



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

2015 RMO/REG/CMO Locum Application Package
March 2015

Forms to Be Completed:

1. Active Locums Employment Registration Form
2. Active Locums Consent Form & Declaration
3. Clinical Skills Self-Assessment (Non Specialist) V5
4. Form 7 Clinical Skills Assessment, Post-Graduate Qualifications and Relevant Courses Completed
5. Form 10 Policy Sign Off Sheet V5
6. Employment Declaration V5
7. Criminal Record Statutory Declaration
8. Statutory Declaration for Overseas Applicants (*if applicable*)
9. Commonwealth of Australia Statutory Declaration (*if applicable*)
10. Employment Health Assessment, Form 1, Form 2 (TB Form) and Vaccination/Serology Records (Category A compliance)
11. Employee Personal Details Form
12. Tax File Number Declaration
13. Superannuation Fund Election Form

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 (please see attached clinical referee check form to provide to your referees to return)
3. JP certified copies of qualifications or transcripts and specialist qualifications (if applicable) and proof of CME
4. Copy of AHPRA registration
5. Medical indemnity certificate of currency for 2015-2016
6. National Police Check certificate – if you already have a clearance which is less than 2 years old, you are able to sign a criminal record statutory declaration which we can email you, or
If you do not have a current NCRC , please apply for a National Police Check (www.nationalcrimecheck.com.au) and supply clearance number to Active Locums for verification - **please ensure you apply for Medical Practitioner Vulnerable Persons, Aged Care, Disabled and Children**
7. Proof of NSW Working with Children clearance through the Office of the Childrens Guardian (if you do not already have clearance, please follow instructions below on how to apply)
8. JP certified 100pt ID (current passport, drivers licence, visa)
9. Vaccination/Serology Records as per NSW Health requirements, and evidence of Category A clearance (*if applicable*)
10. Online Training Certificates: E-Orientation (eMO), Detect Between the Flags Adults (compulsory) and Detect Paediatrics (<http://nswhealth.moodle.com.au/login/index.php>), 5 Moments of Hand Hygiene (<http://www.hha.org.au/LearningPackage/olp-home.aspx>), Code of Conduct, Introduction to Work Health and Safety, Privacy, Child Protection, Hazardous Manual Tasks, Fire and Evacuation, Violence and Prevention and Management in the Workplace
11. Passport-sized photo (to be used for issue of Active Locums ID pass)

Office of the Children's Guardian Working with Children Clearance May be Obtained by:

- Doctor is to log on to Office of the Children's Guardian website (www.kidsguardian.nsw.gov.au) and apply for an ID number
- Doctors will go to their local Roads and Maritime Services office to submit 100 point ID, which will then be electronically transmitted to the Commission. There is a cost of \$80 which will cover clearance for 5 years.
- The Office of the Children's Guardian will issue a letter stating the individual is able to work in a child-related position or barred from working in a child-related position.
- Office of the Children's Guardian will continuously monitor all individuals for a 5 year period for any breaches
- Locum doctors will provide Active Locums with consent to access their Working with Children status on the Office of the Children's Guardian website and to provide it to any facility that they are applying to work in.
- Agencies and employers will search the Office of the Children's Guardian website to obtain status of currency for the individual doctor

Please ensure that you have completed all of the above forms and included all of the above documents before returning this package to
Active Locums Pty Ltd



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ACTIVE LOCUMS REGISTRATION 2015

Date: _____

General Information

Surname: _____ Given Names: _____
Address: _____
Postal Address: _____
Contact Details: (H) _____ (W) _____ (M) _____ (Email) _____
(Please indicate the best method of contact at short notice.)
Date of Birth: _____ Country of Birth: _____
Nationality: _____ Languages Spoken: _____
Tax File Number: _____ Drivers Licence No.: _____
Provider No: _____ FRACGP: _____
Medical Indemnity: _____ Medical Indemnity No.: _____
Valid Till: _____
Working with Children Clearance number: _____
National Criminal Record clearance number: _____

Qualifications

Qualifying Degree: _____ University: _____ Year: _____
Post Graduate Degree/s: _____ Obtained at: _____ Year: _____
_____ Obtained at: _____ Year: _____
Date of Registration in NSW: _____ Reg. No.: _____

Experience

Experience in Australia: _____
Experience Overseas: _____
Experience in any of the following: (please circle)
Emergency Anaesthetics ICU/CCU Paediatrics Internal Med
General Practice Surgery Psychiatry Obs/Gynae Rehabilitation
Other: _____

Level of seniority: (please circle)

Junior Medical Officer Resident Registrar SMO/CMO
Consultant/VMO GP

MEDICAL LOCUM SPECIALISTS





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Locum Employment Information

Locum experience: _____

Date available from: _____ For work in: (please circle) Hospital / GP / Metropolitan / Rural

Days and hours available: _____

Position Type: (Please circle) Full Time Part Time Other

Reason for seeking locum work: _____

Future professional plans: _____

Will you work in rural areas as a short term locum? _____

Do you have a preferred location? _____

Preferred payment method and details: _____

Superannuation Fund details: _____

Have you ever had any action taken against you by a) Medical Board or b) Employer? _____

If yes please provide details: _____

Are there any conditions on your registration? _____

Is there any procedure you would not do? _____

Other Information

Hobbies and Interests: _____

Do you have a motor vehicle? _____

How did you hear of Active Locums? (Please circle)

Classifieds Friends Word of Mouth Internet Search Other _____

References

Please list three references and their relationship to you.

1) _____ Contact Details: _____

2) _____ Contact Details: _____

3) _____ Contact Details: _____

Signed: _____ Date: _____



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CONSENT FORM & DECLARATION 2015

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 practice 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**. 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 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.**
- 7) My prescriber number is _____. I am eligible to apply for a provider number **Yes/No**.
My provider number is _____.
- 8) My ABN is _____. I am registered to claim GST **Yes/No**
- 9) If I am working through a Pty Ltd company, I agree to provide a copy of current worker's compensation insurance and public liability insurance. If I am working as a sole trader ABN, I confirm I have income protection 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 the effects of alcohol or drugs.
I undertake to notify Active Locums Pty Ltd as soon as possible if an adverse event or situation occurs which could result in any disciplinary or legal action or compromise the status of my medical registration.
I undertake to notify Active Locums Pty Ltd as soon as practicable about my inability to work a confirmed shift.
I have no objection to Active Locums Pty Ltd obtaining regular performance appraisal feedback reports from the employing organisation for quality control purposes.
I understand my employment could be terminated if my work or attitude is deemed to be unsatisfactory by the employer or if my Medical Registration/Medical Indemnity is altered or compromised in any way.
- 13) I consent to Active Locums Pty Ltd undertaking regular clinical reference checks with my referees as nominated.
- 14) I consent to Active Locums Pty Ltd providing copies of my CV, AHPRA Registration, Medical Indemnity, references, proof of identification and any other documentation required to any prospective employer for the purposes of obtaining work, and disclosing any personal information to the auditors of Global Mark and to any Government or regulatory authorities to comply with the process of auditing/accreditation, insurance or as authorised by law.
- 15) I have read and understand the Active Locums Pty Ltd's Privacy Policy.

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

- 16) Please initial each point below to acknowledge awareness and agreement of these mandatory requirements from NSW Health:
- I have accessed and read all required NSW Health Policies needed to sign the NSW Health Policy Sign Off Sheet (Form 10) from Active Locums.
 - I have read and understood the NSW Secondary Employment Policy and agree to abide by it.
 - If I have supplied Secondary Employment approval in writing, I confirm there are no potential conflicts of interests, OH&S, or service delivery risks that could arise as a result of secondary employment as a locum doctor.
 - I have already undertaken or am prepared to undergo:
 - ◆ **Electronic Medical Orientation (EMO) training**
 - ◆ **DETECT Between the Flags training**
 - ◆ **Training modules in: Code of Conduct, Child Protection, Handling Hazardous Manual Tasks, Work Health and Safety, Fire and Evacuation, and any other training modules as occasionally directed by NSW Health facilities.**
 - I am aware of and agree to abide by OH&S legislation on manual handling.
 - I have received and completed the Employment Screening Questionnaire and Declaration and have provided vaccination and serology. Locum medical officers who decline immunisation must sign a Statutory Declaration to this effect.
 - 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 the direction of the customer.
 - The Local Health District where I am employed is aware of my intention to undertake locum work. They have supplied written consent and have no objection provided it does not raise any work performance issues.
 - 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 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 in any NSW public hospital.
 - 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.

SIGNED _____ IN SYDNEY ON _____

APPENDIX A1 – Clinical Skills SELF Assessment - Non Specialist

	Document ID: Form 03
	Version: V5
	Modified Date: May 2013

Clinical Skills SELF Assessment – Non Specialist

To be completed by Locum Medical Officer and returned to the Medical Locum Agency then sent to LHD

Locum Medical Officer			
Signature		Date	

SKILLS	<i>Theory Only</i>	<i>Have seen and can perform)</i>	<i>Have performed and can teach</i>
GENERAL RESIDENT General medical abilities as a resident/senior resident medical officer to <i>work under supervision</i> . This must include understanding of own limitations and when to ask for assistance, and including (not exhaustive) proficiency in peripheral venous cannulation, arterial blood gas sampling, urethral catheterisation, ECG interpretation, lumbar puncture, use of fluids & blood products, simple suturing			
IN-CHARGE Able to prioritise, know own limitations & ask for help where appropriate, can communicate severity appropriately over the phone, and can supervise others (particularly the type of skill to be in charge of a department, or hospital)			
BASIC PAEDIATRIC SKILLS Basic paediatric care – general abilities to assess children having completed a paediatric resident term, or seen children in a mixed emergency department. Includes peripheral venous cannulation in children.			
EMERGENCY MEDICINE Able to correlate history, examination and diagnostic tests in order to make provisional diagnosis & initiate management for <i>most presentations</i> to the emergency department. This includes (but not exclusive to) ability to manage multisystem trauma, management of simple fractures & dislocations, complex suturing, use of slit lamps and ENT instruments for removal of foreign bodies.			
ICU MEDICINE Mechanical ventilation can generally function at the level of a registrar in intensive care.			
INTERNAL MEDICINE ADULT: Able to correlate history, examination and diagnostic tests in order to make provisional diagnosis & initiate management for patients admitted or proposed to be admitted under an adult physician. Must have at least 6 months experience functioning as a medical registrar or equivalent			
PSYCHIATRY Minimum of 6 months experience as a psychiatry registrar, sufficient knowledge about mental health to be able to make independent clinical decisions and in particular current knowledge of the Mental Health Act & function in a multidisciplinary team			
SURGERY Minimum of 6 months experience as a surgical registrar in a relevant surgical subspecialty, with sufficient knowledge to make independent decisions, & recent experience in Trauma call teams.			

AIRWAY & BREATHING			
MANUAL VENTILATION - ADULT Manual ventilation (e.g. bag & mask ventilation, Guedels airway, laryngeal mask airway – adult			
UNCOMPLICATED INTUBATION – ADULT Uncomplicated intubation of an unconscious adult patient			
DIFFICULT INTUBATION - ADULT Difficult intubation			
CPAP			
BiPAP			
INTERCOSTAL CATHETER INSERTION			

CIRCULATION			
CENTRAL LINE INSERTION			
ARTERIAL LINE INSERTION			
VASOACTIVE DRUGS: Use of vasoactive drugs			
CARDIOVERSION & DEFIBRILLATION: Emergency cardioversion & defibrillation			
EXTERNAL PACING			
PERICARDIOCENTESIS Pericardiocentesis			

SKILLS	<i>Theory Only</i>	<i>Have seen and can perform)</i>	<i>Have performed and can teach</i>
PAEDIATRIC			
PAED MANUAL VENTILATION includes bag & mask in children			
ADV PAED LIFE SUPPORT experience in advanced paediatric resuscitation & life support			
PAED INTEROSSEOUS LINES experience in inserting interosseous lines into acutely unwell children			
PAED ABG experience in paediatric blood gas sampling			

NEONATAL			
NEONATAL MANUAL VENTILATION (e.g. Bag & mask, neopuff)			
NEONATAL RESUSCITATION experience in the acute resuscitation of neonates, including intubation & ventilation			
NEONATAL BLOOD GASES			
NEONATAL CANNULATION Can place peripheral venous cannulas in neonates			
NEONATAL UMBILICAL LINES experience in placement of umbilical venous and			
NEONATAL ADVANCED SKILLS includes mechanical ventilation & insertion of intercostal catheters			

The Locum Medical Officer must submit this completed form to the Medical Locum Agency then to the Health District prior to placement

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


Locum name		Date	
Locum contact			
Agency			
Agency signature		Print name	

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

APPENDIX B1 – Policy Sign Off Sheet for Pre-Placement Checklist

	Document ID: Form 10
	Version: V5
	Modified Date: May 2013

Policy Sign Off Sheet

The importance of my compliance with the provisions of the following documentation has been brought to my attention by my locum agency.

(Please tick when read – all boxes should be marked)

- PD2005_162 HIV, Hepatitis B or Hepatitis C – Health Care Workers Infected
- PD2005_186 Employment Health Assessment Policy & Guidelines
- PD2013_050 Workplace Health and Safety: Better Practice Procedures
- PD2005_593 Privacy Manual (version 2) NSW Health
- PD2012_018 Code of Conduct
- PD2006_007 Complaint or Concern about Clinician- Principles for Action
- GL2007_023 Fatigue – Preventing and Managing Work Related Fatigue: Guidelines
- PD2007_036 Infection Control Policy
- PD2007_061 Incident Management
- PD2013_036 Employment Checks - Criminal Record Checks and Working with Children Checks
- PD2008_071 Medical Practitioners – Compliance with Registration Conditions
- PD2012_046 Remuneration Rates Payable to Non-Specialist staff – short term/ casual (locum)
- PD2013_036 Service Check Register for NSW Health
- PD2009_057 Records Management Policy – Department of Health
- PD2013_049 Recognition and Management of Patients who are Clinically Deteriorating
- PD2010_010 Conflicts of Interest and Gifts and Benefits
- PD2011_005 Occupational Assessment, Screening & Vaccination Against Specified Infectious Diseases

I understand that this “Policy Sign Off” sheet will be placed on file and retained by my medical locum agency.

I have read the above documentation and agree to abide by the provisions set out in these documents at all times during my placement with a NSW Public Hospital.

LOCUM MEDICAL OFFICER			
Name Please print			
Signature		Date	
Position			

LOCUM AGENCY			
Name of Agency Representative			
Signature		Date	
Position			

This form to be completed by the Locum Medical Officer and retained by the medical locum agency



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Links to NSW Health Policies – 13.06.14

(Please note updated policy directives in red)

- a) PD2005_162 HIV, Hepatitis B or Hepatitis C – Health Care Workers Infected
http://www.health.nsw.gov.au/policies/PD/2005/pdf/PD2005_162.pdf
- b) **PD2005_186 Employment Health Assessment Policy and Guidelines - RESCINDED**
http://www.health.nsw.gov.au/policies/PD/2005/pdf/PD2005_186.pdf
- c) **PD2013_050 Workplace Health and Safety: Better Practice Procedures**
http://www0.health.nsw.gov.au/policies/pd/2013/pdf/PD2013_050.pdf
- d) PD2005_593 Privacy Manual (Version 2 NSW Health)
http://www.health.nsw.gov.au/policies/pd/2005/pdf/PD2005_593.pdf
- e) PD2012_018 NSW Health Code of Conduct
http://www.health.nsw.gov.au/policies/pd/2012/pdf/PD2012_018.pdf
- f) PD2006_007 Complaint or Concern about Clinician- Principles for Action
http://www.health.nsw.gov.au/policies/pd/2006/pdf/PD2006_007.pdf
- g) GL2007_023 Fatigue – Preventing and Managing Work Related Fatigue: Guidelines
http://www.health.nsw.gov.au/policies/gl/2007/pdf/GL2007_023.pdf
- h) PD2007_036 Infection Control Policy
http://www0.health.nsw.gov.au/policies/pd/2007/pdf/PD2007_036.pdf
- i) **PD 2014_004 Incident Management Policy**
http://www0.health.nsw.gov.au/policies/pd/2014/pdf/PD2014_004.pdf
- j) **PD2013_028 Employment Checks – Criminal Record Checks and Working With Children Checks**
http://www0.health.nsw.gov.au/policies/pd/2013/pdf/PD2013_028.pdf
- k) PD2008_071 Medical Practitioners- Compliance with Registration Conditions
http://www0.health.nsw.gov.au/policies/pd/2008/pdf/PD2008_071.pdf
- l) PD2012_046 Remuneration Rates Payable to Non-Specialist Staff – Short Term/Casual (locum) PE 30/6/16
http://www0.health.nsw.gov.au/policies/pd/2012/pdf/PD2012_046.pdf
- m) **PD2013_036 Service Check Register for NSW Health**
http://www0.health.nsw.gov.au/policies/pd/2013/pdf/PD2013_036.pdf

- n) PD2009_057 Records Management Policy
http://www0.health.nsw.gov.au/policies/pd/2009/pdf/PD2009_057.pdf
- o) PD2013_049 Recognition and Management of Patients who are Clinically Deteriorating
http://www0.health.nsw.gov.au/policies/pd/2013/pdf/PD2013_049.pdf
- p) PD2010_010 Conflicts of Interest and Gifts and Benefits
http://www.health.nsw.gov.au/policies/pd/2010/pdf/PD2010_010.pdf
- q) PD2011_005 Occupational Assessment, Screening & Vaccination Against Specified Infectious Diseases
http://www0.health.nsw.gov.au/policies/pd/2011/pdf/PD2011_005.pdf

APPENDIX E – Employment Declaration

	Document ID: Form 11
	Version: V5
	Modified Date: May 2013

Employment Declaration

To be completed by the locum medical officer, copy retained by the Medical Locum Agency, original sent to Health District

Locum Name		Date	
Locum Contact			
Agency			

Details of other employers (attach a list if there is greater than two)

EMPLOYER 1			
Details of work undertaken (including travel time)	Average weekly average hours		
	Employer Contact Name		
	Telephone		

EMPLOYER 2			
Details of work undertaken (including travel time)	Average weekly average hours		
	Employer Contact Name		
	Telephone		

I declare that:

- **I have disclosed all other employers, internal or external to the potential engagement, including any other agencies and Health Districts;**
- **If I am currently working in a full time capacity within the NSW public health system, I have been given approval from my employer to engage in additional work through the locum agency;**
- **My other employment arrangements do not create any potential conflict of interest; occupational health and safety risks, or risk to quality patient service delivery during placement in a NSW Public Hospital.**

I agree to inform my agency of any additional employers.

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

APPENDIX F – Criminal Record Statutory Declaration - Australia

	Document ID: Form 12
	Version: V5
	Modified Date: May 2013

Criminal Record Statutory Declaration - Australia

To be completed by the Locum Medical Officer, where applicable

(1) Here insert name, address and occupation of person making the declaration.

I,..... do solemnly and sincerely declare that I do not have any criminal convictions/pending charges in my country of origin or any country which I have resided in and/or visited prior to entering Australia.

(2) Signature of person making the declaration.

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)
.....

Declared at

On , before me,

(3)
.....

(3) Signature of person before whom the declaration is made.

(4) Here insert title of person before whom the declaration is made.

(4)
.....

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.

This form to be completed by the Locum Medical Officer and retained by the medical locum agency

PRE EMPLOYMENT HEALTH ASSESSMENT

PART A: PERSONAL DETAILS

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

PART B: POSITION DETAILS

Position applied for: _____	Recruitment No: _____
Hospital/Facility: _____	Ward/Dept: _____

PART C: GENERAL HEALTH SCREENING

1. Have you been involved in any motor vehicle accidents resulting in personal injury? **Yes / No**

1a. Please give details of motor vehicle accidents or Third Party claims relating to injuries sustained:

Date of injury: _____ Insurer: _____

Nature of Injury/Illness:

2. Have you ever lodged a claim for workers compensation? **Yes / No**

If Yes, Please give details including date, injury and employer at the time of claim:

Date of Injury: _____ Employer: _____

Nature of Injury/ Illness:

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

If yes, please give details:

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

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

Please give details:

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

If Yes, please give details:

7. Do you suffer from any medical condition (including physical, psychiatric, psychological) for which you are receiving treatment? **Yes / No**

If Yes, please give details:

8. Have you ever had or do you have, any of the following?

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

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

PART D: PAST OCCUPATIONAL EXPOSURES

Have you been exposed to or monitored for any of the following?

	YES / NO	YEAR & PLACE
a. Cytotoxics	Yes / No	
b. Glutaraldehyde	Yes / No	
c. Ethylene oxide	Yes / No	
d. Asbestos	Yes / No	
e. Pesticides	Yes / No	
f. Lead	Yes / No	
g. Solvents	Yes / No	
h. Excessive noise or required to wear hearing protection	Yes / No	
i. Have you had previous hearing testing?	Yes / No	
j. Have you had previous health screening / medicals for exposure to asbestos or work-related dust?	Yes / No	

PART E: HEALTH DECLARATION

I hereby declare that the above statements and answers are true and correct to the best of my knowledge. I have read the inherent requirements for the position I am applying for and I understand and can fulfil these requirements.

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

I am aware that any false or misleading statements may impact on my appointment or continued employment.

Print Name: _____

Signature of Applicant: _____

Employee Number (if known): _____

Date: ____/ ____/ _____

INFORMATION SHEETS & ESSENTIAL FORMS

Title		Audience
<i>Information Sheet 1</i>	<i>Risk categorisation guidelines</i>	✓ <i>All persons</i>
<i>Information Sheet 2</i>	<i>Checklist: Evidence required from Category A applicants</i>	✓ <i>All persons</i>
<i>Information Sheet 3</i>	<i>Specified infectious diseases – risks, consequences of exposure and protective measures</i>	✓ <i>All persons</i>
<i>Information Sheet 4</i>	<i>Important requirements for students undertaking placements within NSW Health facilities</i>	✓ <i>Students</i>
<i>Form 1</i>	<i>New recruit undertaking/ declaration</i>	✓ <i>New Recruits</i> ✓ <i>Other clinical personnel including locums</i>
<i>Form 2</i>	<i>Tuberculosis (TB) assessment tool</i>	✓ <i>All persons</i>
<i>Form 3</i>	<i>Student undertaking/ declaration</i>	✓ <i>Students</i>

List of Countries with a Tuberculosis Incidence of 40 cases per 100,000 Persons or Greater.

High Risk Countries are defined in NSW Policy directives as:



BCG Vaccination (PD2013_032): All countries listed (greater than or equal to 40 per 100,000) - both light and dark blue

Occupational screening (PD2011_055): Countries greater than or equal to 60 per 100,000 - dark blue only

Country Name	Incidence	Country Name	Incidence	Country Name	Incidence	Country Name	Incidence
Western Pacific		Korea, Democratic People's Republ	429	Eritrea	92	Europe	
Brunei Darussalam	58	Maldives	40	Ethiopia	224	Armenia	49
Cambodia	400	Nepal	156	Gabon	423	Azerbaijan	85
China (excludes SARs and Taiwan)	70	Sri Lanka	66	Gambia	173	Belarus	70
Fiji	57	Thailand	119	Ghana	66	Bosnia and Herzegovina	46
Hong Kong (SAR of China)	76	Eastern Mediterranean		Guinea	177	Georgia	116
Kiribati	497	Afghanistan	189	Guinea-Bissau	387	Greenland	194
Korea, Republic of (South)	97	Djibouti	619	Kenya	268	Kazakhstan	139
Laos	197	Iraq	45	Lesotho	916	Kyrgyzstan	141
Macau (SAR of China)	88	Libya	40	Liberia	308	Latvia	50
Malaysia	99	Morocco	104	Madagascar	233	Lithuania	65
Marshall Islands	354	Pakistan	275	Malawi	156	Moldova	159
Micronesia, Federated States of	188	Qatar	40	Mali	60	Romania	87
Mongolia	181	Somalia	285	Mauritania	115	Russian Federation	89
Nauru	47	Sudan	108	Mozambique	552	Tajikistan	100
Northern Mariana Islands	70	Yemen	48	Namibia	651	Turkmenistan	72
Palau	44	Africa		Niger	102	Ukraine	96
Papua New Guinea	347	Algeria	81	Nigeria	338	Uzbekistan	80
Philippines	292	Angola	320	Rwanda	69	America	
Singapore	47	Benin	70	Sao Tome and Principe	91	Bolivia	123
Solomon Islands	92	Botswana	414	Senegal	136	Brazil	46
Tuvalu	228	Burkina Faso	54	Sierra Leone	313	Dominican Republic	60
Vanuatu	62	Burundi	128	South Africa	860	Ecuador	56
Vietnam	144	Cameroon	235	South Sudan	146	Guatemala	60
South East Asia		Cape Verde	143	Swaziland	1382	Guyana	109
Bangladesh	224	Central African Republic	359	Tanzania	164	Haiti	206
Bhutan	169	Chad	151	Togo	73	Honduras	54
Burma (Myanmar)	373	Congo	382	Uganda	166	Nicaragua	55
East Timor	498	Congo, Democratic Republic of	326	Zambia	410	Panama	48
India	171	Cote d'Ivoire	170	Zimbabwe	552	Paraguay	44
Indonesia	183	Equatorial Guinea	144			Peru	124

Data is based on the WHO Global Tuberculosis Control Report 2014: View report at: http://www.who.int/tb/publications/global_report/en/index.html

The data is arranged by WHO Regions and the colours indicated to the left of the country names are reflected in the map (please see page 2)

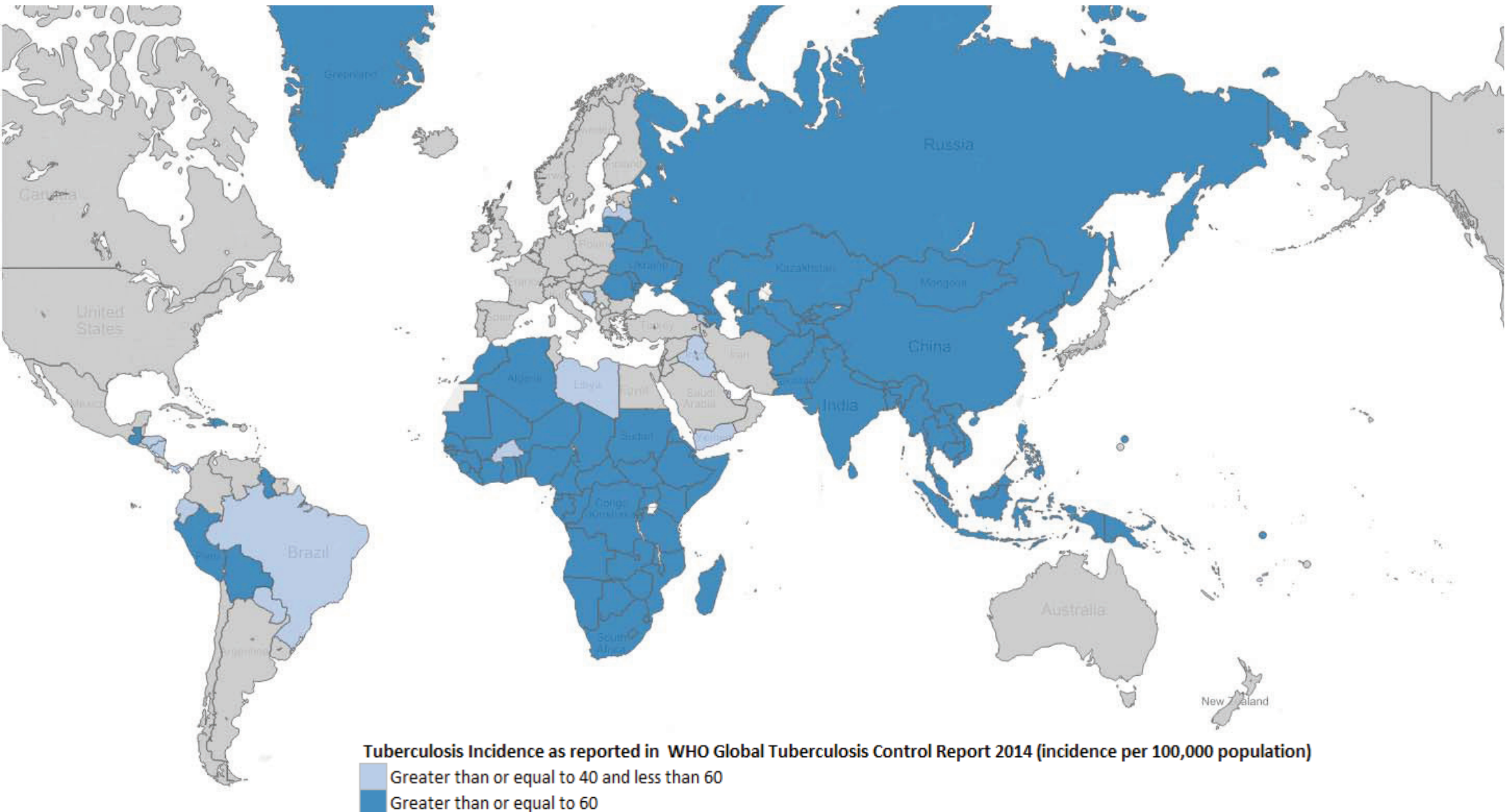
-  Tuberculosis incidence is greater than or equal to 40 and less than 60 per 100,000 population
-  Tuberculosis incidence is greater than or equal to 60 per 100,000 population

Map of Countries with a Tuberculosis Incidence of 40 cases per 100,000 Persons or Greater

High Risk Countries are defined in NSW Policy directives as:

BCG Vaccination (PD2013_032): All countries shaded below (greater than or equal to 40 per 100,000)

Occupational screening (PD2011_055): Countries greater than or equal to 60 per 100,000 (dark only)



Data is based on the WHO Global Tuberculosis Control Report 2014: View report at: http://www.who.int/tb/publications/global_report/en/index.html

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

All health care students are Category A.

Category B

Does not require protection against the specified infectious diseases as level of risk is no greater than that of the general community

- Does not work with the high risk client groups or in the high risk clinical areas listed above.
- No direct physical contact with patients/clients, deceased persons, blood, body substances or infectious material or surfaces/equipment that might contain these.
- Normal work location is not in a clinical area, eg administrative staff not working in a ward environment, food services staff in kitchens.
- Only attends clinical areas infrequently and for short periods of time eg visits a ward occasionally on administrative duties; is a maintenance contractor undertaking work in a clinical area.
- Although such persons may come into incidental contact with patients (eg in elevators, cafeteria, etc) this would not normally constitute a greater level of risk than for the general community.

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		

INFORMATION SHEET 3. – Specified infectious diseases: risks, consequences of exposure and protective measures

The following table provides a brief description of the infectious diseases specified in this policy directive and links to further information, including risks of infection, consequences of infection and, where relevant, management in the event of exposure.

Fact sheets on each of the listed diseases are available in an A-Z list on the NSW Health website at: <http://www.health.nsw.gov.au/factsheets/infectious/index.asp>

The *Australian Immunisation Handbook (current edition)* is available online at: <http://www.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook-home>

Hepatitis B (HBV)	Blood-borne viral disease. Can lead to a range of diseases including chronic hepatitis B infection, cirrhosis and liver cancer. Anyone not immune through vaccination or previous infection is at risk of infection via blood or other body fluids entering through broken skin, mucous membrane, injection/needlestick, unprotected sex or from HBV positive mother to child during birth. Specific at risk groups include: health care workers, sex partners of infected people, injecting drug users, haemodialysis patients. Management in the event of exposure: see http://www.health.nsw.gov.au/factsheets/guideline/hepb.html .
Diphtheria	Contagious, potentially life-threatening bacterial infection, now rare in Australia because of immunisation. Spread via respiratory droplets and discharges from the nose, mouth or skin. Infectious for up to 4 weeks from onset of symptoms. Anyone not immune through vaccination or previous infection is at risk. Diphtheria toxin (produced by the bacteria) can cause inflammation of the heart muscle, leading to death. Management in the event of exposure: see http://www.health.nsw.gov.au/factsheets/guideline/diphtheria.html .
Tetanus	Infection from a bacterium usually found in soil, dust and animal faeces. Toxin from the bacterium can attack the nervous system. Although the disease is now fairly uncommon, it can be fatal. Not spread from person to person. Generally occurs through injury. Neonatal tetanus can occur in babies of inadequately immunised mothers. Mostly older adults who were never adequately immunised. Management in the event of exposure: see http://www.health.nsw.gov.au/factsheets/guideline/tetanus.html .
Pertussis (Whooping cough)	Highly infectious bacterial infection, spread by respiratory droplets through coughing or sneezing. Cough that persists for more than 3 weeks and, in children, may be accompanied by paroxysms, resulting in a “whoop” sound or vomiting. Anyone not immune through vaccination is at risk of infection and/or transmission. Can be fatal, especially in babies under 12 months of age. Management in the event of exposure: see http://www.health.nsw.gov.au/factsheets/guideline/pertusis.html .

<p>Measles</p>	<p>Highly infectious viral disease, spread by respiratory droplets - infectious before symptoms appear and for several days afterwards. Serious complications such as ear infection, pneumonia, or encephalitis can occur in up to 1/3 of cases. At risk are persons born during or after 1966 who haven't had 2 doses of MMR vaccine, babies under 12 months of age, before they have had a 1st dose and children over 4 years of age who have not had a 2nd dose. Management in the event of exposure: see http://www.health.nsw.gov.au/factsheets/guideline/measles.html.</p>
<p>Mumps</p>	<p>Viral disease, spread by respiratory droplets. Now relatively uncommon in Australia because of immunisation. Anyone not immune through vaccination or previous infection is at risk. Persons who have the infection after puberty can have serious complications, eg swelling of testes or ovaries; encephalitis or meningitis may occur rarely. Management in the event of exposure: see http://www.health.nsw.gov.au/factsheets/guideline/mumps.html.</p>
<p>Rubella (German Measles)</p>	<p>Viral disease, spread by respiratory droplets and direct contact. Infectious before symptoms appear and for several days afterwards. Anyone not immune through vaccination or previous infection is at risk. In early pregnancy, can cause birth defects or miscarriage. Management in the event of exposure: see http://www.health.nsw.gov.au/factsheets/guideline/rubella.html.</p>
<p>Varicella (Chicken pox)</p>	<p>Viral disease, relatively minor in children, but can be severe in adults and immunosuppressed persons, leading to pneumonia or inflammation of the brain. In pregnancy, can cause foetal malformations. Early in the infection, varicella can be spread through coughing and respiratory droplets; later in the infection, it is spread through contact with fluid in the blisters. Anyone not immune through vaccination or previous infection is at risk. Management in the event of exposure: see http://www.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook-varicella.</p>
<p>Tuberculosis (TB)</p>	<p>A bacterial infection that can attack any part of the body, but the lungs are the most common site. Spread via respiratory droplets when an infected person sneezes, coughs or speaks. At risk are those who spend time with a person with TB infection of the lung or respiratory tract or anyone who was born in, or has lived or travelled for more than 3 months in, a high TB incidence country. Management in the event of exposure: see http://www.health.nsw.gov.au/factsheets/guideline/tuberculosis.html.</p>
<p>Seasonal influenza (Flu)</p>	<p>Viral infection, with the virus regularly changing. Mainly affects the lungs, but can affect the heart or other body systems, particularly in people with other health problems, leading to pneumonia and/or heart failure. Spread via respiratory droplets when an infected person sneezes or coughs, or through touch, eg handshake. Spreads most easily in confined and crowded spaces. Anyone not immune through annual vaccination is at risk, but the elderly and small children are at most risk of infection. Management in the event of exposure: see http://www.health.nsw.gov.au/factsheets/guideline/influenza.html.</p>

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"/> rubella
<input type="checkbox"/> varicella	<input type="checkbox"/> measles	<input type="checkbox"/> mumps	

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/Infectious/tuberculosis/Documents/countries-incidence.pdf>.
- 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 _____

Health Organisation					
<input type="checkbox"/> CCLHD	<input type="checkbox"/> MNCLHD	<input type="checkbox"/> NSLHD	<input type="checkbox"/> SCHN	<input type="checkbox"/> AWH	<input type="checkbox"/> NSWHP
<input type="checkbox"/> FWLHD	<input type="checkbox"/> MLHD	<input type="checkbox"/> SESLHD	<input type="checkbox"/> SLHD	<input type="checkbox"/> CHW	<input type="checkbox"/> Other: _____
<input type="checkbox"/> HNELHD	<input type="checkbox"/> NBMLHD	<input type="checkbox"/> SWSLHD	<input type="checkbox"/> WNSWLHD	<input type="checkbox"/> HSNSW	
<input type="checkbox"/> ISLHD	<input type="checkbox"/> NNSWLHD	<input type="checkbox"/> SNSWLHD	<input type="checkbox"/> WSLHD	<input type="checkbox"/> JH	

EMPLOYEE PERSONAL DETAILS FORM

Employees are to complete this form as part of their new starter paperwork, or if you require altering your personal details if ESS is not available

Employee Number									
------------------------	--	--	--	--	--	--	--	--	--

Surname		Given Name (s)	
Position Number		Position Title	
Location/Facility		Contact Phone Number	
New Application or Amended Application	<input type="checkbox"/> New	<input type="checkbox"/> Amended	Date of Original

<i>Section A: Personal Details</i>									
Please Tick	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Dr	<input type="checkbox"/> Other	Gender	<input type="checkbox"/> M	<input type="checkbox"/> F
Name (if additional to above): (attached certificate for name changes)		Surname:							
		Given Name (s)							
Street Address:									
Suburb						Postcode			
Postal Address:						Postcode			
Contact Phone Numbers:		Home:		Mobile:		Work:			
Personal Email Address:									

<i>Payslip Delivery</i>		
Options	Select <i>one</i> Option	Details
Electronic Payslip (email) <small>You will no longer receive a printed payslip. Payslips will now be sent to you via email.</small>	<input type="checkbox"/> (Preferred)	Personal Email:
	<input type="checkbox"/>	Work Email:
Printed Payslip <small>This option is not available for all Health Agencies</small>	<input type="checkbox"/>	Delivery Location: _____ <small>List Delivery Location if different from the position's default location. The location needs to be a work location pre-defined in StaffLink and it must adhere to the standard naming convention "Suburb + Building Description + Level + Workplace".</small>

Please Note: Irrespective of the option selected above, Payslips can be viewed at anytime by logging into Employee Self Service (ESS).

<i>Section B: Emergency and Next Of Kin Contact Details</i>			
Emergency Contact Name:		Relationship:	
Street Address:			
Suburb:		State:	Postcode:
Contact Phone Numbers:	Home:	Mobile:	Work:

Section C: Banking Details(Payment Method) - Primary Bank Account

New Amend Cease - please select

Assignment Number:			
Name of Financial Institution:		Effective from Date (DD/MMM/YY)	
Branch Name:			
Full Account Name:			
BSB No:		Account No:	

Section D Additional Bank Accounts
 Complete only if your salary is to be paid into more than one bank account
 New Amend Cease - please tick

Assignment Number:			
--------------------	--	--	--

Part Pay Banking Details # 1

Name of Financial Institution		Effective From Date (DD/MMM/YY)	
Branch Name		Deduction Amount per Fortnight	\$
Full Account Name			
BSB No		Account Number	

New Amend Cease - please tick

Part Pay Banking Details # 2

Name of Financial Institution		Effective From Date (DD/MMM/YY)	
Branch Name		Deduction Amount per Fortnight	\$
Full Account Name			
BSB No		Account Number	

New Amend Cease - please tick

New Part Pay Banking Details # 3

Name of Financial Institution		Effective From Date (DD/MMM/YY)	
Branch Name		Deduction Amount per Fortnight	\$
Full Account Name			
BSB No		Account Number	

Employees signature:		Date (DD/MMM/YY)	
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PLEASE FORWARD COMPLETED FORM TO HEALTHSHARE NSW

Service Centre
 Newcastle
 Parramatta

Email:
Newcastle.StaffLink@hss.health.nsw.gov.au
Parramatta.StaffLink@hss.health.nsw.gov.au

Fax:
 (02) 4041 7878
 (02) 9685 3869



Superannuation Fund Election Form

Reason for election (✓ one box): **New employee/ New election** **Change of election**

If you are changing your Superannuation Fund ensure that your new fund is receiving contributions before closing the account with your old fund.

If you do not nominate a fund, superannuation contributions will be paid to :

Fund's Name **FIRST STATE SUPER** - FSS contact details: Phone 1300 650 873 www.firststatesuper.com.au

To be completed by employee			
Surname		First Name	
Employee/Payroll Number		Contact No.	
Employer Health Service		Department	

1 Nominate your Superannuation fund: Place a ✓ in one of the boxes to nominate your fund.

First State Super **Member Number:** _____

COMSUPER **SASS** **SSS** **Member Number:** _____

Place ✓ to nominate before or after tax for **SASS** or **SSS**: [Before Tax _____% After Tax _____%] % applies only to SASS
The Superannuation Team will contact SASS/ SSS/ COM Super to obtain specific contribution details for those funds

OTHER Fund **Must Complete section 2, 4 & 5.** Also complete section 3 to request additional contributions from your pay

2 **If electing: Other fund** complete the details as required below:
Fund details below apply to :(✓ one or both) **Super Guarantee** **Optional Contributions**

Check with your fund to ensure they will accept contributions into your account from your employer.

***Method of payment to your fund must be EFT. Also required is an email address for the forwarding of remittance details**

Name			
Address			
Suburb/Town	State/Territory	Postcode	
Member Number	Australian Business Number		

FUND ACCOUNT DETAILS: Account Name

FUND Bank Name:		FUND BSB Code:		FUND Account No:	
Daytime Telephone No.		Email Address of Fund:			

3 **Optional salary sacrifice or after tax contributions to above chosen fund**

Nominate your contribution amount or %. (Place a ✓ tick in the box to select either before or after tax or if you intend to cancel your contribution)

<input type="checkbox"/> My before-tax pay (salary sacrifice) \$ per pay OR %	<input type="checkbox"/> CANCEL SALARY SACRIFICE
<input type="checkbox"/> My after-tax pay \$ per pay	<input type="checkbox"/> CANCEL After Tax Deduction

Salary Sacrifice Administrative Charge as per NSW Health Guidelines: \$20 will be deducted from your pay for each occasion you request to make a further change to your election in a 12 month period. Exempt if the change is due to a transfer between full & part time or to cancel arrangements on the first occasion.

4 **Appropriate documentation - (place a ✓ in the box if you have attached the required information)**

I have attached documentation from the trustee stating that this is a complying fund, or for a self managed superannuation fund, or a copy of documentation from the Tax Office confirming the fund is regulated. A printed copy of the funds EFT details.

5 **Declaration by employee**

I hereby certify that I have obtained independent financial advice in relation to the salary sacrifice election or I have not obtained financial advice but I fully understand the implications of my election. I authorise deduction when applicable of the salary sacrifice administration fee.

Signed (signature of Employee): Date:

<p>Employees of: Children's Hospital Westmead, Greater Southern AHS, Greater West AHS, Health Support Services, Health Quest, IMET, Sydney West AHS, Sydney South West AHS, Justice Health, St Josephs Hosp., Lottie Stewart, WMF, Tresillian, Guthrie & STARTTS</p> <p>Send this form to: Service Centre PARRAMATTA - Fax: (02) 8797 6964 Address: Locked Bag 5270, Parramatta NSW 2124 Email: superannuation.Parramatta@hss.health.nsw.gov.au</p>	<p>Employees of: Hunter New England AHS, North Coast AHS, Northern Sydney Central Coast AHS, South Eastern Sydney Illawarra AHS</p> <p>Send this form to: Service Centre - NEWCASTLE - Fax: (02) 4926 7995 Address: Locked Bag 6010 Newcastle Mail Exchange NSW 2310 Email: superannuation@hss.health.nsw.gov.au</p>
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If insufficient information is provided your request will be returned



Tax file number declaration

This declaration is NOT an application for a tax file number.

- Please print neatly in BLOCK LETTERS and use a BLACK pen.
- Print X in the appropriate boxes.
- Make sure you read all the instructions before you complete this declaration.



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www.ato.gov.au

Section A: To be completed by the PAYEE

1 What is your tax file number (TFN)?

See Privacy of information on page 6.

OR I have made a separate application/enquiry to the Tax Office for a new or existing TFN.

OR I am claiming an exemption because I am under 18 years of age and do not earn enough to pay tax.

OR I am claiming an exemption because I am a pensioner.

2 What is your name? Title: Mr Mrs Miss Ms

Surname or family name

First given name

Other given names

3 If you have changed your name since you last dealt with the Tax Office, show your previous family name

4 What is your date of birth? Day / Month / Year

5 What is your home address in Australia?

Suburb or town

State Postcode

6 On what basis are you paid? (Select only one.)
Full-time employment Part-time employment Labour hire Superannuation income stream Casual employment

7 Are you an Australian resident for tax purposes? Yes No You must answer No at question 8.

8 Do you want to claim the tax-free threshold from this payer?
 ONLY CLAIM THE TAX-FREE THRESHOLD FROM ONE PAYER.

If you have more than one source of income and currently claim the tax-free threshold from another payer, do not claim it now.
Yes No Answer No at questions 9 and 10 unless you are a non-resident claiming a senior Australians, zone or overseas forces tax offset.

9 Do you want to claim family tax benefit or the senior Australians tax offset by reducing the amount withheld from payments made to you?
Yes Complete a Withholding declaration, but only if you are claiming the tax-free threshold from this payer. If you have more than one payer, see page 3. No

10 Do you want to claim a zone, overseas forces, dependant spouse or special tax offset by reducing the amount withheld from payments made to you?
Yes Complete a Withholding declaration. No

11 (a) Do you have an accumulated Higher Education Loan Programme (HELP) debt?
Yes Your payer will withhold additional amounts to cover any compulsory repayments. No

(b) Do you have an accumulated Financial Supplement debt?
Yes Your payer will withhold additional amounts to cover any compulsory repayments. No

DECLARATION by payee: I declare that the information I have given is true and correct.

Signature Date Day / Month / Year

There are penalties for deliberately making a false or misleading statement.

Once this form is completed and signed, send the original to the Tax Office and keep your copy in a secure place.

Section B: To be completed by the PAYER

1 What is your Australian business number (ABN) (or your withholding payer number if you are not in business)? Branch number (if applicable)

2 If you don't have an ABN or withholding payer number, have you applied for one?
Yes No See 'More information for payers' on page 6.

3 What is your registered business name or trading name (or your individual name if not in business)

4 What is your business address?

Suburb or town

State Postcode

5 Who is your contact person?

Business phone number

6 If you no longer make payments to this payee, print X in this box

DECLARATION by payer: I declare that the information I have given is true and correct.

Signature of payer Date Day / Month / Year

There are penalties for deliberately making a false or misleading statement.

Return completed original Tax Office copy to:
For WA, SA, NT, VIC or TAS Australian Taxation Office PO Box 795 ALBURY NSW 2640
For NSW, QLD or ACT Australian Taxation Office PO Box 9004 PENRITH NSW 2740

TAXPAYER-IN-CONFIDENCE (when completed)



Between the Flags

Keeping patients safe



DETECTING DETERIORATION, EVALUATION, TREATMENT,
ESCALATION, AND COMMUNICATING IN TEAMS

eLearning Program User Guide

About DETECT

NSW Health is implementing the *Between the Flags* Program initiated by the Clinical Excellence Commission - a key recommendation of the *Special Commission into Acute Care Services in NSW Public Hospitals*.

This new system supports clinical staff to better recognise and manage patients who are clinically deteriorating. The system comprises five elements: governance; a standardised observation chart; a clinical emergency response system; education and performance indicators.

The *Between the Flags* Program - DETECT - is eLearning specifically designed for front line clinical staff to:

- improve detection and management of patients who are clinically deteriorating
- know when to activate the Clinical Emergency Response System (CERS)
- provide simple and timely interventions for patients who are clinically deteriorating
- develop a coordinated approach to caring for patients who are clinically deteriorating.

Helpdesk

For assistance with NSW Health DETECT eLearning please contact the NSW Health Online Learning Centre System Administrator: elearning@doh.health.nsw.gov.au

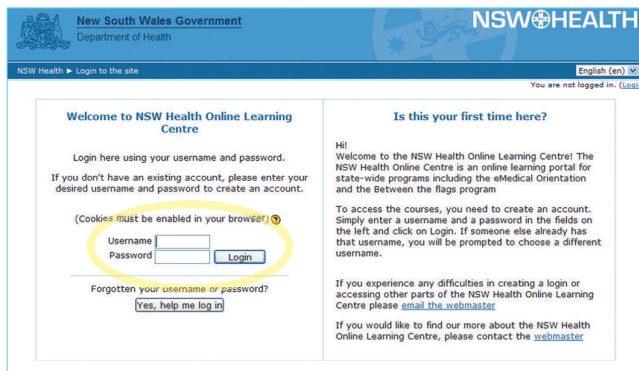
*The DETECT eLearning education is based on the DETECT Manual
(T. Jacques, M. Fisher, K. Hillman, C. Hughes, D. Lam, B. Manasiev, R. Morris, R. Pandit, A. Pile and P. Saul).*

How to register for the DETECT eLearning Program

NSW Health is implementing a program called *Between the Flags* initiated by the Clinical Excellence Commission to improve the way we recognise and respond to patients when their clinical condition starts to deteriorate.

You will only ever have to register once. Go to:

www.nswhealth.moodle.com.au



If you are an existing user enter your Username and Password then click login (circled). New users will be able to create a Username and Password by entering these at the login screen and then completing their details in the profile page (below).



Complete the profile page (above). Please complete all mandatory fields (denoted with a red star) then click update profile. To return to the main menu at any time click on **NSW Health** in the top left corner (circled).

To commence your online training - click on **Awareness presentation** or **DETECT eLearning Program**.



You will be asked if you want to enrol in this course, please confirm your enrolment. You will then have access to the *Between the Flags* Awareness presentation and the DETECT eLearning Program. Follow the instructions and progressively work through the course material.



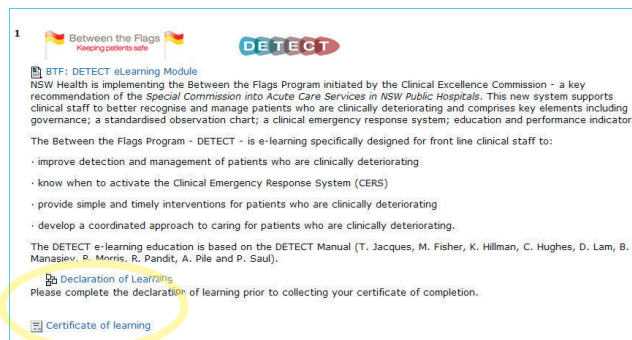
Navigating Using Breadcrumbs



This is what is called a breadcrumb (above, circled). Breadcrumbs are active navigation buttons that allow you to move easily through the system. **DETECT** takes you to the homepage of the course.

Printing your certificate

Once you have completed the DETECT eLearning Program you can then complete the Declaration of Learning. Once you have completed the Declaration of Learning, you can then generate and print your Certificate of Learning (circled). This Certificate must be presented to access the mandatory DETECT Practical Session.





Confidentiality and Privacy Policy of Active Locums Pty Ltd

@ 23.03.15

Including updates for *Privacy Amendment (Enhancing Privacy Protection) Act 2012*

Privacy Protocol of Active Locums Pty Ltd Information for Doctors

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 our privacy protocol.

The Australian Privacy Principles (APPs) have replaced the National Privacy Principles. Active Locums Pty Ltd have amended our 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 our links page or visit the ComLaw website: www.comlaw.gov.au.

Your personal information

Your personal information held by us may include your name, date of birth, current and previous addresses, telephone/mobile numbers, e-mail address, bank account and superannuation details, copies of your passport and driver's licence, AHPRA Medical Registration, Medical Defence Indemnity, criminal record/working with children record consent forms, declarations, clearance notifications and personal references and clinical skills appraisals. You are always welcome to make changes or update this information at any time. In order to supply you with work, Active Locums Pty Ltd may request to do frequent updates of this information so that your 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 our agency, it is not always possible for doctors to remain anonymous during the process of credentialling 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 the point onwards, if you choose not to disclose your personal information, we may not be able to provide you with the locum services you require, or the level of service on which we pride ourselves.

Active Locums Pty Ltd is committed to maintaining your privacy and we encourage you to contact us should you have any questions about the management of your personal information. We also encourage you to contact us if you believe your privacy has been breached in any manner so that we may manage it efficiently and appropriately.

How we collect personal information

Active Locums Pty Ltd will only collect sensitive information which is relevant to the credentialling process and which you consent to. Information about you will only be collected from you, unless you have consented verbally or in writing to the collection of your information from someone other than yourself.

How we collect personal information:

- Directly from you, when you 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 your consent;
- From publicly available sources of information, such as AHPRA;
- From work you may have previously done for us.

The purpose of collecting your personal information:

- Applying for locum work;
- Undergoing NSW Health credentialling in application of a locum position;
- Obtaining clinical reference checks and feedback appraisals;
- Mailing lists for our communication only (these lists are not divulged to anyone).

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.

How we use your personal information

We use your personal information to:

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

Who we may, with your permission, disclose your personal information to:

- Hospitals registered with NSW Health;
- Private Hospitals;
- Medical Practices;
- Relevant Health Services;
- Your representatives (e.g. your authorised representatives or legal adviser);
- Our professional advisers, including accountants and lawyers;
- Government and regulatory authorities 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 your personal information to anyone without your permission unless it is required by law. We are 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 you are an overseas trained

doctor who has given Active Locums Pty Ltd written consent to acquire information from overseas.

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

Accessing your personal information

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

Ensuring accuracy of your 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 you provide. That's why we recommend that you:

- Let us know if there are any errors in your 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.

How we manage the security of your personal information

We keep hard copy and scanned electronic records. These 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.

Website privacy

Our 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 our web site and electronically stored when you register your requirements or when you respond to any advertised position or practice. In each case, your 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 we are 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. We endeavour to ensure that all personal information held on the servers of the host of our 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, you have the right to enquire as to your personal information that is being held or you

may wish to correct any personal information that is being held. Should you require any information you should contact the office.

You should note that by using the site, registering your requirements on the site or requesting further information on a particular position, you are consenting to the collection and storage and use of your personal information. We give you our assurance that we will endeavour to handle your information in a sensitive manner in accordance with Australian Privacy Principles.

Special circumstances

In special circumstances, for example if we sell our business or a substantial part of our business, your information may be transferred as part of that sale. We will not use your information for purposes unrelated to the services we provide, unless we first obtain your consent.

Contact us

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

Active Locums Pty Ltd
PO BOX 276
Double Bay
NSW 1360

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

If you have made a complaint about a breach of privacy which has not been resolved to your satisfaction, you 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.