction placed on medical/dental indemnity insurance?  YES / NO

If yes, please give details

______________________________________________________________________________________________

DECLARATION

I, ________________________________ certify that the information supplied with this application is true and correct.

Signed: __________________________________________ Date: _______/______/____
SECTION G - APPROVALS TO OBTAIN INFORMATION

I give authority for an authorised representative of NSLHD to obtain relevant information from:-

1. The Medical Board of Australia, the Dental Board of Australia, the NSW Medical Council, and any equivalent overseas registration organisations in relation to any conditions placed on my practice, the nature of any outstanding complaints, whether there is any pending disciplinary action against me, and any information about my past performance as a medical practitioner.

2. The Medical/Dental Defence Organisation in relation to any conditions placed on my indemnity and/or my insurance arrangements, the nature of any outstanding complaints and whether there are any pending or actual claims against me, and any information about my past performance as a medical practitioner.

3. The Health Care Complaints Commission in relation to the nature of any complaints and investigations and whether there is any pending disciplinary action against me, and any information about my past performance as a medical practitioner.

4. Northern Sydney Local Health District is authorised to obtain information as to any past performance as a medical/dental practitioner, as to any performance and disciplinary matters (resolved or unresolved), and any conditions placed on practice.

NSLHD recognises that this information is confidential and will not release it to any person who is not involved in the management of my appointment or contractual arrangements.

PRINTED NAME
____________________________________
SIGNATURE
____________________________________
DATE
____________________________________

SECTION H - APPROVAL TO SOLICIT COLLEGE FOR CURRENT STANDING

CONFIDENTIAL

Re: Approval to Solicit for Status within the Relevant Specialist College

It is a requirement for Northern Sydney Local Health District to be informed of your current standing with the relevant specialist college. Due to privacy laws within some of the Colleges, authorisation by the applicant is required.

Would you please sign the authorisation below and return it with your application.

I hereby authorise NSLHD to request my status with the relevant specialist college

Name of Specialist College: ________________________________________ (e.g. RACP, RACS)

NSLHD recognises that this information is confidential and will not release it to any person who is not involved in the management of my appointment or contractual arrangements.

PRINTED NAME
____________________________________
SIGNATURE
____________________________________
DATE
____________________________________

1 This may include overseas specialist colleges
SECTION I – EXPOSURE PRONE PROCEDURES (EPP), NSW POISONS LIST and HEALTH DECLARATIONS

1. Exposure Prone Procedures

As a Health Care Worker who performs Exposure Prone Procedures you have a professional responsibility to take appropriate steps to know your infective status in relation to HIV, Hepatitis B and C. (Department of Health Policy PD2005_162). You are also required to check your serology status every 12 months.

If you perform EPP, Northern Sydney Local Health District expects you to follow the above requirements, and where your status is positive remove yourself from EPP.

If you perform EPP you must provide the Occupational Staff Health Service with documented evidence of your Hepatitis B immunity status.

A Health Care Worker who is either HIV positive or HCV PCR positive or HBeAg positive or HBV DNA positive must not perform EPP.

Declaration:
As a Health Care Worker who performs EPP I have taken appropriate steps to know my HIV, Hepatitis B and C infective status and will follow the requirements of PD2005_162 and NSLHD as outlined in the above.

2. NSW Poisons List

Under the provisions of the Poisons and Therapeutic Goods Regulation 1994 I declare that my authority as a medical practitioner/dentist 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.

(If the above statement is not correct, please cross out paragraph and attach relevant information.)

3. Health Declaration

I hereby declare that the statements and answers are true and correct to the best of my knowledge. I am aware of the inherent job requirements for the position. I understand the requirements of the position and make the following declaration (Please tick the relevant statement):

☐ I am not aware of any health condition(s) (physical or mental) which may prevent me from performing the inherent requirements of this position or which might lead to foreseeable injury to myself or others in the course of my work; I am aware that any false or misleading statements may impact on my appointment or continued employment with Northern Sydney Local Health District.

OR

☐ I have a health condition that may require the employer to provide me with services or workplace adjustments so that I can adequately perform the inherent job requirements of this position. I am aware that any false or misleading statements may impact on my appointment or continued employment with Northern Sydney Local Health District.

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

I, _________________________________________________________ certify that this information is true and correct.

Signed: _____________________________________________________ Date: ______/_____/______
APPLICANT DECLARATION AND EMPLOYMENT SCREENING CONSENT FOR CHILD RELATED EMPLOYMENT

Provide your full name as well as any other names / aliases by which you have been known. Employers are required to sight applicant’s original identifying documents as per 100 point ID check and retain copies of identification documents.

<table>
<thead>
<tr>
<th>Family Name</th>
<th>First Given Name</th>
<th>Given Name 2</th>
<th>Given Name 3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Maiden Name (if applicable)

Complete Previous / Alias Name if any and circle the appropriate name type

<table>
<thead>
<tr>
<th>Previous/Alias Name 1</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Previous/Alias Name 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Previous/Alias Name 3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Previous/Alias Name 4</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Gender

- [ ] Male
- [ ] Female

Date of Birth / / (dd/mm/yyyy)

Place of Birth

- Suburb/Town:
- State:
- Country:

Current Residential Address

- No/Street:
- Suburb/Town:
- State:
- Postcode:
- Country:

Postal Address (if same as Residential Address, write ‘As Above’)

- No/Street:
- Suburb/Town:
- State:
- Postcode:
- Country:

Previous Address (if any)

- No/Street:
- Suburb/Town:
- State:
- Postcode:
- Country:

Email

- Telephone No
  - Mobile:
  - Business:
  - Private:

Title of Child Related Position

(specify its child-related nature eg ‘child care assistant’, not ‘assistant’)

- [ ] Paid Employee
- [ ] Contractor
- [ ] Volunteer providing intimate personal care to disabled children
- [ ] Volunteer providing mentoring to disadvantaged children
- [ ] Minister, priest, rabbi, mufti or other like religious leader or spiritual officer of a religion or other member of a religious organisation
- [ ] Licensee for prescribed children’s services

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

- Driver’s Licence Number:
- Issuing State:

- Firearms Licence Number:
- Issuing Agency:

- Passport details
  - Number:
  - Type:
    - [ ] Private
    - [ ] Government
    - [ ] UN Refugee
  - Issuing Country:

It is an offence for a prohibited person to apply for, attempt to obtain, undertake or remain in child-related employment, or to sign this declaration.

A prohibited person is a person who is convicted of the following (whether in NSW or elsewhere):

- murder of a child
- serious sex offence, including carnal knowledge
- child-related personal violence offence (an offence committed by an adult involving intentionally wounding or causing grievous bodily harm to a child)
- indecency offences punishable by imprisonment of 12 months or more
- kidnapping (unless the offender is or has been the child’s parent or carer)
- offences connected with child prostitution
- possession, distribution or publication of child pornography; or
- attempt, conspiracy or incitement to commit the above offences.

A prohibited person includes a Registrable person under the Child Protection (Offenders Registration) Act 2000.

A conviction includes a finding that the charge for an offence is proven, or that a person is guilty of an offence, even though the court does not proceed to a conviction.

Details of these offences and Employer Guidelines can be found online at [http://kids.nsw.gov.au(Guidelines/FactSheet 1)]
DECLARATION

I am the applicant named in this form. All information in this form, and identification documents provided for this application, are true and correct. I understand that if I have provided false or misleading information it may result in a decision not to employ me, or, if already employed, may lead to my dismissal.

I have not omitted any names or aliases that I use or used in the past.

I have read and understood the contents of this form and the relevant information in the Working With Children Guidelines. I declare that I am not a prohibited person under the Commission for Children and Young People Act 1998 and I understand that it is an offence for a prohibited person to seek child-related employment.

I am aware that if considered for child-related employment with NSW Health, several checks will be undertaken to ascertain my suitability, including checks directly related to child related employment and checks related to more general suitability for employment in the public sector.

1. In relation to checking for general public sector employment national criminal record check for all charges which have not been heard or finalised by the court and for all convictions vetted in accordance with the Criminal Records Act 1991 or, if a Commonwealth offence, the Commonwealth Crimes Act 1914.

2. In relation to undertaking a Working With Children Check:
   - National criminal record check for charges and/or convictions (including spent convictions, convictions or charges that may have not been heard or finalised by a court; or are proven but have not led to a conviction; or have been dismissed, withdrawn or discharged by a court) for:
     - any sexual offence (including but not limited to, sexual assault, acts of indecency, child pornography, child prostitution and carnal knowledge);
     - any child-related personal violence offence;
     - any assault, ill treatment or neglect of, or psychological harm to a child and any registrable offence; punishable by imprisonment for 12 months or more.
   - Check for relevant Apprehended Violence Orders taken out by a police officer or other public official for the protection of a child or children; and
   - Check for relevant employment proceedings notified to the Commission for Children and Young People under the Commission for Children and Young People Act 1998.

I understand that both checks will be undertaken by the Department of Health who is also an Approved Screening Agency.

CONSENT

I consent to these checks being conducted and consent to the Commission for Children and Young People or an Approved Screening Agency obtaining any relevant record identified by these checks and any additional information relating to that record from sources such as courts, police, prosecutors and past employers to enable a full and informed estimate of risk and/or Employment Risk Assessment. I consent to these sources disclosing information relating to the Working With Children Check relevant records to the Commission for Children and Young People and/or Approved Screening Agency.

I acknowledge that:

1. In relation to a Working With Children Check:
   - the information obtained during the Working With Children Check, including this consent, may be collected and used by and/or disclosed to the Commission for Children and Young People or an Approved Screening Agency for relevant purposes of the Working With Children Check;
   - the Commission for Children and Young People and Approved Screening Agencies may share the information obtained during the Working with Children Check for the purposes of the Working with Children Check;
   - the outcome of an estimate of risk will be provided to my prospective employer or their employer-related body;
   - the information provided may be referred to the Commission for Children and Young People and/or NSW Police for law enforcement purposes and for monitoring and auditing compliance with the procedures and standards for the Working With Children Check in accordance with Section 36 (1)(f) of the Commission for Children and Young People Act 1998.
   - my relevant records under the Commission for Children and Young People Act 1998 will not be released to the Health agency through which I am seeking employment;

2. In relation to a National Criminal Record Check:
   - the information provided will be used and/or disclosed by the Department of Health for the purposes of undertaking the check and in this context, the information obtained as part of the National Criminal Record Check may be provided to the Health agency through which I am seeking employment to ascertain my suitability;

3. Generally
   - 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.

Name: _________________________________________________________________________________________
Signature: ______________________ Date: ______________________

NOTE: This form is to be kept by the employer.
MEDICAL INDEMNITY OPTIONS

Treasure Managed Fund (TMF) cover is AVAILABLE FOR VMOs. This includes:

- VISITING MEDICAL OFFICERS
- HONORARY MEDICAL OFFICERS
- VISITING DENTAL OFFICERS (only to the extent that they provide maxillofacial services to public patients in public hospitals)

The Health Care Liability Act 2001, and orders made under it require all medical practitioners practicing in NSW to have approved professional indemnity cover from a “notified insurer”, unless exempted by the Act or regulations.

The NSW Government provides two options for VMO’s in relation to TMF indemnity cover for treating patients in public hospitals. These options are available to VMO’s, at no cost, only where there is a signed service contract with the Public Health Organisation (PHO). These options are detailed below.

If a VMO does not sign one of these Contracts of Liability Coverage, and has not arranged alternative approved cover through a notified insurer, the VMO will not be able to practice as a visiting practitioner.

To be eligible to sign a Contract of Liability Coverage, the doctor must be a VMO whose appointment satisfies the requirements of the Health Services Act 1997. Section 86 of the Health Services Act provides that a VMO must not be appointed “unless the terms and conditions to which the officer is to be subject are in the form of a written service contract.” An appointment that does not satisfy this section is void. The contract must be signed and all conditions for indemnity satisfied for the VMO to be given indemnity.

Both these Contracts of Liability Coverage are not able to be changed.

OPTION ONE

MEDICAL INDEMNITY FOR TREATING OF PUBLIC PATIENTS IN PUBLIC HOSPITALS

- This is an agreement between the VMO and the relevant PHO, which entitles the VMO to indemnity under the NSW Government Treasury Managed Fund arrangements in respect of their public patient work, subject to the conditions contained in the contract.

- The Contract provides occurrence-based cover. The coverage is for health care claims, in respect of the care and treatment of public patients in public hospitals, or through other health services under the control of the PHO, arising from occurrences during the period of liability coverage, irrespective of when the claim is ultimately lodged.

  - For example, if a VMO is appointed as at 1 January 2002 and the contract expires on 30 June 2003 and the VMO retires or is otherwise not re-appointed, all relevant occurrences during this 18-month period will be covered in accordance with the conditions of coverage. This means that if a claim is lodged in 2010 for an incident during this 18-month period it will be covered.

OPTION TWO

MEDICAL INDEMNITY FOR TREATING OF PUBLIC PATIENTS AND PRIVATE PAEDIATRIC PATIENTS IN PUBLIC HOSPITALS

- Commencing 1 January 2004, the Government provided VMO’s the option of having additional TMF cover for treating private paediatric patients in NSW public hospitals.

- All conditions of the Public Patient Liability Coverage, including incident reporting/risk management, remain, and VMO’s are required to observe such conditions for private paediatric patients.

- The modified Contract of Liability Coverage for private paediatric patients requires each VMO:

  - To take all reasonable steps to ensure that inpatients are properly identified as compensable patients, entitled veterans or ineligible patients as applicable
  - To ensure that no private paediatric patient is charged more than 100% of the applicable Medical Benefits Schedule fees for that health care, unless the patient has private insurance that will provide a rebate to a specified level above the MBS fees
  - To make available billing records in respect of health care provided to private inpatients for any one month period as specified by the PHO
  - To participate in simplified billing if it has been introduced by the Health Service.

- N.B. The VMO contract defines private paediatric inpatient and a private inpatient.

Name___________________________ Please tick preference □ Option 1 OR □ Option 2

Version No. 3 Date Published November 2009 Date Modified July 2011
All new recruits must provide evidence of protection against the infectious diseases specified in policy directive PD2011_005 and comply with the requirements of this policy directive at their own cost, prior to appointment.

You must submit the following with your application:

- Evidence of protection against the infectious diseases specified (please supply a copy of your NSW Health Certificate if you already have one). If you do not have this information at the time of application, successful candidates will be required to submit this information prior to commencement in the position.
- Form 1: New Recruit Undertaking/Declaration and
- Form 2: TB Assessment Tool

INFORMATION SHEET 1 – Risk categorisation guidelines

Category A - Protection against the specified infectious diseases is required

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

Contact that would allow the acquisition or transmission of diseases that are spread by respiratory means.

Includes persons:
- whose work requires frequent/prolonged face-to-face contact with patients or clients e.g. interviewing or counselling individual clients or small groups; performing reception duties in an emergency/outpatients department;
- whose normal work location is in a clinical area such as a ward, emergency department, outpatient clinic (including, for example, ward clerks and patient transport officers); or
- who frequently throughout their working week are required to attend clinical areas, e.g. food services staff who deliver meals.

All persons working with the following high risk client groups or in the following high risk clinical areas are automatically considered to be Category A, regardless of duties.

High risk client groups
- Children less than 2 years of age including neonates and premature infants
- Pregnant women
- Immunocompromised clients

High risk clinical areas
- Ante-natal, peri-natal and post-natal areas including labour wards and recovery rooms
- Neonatal Intensive Care Units and Special Care Units
- Paediatric wards
- Transplant and oncology wards
- Intensive Care Units
- Emergency Departments
- Operating theatres, and recovery rooms treating restricted client groups
- Ambulance and paramedic care services
- Laboratories
INFORMATION SHEET 2. – Checklist: Evidence required from Category A applicants

### Evidence required to demonstrate protection against the specified infectious diseases

1. Acceptable evidence of protection against specified infectious diseases includes:
   - a written record of vaccination signed by the medical practitioner, and/or
   - serological confirmation of protection, and/or
   - other evidence, as specified in the table below.
   - **NB:** the health facility may require further evidence of protection, eg serology, if the vaccination record does not contain vaccine brand and batch or official certification from vaccination provider (eg clinic/practice stamp).

2. **TST screening is required** if the person was born in a country with a high incidence of TB, or has resided for a cumulative time of 3 months or longer in a country with a high incidence of TB, as listed at: [http://www.health.nsw.gov.au/publichealth/Infectious/a-z.asp#T](http://www.health.nsw.gov.au/publichealth/Infectious/a-z.asp#T).

3. In certain specialised clinical settings, for example, in transplant, oncology or neonatal wards, the health facility **may** require serological evidence of protection (in addition to evidence of vaccination or other evidence) to ensure that the risk to vulnerable patients is minimised.

<table>
<thead>
<tr>
<th>Disease</th>
<th>Evidence of vaccination</th>
<th>Documented serology results</th>
<th>Other acceptable evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria, tetanus, pertussis (whooping cough)</td>
<td>One adult dose of diphtheria/ tetanus/ pertussis vaccine (dTpa). Not ADT.</td>
<td>Serology will not be accepted</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>History of completed age-appropriate course of hepatitis B vaccine. Not “accelerated” course.</td>
<td>Anti-HBs greater than or equal to 10miU/mL</td>
<td>Documented evidence of anti-HBc, indicating past hepatitis B infection</td>
</tr>
<tr>
<td>Measles, mumps, rubella (MMR)</td>
<td>2 doses of MMR vaccine at least one month apart</td>
<td>Positive IgG for measles, mumps and rubella</td>
<td>Birth date before 1966</td>
</tr>
<tr>
<td>Varicella (chickenpox)</td>
<td>2 doses of varicella vaccine at least one month apart (evidence of one dose is sufficient if the person was vaccinated before 14 years of age)</td>
<td>Positive IgG for varicella</td>
<td>History of chickenpox or physician-diagnosed shingles (serotest if uncertain)</td>
</tr>
<tr>
<td>Tuberculosis (TB)</td>
<td></td>
<td>Not applicable</td>
<td>Tuberculin skin test (TST)</td>
</tr>
</tbody>
</table>

**See note 2 above for list of persons requiring TST screening**

Note: interferon-gamma release immunoassay (IGRA) is not generally accepted. In the event that an IGRA has been performed, screening by TST will be required if the IGRA result is negative or equivocal.

Persons with positive TST/IGRA must be fully assessed by a TB service within 3 months of commencement of clinical duties or clinical placement and must be asymptomatic when commencing clinical duties or clinical placement.

**Influenza**

Annual influenza vaccination **is not a requirement, but is strongly recommended**.
### FORM 1. – New Recruit Undertaking/Declaration

- All new recruits must complete each part of this **New Recruit Undertaking/Declaration Form** and the **Tuberculosis (TB) Screening Assessment Tool** and return these forms to the employing health facility as soon as possible. The health service will assess these forms along with evidence of protection against the infectious diseases specified in this policy directive.
- New recruits will not be permitted to commence duties if they have not submitted a **New Recruit Undertaking/Declaration Form** and a **Form 2: Tuberculosis Assessment Tool**.
- Failure to complete outstanding hepatitis B or TB requirements within the appropriate timeframe(s) will result in serious consequences and may affect the new recruit’s employment status.

#### Part 1
- I have read and understand the requirements of the NSW Health Occupational Assessment, Screening and Vaccination against Specified Infectious Diseases Policy Directive.

#### Part 2
- I undertake to participate in the assessment, screening and vaccination process and I am not aware of any personal circumstances that would prevent me from completing these requirements.

OR

- 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.

#### Part 3
- I have evidence of protection for:
  - [ ] pertussis
  - [ ] diphtheria
  - [ ] tetanus
  - [ ] varicella
  - [ ] measles
  - [ ] mumps
  - [ ] rubella

#### Part 4
- I have evidence of protection for hepatitis B.

OR

- I have received at least the first dose of hepatitis B vaccine (documentation provided) and undertake to complete the hepatitis B vaccine course (as recommended in the **Australian Immunisation Handbook**, current edition) and provide a post-vaccination serology result within six months of appointment/commencement of duties.

#### Part 5
- I have been informed of, and understand, the risks of infection, the consequences of infection and management in the event of exposure (refer **Information Sheet 3: Specified Infectious Diseases: Risks, consequences of exposure and protective measures**) and agree to comply with the protective measures required by the health service.

I declare that the information I have provided is correct.

Name _________________________________________________________________________________

Phone or Email _________________________________________________________________________

Health Service/Facility __________________________________________________________________

Signature ___________________________________________ Date __________________________
FORM 2. – Tuberculosis (TB) assessment tool

- A New Recruit/Student will require TST screening if he/she was born in a country with a high incidence of TB, or has resided for a cumulative time of 3 months or longer in a country with a high incidence of TB, as listed at: [http://www.health.nsw.gov.au/publichealth/Infectious/a-z.asp#T](http://www.health.nsw.gov.au/publichealth/Infectious/a-z.asp#T).
- The Health Service will assess this form and decide whether clinical review/testing for TB is required. Indicate if you would prefer to provide this information in private consultation with a clinician.
- New recruits will not be permitted to commence duties if they have not submitted this Form and Form 1: New Recruit Undertaking/Declaration to the employing health facility. Failure to complete outstanding TB requirements within the appropriate timeframe(s) may affect the new recruit’s employment status.
- Students will not be permitted to attend clinical placements if they have not submitted this Form and the Form 3: Student Undertaking/Declaration to their educational institution’s clinical placement coordinator as soon as possible after enrolment. Failure to complete outstanding TB requirements within the appropriate timeframe(s) will result in suspension from further clinical placements. The educational institution will forward the original or a copy of these forms to the health service for assessment.

<table>
<thead>
<tr>
<th>Clinical History</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cough for longer than 2 weeks</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>Haemoptysis (coughing blood)</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>Fevers / Chills / Temperatures</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>Night Sweats</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>Fatigue / Weakness</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>Anorexia (loss of appetite)</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>Unexplained Weight Loss</td>
<td>Yes □ No □</td>
</tr>
</tbody>
</table>

Please provide information below if you have any of the following symptoms:

<table>
<thead>
<tr>
<th>Assessment of risk of TB infection</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Were you born outside Australia?</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>If yes, where were you born?</td>
<td></td>
</tr>
</tbody>
</table>

Have you lived or travelled overseas?

<table>
<thead>
<tr>
<th>Country</th>
<th>Amount of time lived/travelled in country</th>
</tr>
</thead>
</table>

Have you ever had:

<table>
<thead>
<tr>
<th>Contact with a person known to have TB?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, provide details below</td>
<td>Yes □ No □</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Have you ever had:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>TB Screening</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>If yes, provide details below and attach documentation</td>
<td></td>
</tr>
</tbody>
</table>

If you answered YES to any of the questions above, please provide details (attach extra pages if required).

I declare that the information I have provided is correct

Name ____________________________________________________________________________

Phone or Email ____________________________________________________________________

Student ID (or date of birth) ____________________________________________________________________________

Educational institution (student) ____________________________________________________________

Health Service/Facility (new recruit) ____________________________________________________________

Signature _______________________________ Date ____________________________