

Application for Appointment Senior Medical and Dental Practitioners



Health
Northern Sydney
Local Health District

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

APPLICATION 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.

You must also meet the requirements of occupational screening for specified infectious diseases as per NSW Health Policy Directive 2011_005 available at http://www.health.nsw.gov.au/policies/pd/2011/PD2011_005.html.

If appointed you must abide by the NSW Health Code of Conduct available at http://www.health.nsw.gov.au/policies/pd/2005/PD2005_626.html

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: _____ **GIVEN NAME/S:** _____
(Preferred title: Mr / Mrs / Ms / Miss / Dr / Prof / A/Prof (Circle whichever applicable))

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:** _____

- | | |
|---|---|
| <input type="checkbox"/> North Shore Ryde Health Service
<input type="checkbox"/> Royal North Shore Hospital
<input type="checkbox"/> Ryde Hospital | <input type="checkbox"/> Area Services:
<input type="checkbox"/> BreastScreen
<input type="checkbox"/> Medical Imaging
<input type="checkbox"/> Mental Health/ Drug & Alcohol
<input type="checkbox"/> Oral Health Services
<input type="checkbox"/> Pathology
<input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Hornsby Ku-ring-gai Health Service (Hornsby Hospital) | |
| <input type="checkbox"/> Northern Beaches Health Service (Manly and/or Mona Vale Hospitals) | |

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: _____

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 clearances, 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 E E O Legislation

Was English the first language of:

- | | | | |
|-------------|------------------------------|-----------------------------|--|
| Yourself | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Are you from a racial, ethnic or ethno-religious |
| Your Mother | <input type="checkbox"/> Yes | <input type="checkbox"/> No | group which is a minority in Australian society? |
| Your Father | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> 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 college¹

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:** _____ / _____ / _____

NATIONAL CRIMINAL RECORD CHECK CONSENT FORM NSW HEALTH

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.

	Family Name	First Given Name	Given Name 2	Given Name 3
Primary Name				
Maiden Name (if applicable)				
Complete Previous / Alias Name if any and circle the appropriate name type				
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	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 <small>(if same as Residential Address, write "As Above")</small>				
Previous Address (if any)	No/Street:			
	Suburb/Town:			
	State:		Postcode:	Country:
Email				
Telephone No	Mobile:	Business:	Private:	
Position Applied	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:	Issuing Country:
			<input type="checkbox"/> Private <input type="checkbox"/> Government <input type="checkbox"/> UN Refugee	

1. I acknowledge that I have read the Information sheet provided with this Form and understand that the position for which I am being considered is in a category for which NO exclusion has been granted from the application of the Spent Convictions Scheme, as described under the heading "Spent Convictions Schemes" in the Information sheet.
2. I certify that I am the applicant herein and that all the details that I have provided are true and correct and that I have not omitted any Maiden Name, previous names or aliases that I have used in the past;
3. I acknowledge that any information provided by me on this Form or by Australian Police Services as a result of the records check may be taken into account by NSW Health in assessing my suitability for the above position.
4. I consent to: (i) my employer forwarding details obtained from this form to NSW Health;
(ii) NSW Health forwarding details obtained from this form to the CrimTrac Agency and/or to Australian police services or other relevant law enforcement agencies.
5. I consent to:
 - (i) the CrimTrac Agency making enquiries to Australian Police Services;
 - (ii) Australian Police Services obtaining and disclosing from their records personal information about me, including any outstanding charges, criminal convictions and findings of guilt recorded against me for any offences in any jurisdiction, that may be disclosed according to the laws of the jurisdiction and, in the absence of any laws governing the release of that information, according to the jurisdiction's information release policy, and forwarding relevant information to the CrimTrac Agency; and
 - (iii) the CrimTrac Agency providing relevant information to NSW Health for the purposes of allowing NSW Health to assess my suitability in relation to my employment.

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.

Name: _____ **Signature:** _____ **Date:** / / _____

GENERAL INFORMATION

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 of your suitability. You may be required to complete another consent form in the future in relation to employment in other positions.

CRIMINAL HISTORY RECORD CHECK

Criminal history record checks are an integral part of the assessment of your suitability. Information extracted from the Form will be forwarded to the CrimTrac Agency, other Australian police services or other law enforcement agencies for checking action. By signing the Form you are providing your consent to these agencies:

- a) disclosing criminal history information that pertains to you from their own records to NSW Health; and/or
- b) accessing their records to obtain criminal history information that in turn will be disclosed to NSW Health.

Such 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.

It is usual practice for an applicant's personal information to be disclosed to Australian police services for them to use for their respective law enforcement purposes including the investigation of any outstanding criminal offences.

SPENT CONVICTIONS SCHEMES

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 he/she was 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;*
- *convictions imposed against bodies corporate;*
- *convictions for sexual offences; and*
- *convictions prescribed by the regulations.*

For more information on spent convictions in NSW contact NSW Privacy on phone (02) 9268 5588.

Other Australian Police Services

Where a criminal history record with another Australian police service has been obtained, any relevant legislation (and/or release policy) affecting that police service will be applied before that record is released. Under various pieces of Commonwealth, State and Territory legislation a person has the right, in particular circumstances or for a particular purpose, to not disclose certain convictions/findings of guilt over a certain age. Such convictions (widely referred to as "spent" or "rehabilitated" convictions) will not be released unless the records check is for the applicant's personal information only and provided that this is in accordance with relevant legislation (and/or release policy). Please contact individual police services directly for further information about their release policies and any legislation that affects them.

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.

You should note that the existence of a record does not mean that you will be assessed automatically as being unsuitable. Each case will be assessed on its merit, so it is in your interests to provide full and frank details in the form.

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

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 (eg 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 eg 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, eg 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

- 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)
- 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>.
- 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.

Disease	Evidence of vaccination	Documented serology results	Other acceptable evidence
<i>Diphtheria, tetanus, pertussis (whooping cough)</i>	<input type="checkbox"/> One <u>adult</u> dose of diphtheria/ tetanus/ pertussis vaccine (dTpa). Not ADT.	Serology will not be accepted	Not applicable
<i>Hepatitis B</i>	<input type="checkbox"/> History of completed age-appropriate course of hepatitis B vaccine. Not “accelerated” course.	<input type="checkbox"/> Anti-HBs greater than or equal to 10mIU/mL	<input type="checkbox"/> Documented evidence of anti-HBc, indicating past hepatitis B infection
<i>Measles, mumps, rubella (MMR)</i>	<input type="checkbox"/> 2 doses of MMR vaccine at least one month apart	<input type="checkbox"/> Positive IgG for measles, mumps and rubella	<input type="checkbox"/> Birth date before 1966
<i>Varicella (chickenpox)</i>	<input type="checkbox"/> 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)	<input type="checkbox"/> Positive IgG for varicella	<input type="checkbox"/> History of chickenpox or physician-diagnosed shingles (serotest if uncertain)
<i>Tuberculosis (TB)</i>		Not applicable	<input type="checkbox"/> Tuberculin skin test (TST)
<i>See note 2 above for list of persons requiring TST screening</i>	Not applicable	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.	
<i>Influenza</i>	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:

<input type="checkbox"/> pertussis	<input type="checkbox"/> diphtheria	<input type="checkbox"/> tetanus
<input type="checkbox"/> varicella	<input type="checkbox"/> measles	<input type="checkbox"/> mumps <input type="checkbox"/> 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>.
- 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.

Clinical History

Cough for longer than 2 weeks Yes No

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

Haemoptysis (coughing blood) Yes No

Fevers / Chills / Temperatures Yes No

Night Sweats Yes No

Fatigue / Weakness Yes No

Anorexia (loss of appetite) Yes No

Unexplained Weight Loss Yes No

Assessment of risk of TB infection

Were you born outside Australia?

Yes No

If yes, where were you born?

Have you lived or travelled overseas?

Yes No

Country

Amount of time lived/
travelled in country

.....
.....
.....

Have you ever had:

Contact with a person known to have TB?

If yes, provide details below Yes No

Have you ever had:

TB Screening

Yes No

If yes, provide details below and attach documentation

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 _____

How do I apply?

PLEASE DO NOT APPLY BEFORE 1 APRIL 2014 UNLESS:

- a) you are starting a new **paid** job in child-related work OR
- b) you are **currently employed** or you **volunteer** in one of the following industry sectors:
- child protection
 - disability services
 - justice services
 - religious services (work as a minister, priest, rabbi, mufti or similar religious leader or spiritual officer of the organisation)
 - youth workers
 - authorised carers (foster carers and other authorised carers of children in statutory and supported out-of-home care)
 - adult household members of:
 - an authorised carer
 - a family day care service provider
 - a home-based education and care service provider

If you do not fit into either **a)** OR **b)** please defer your application until your allotted phase in date. See [FACT SHEET: Phase in schedule](#).

If you are applying from overseas or interstate, please see [FACT SHEET: Overseas applicants](#) or [FACT SHEET: Interstate applicants](#)

STEP 1: Fill in an online application form

- Go to www.newcheck.kids.nsw.gov.au and fill in the online application form. If you do not have access to the internet, please call (02) 9286 7219 for assistance.
- **Please make sure the details you provide are EXACTLY THE SAME as the details on your identity documents.** If you have submitted the form with a mistake, please redo the form to avoid problems with the proof of identity requirement at step two.
- **Ensure you select the correct category: paid or volunteer worker.** The \$80 fee for paid workers is not refundable if you are a volunteer and you choose 'paid worker' by mistake. A Check for paid workers will cover **both** paid and volunteer work in NSW for five years.
- Once you have submitted the form, you will receive an application number that looks like this: APP1234567.

Need help? [Watch the online tutorial](#), available from *Seminars and events* at www.kids.nsw.gov.au.

STEP 2: Present proof of your identity

- Go to a [NSW motor registry](#) or NSW Council Agency that offers RMS services.
- **You will need your application number and [proof of your identity](#)** (same as for a NSW driver's licence). You must have both of these items for your application to proceed.
- If you are in paid work, you will also be required to pay an \$80 fee for a five year clearance. See [FACT SHEET: Fee information](#).

PLEASE NOTE! Before you go to a NSW motor registry or Council Agency:

- You cannot submit proof of identity on behalf of someone else. You must appear in person with your own documentation.
- Proof of identity cannot be performed outside of NSW. It must be completed at a NSW motor registry or NSW Council Agency that offers RMS services.
- Additional identity verification options are available for authorised carers and their adult household members who live interstate, and for those who are medically unable to attend a motor registry or Government Access Centre. See [FACT SHEET Interstate or incapacitated authorised carers or householders: Identity verification options](#)

Receiving your results

You will receive your outcome and Working With Children Check number by email (or post if you do not have an email address). See also [FACT SHEET: When will I receive my results? If you have not received your results within four weeks](#), please email your details and application number to newcheck@kids.nsw.gov.au.

Find a NSW motor registry

Locations of NSW Roads and Maritime Services (motor registries), Service NSW centres and Government Access Centres can be found at www.service.nsw.gov.au

For more information, please refer to the fact sheets available from the fact sheets and resources page of www.newcheck.kids.nsw.gov.au.

If you have a question, please email newcheck@kids.nsw.gov.au.
