2019 TPP - Recruitment Pack

The following forms are attached for you to print off, read, fill in, sign and bring to your interview.

Please do not double-side your paperwork or photocopies.

1. **National Criminal Record Check Consent Form** – This form is used to complete a Criminal Record Check (CRC). Please ensure you note all names and aliases. We only require the first two pages. The rest are for your information.
2. **100 Point Identification Checklist** – Use the second page to check that you have 100 points of identification. Sydney Local Health District requires copies of your identification also.
3. **Model Health Declaration form** – Complete this form and tick the one box that is appropriate to you.
4. **Screening and Vaccination forms** – This form is used to confirm your compliance with the state screening and vaccination policy. The first two pages are for your information.
5. **Standard Consent form: employment related checks** – This form gives us the authority to complete all employment related checks for employment.
6. **S8 Declaration** – This declaration relates to your authority to dispense S8 medications.
7. **Transport guide for the Centre for Education and Workforce Development**

You will also need to bring the following:

1. **100 points of identification** – see the checklist for details. Please bring the originals and photocopies.
2. **Evidence of your right to work in Australia** – Either evidence of birth or Citizenship in Australia or a relevant, current visa.
4. **Evidence and copies** of your vaccination and/or serology results showing protection against Diphtheria, Tetanus, Pertussis, Hepatitis B, Measles, Mumps, Rubella and Varicella. Refer to the screening and vaccination paperwork for details.
5. **An up to date Curriculum Vitae/ Resume**
6. **One recent passport-sized photo**.

If you have any questions or concerns, please contact the SLHD Nurse Manager Workforce (contact details below).
NATIONAL CRIMINAL RECORD CHECK CONSENT FORM

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

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

<table>
<thead>
<tr>
<th>Primary Name</th>
<th>Family Name</th>
<th>Given Name (Primary)</th>
<th>Given Name 2</th>
<th>Given Name 3</th>
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<tr>
<td>Maiden Name</td>
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<td>Previous/Alias Name 1</td>
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<td>Previous/Alias Name 2</td>
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<td>Previous/Alias Name 3</td>
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<tr>
<td>Previous/Alias Name 4</td>
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<td></td>
</tr>
</tbody>
</table>

Gender ☐ Male ☐ Female ☐ Other

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

Place of Birth
Suburb/Town:
State: Country:

Current Residential Address
No/Street:
Suburb/Town:
State: Postcode: Country:

Postal Address
(if same as Residential Address, write “As Above”)

Previous Address (over the last 5 years) - If full details of previous addresses are unavailable, names of towns and States/Territories of residence will suffice.

<table>
<thead>
<tr>
<th>Previous Address (if any)</th>
<th>No/Street:</th>
<th>Suburb/Town:</th>
<th>State: Postcode: Country:</th>
<th>Period of Residence: Provide year only if full date unknown</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Previous Address (if any)</th>
<th>No/Street:</th>
<th>Suburb/Town:</th>
<th>State: Postcode: Country:</th>
<th>Period of Residence</th>
</tr>
</thead>
</table>

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<thead>
<tr>
<th>Previous Address (if any)</th>
<th>No/Street:</th>
<th>Suburb/Town:</th>
<th>State: Postcode: Country:</th>
<th>Period of Residence</th>
</tr>
</thead>
</table>

Email

Telephone No
Mobile: Business: Private:

Type of Position ☐ Paid ☐ Volunteer ☐ Other

Position

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

Driver’s Licence (Number) Issuing State:

Firearms Licence (Number) Issuing Agency:

Passport Details (Number) Type: ☐ Private ☐ Government ☐ UN Refugee Issuing Country:

1. I acknowledge that I have read the General Information sheet and understand that Spent Convictions Legislation, in the Criminal Records Act 1991 in the Commonwealth and many States and Territories protects “spent convictions” from disclosure and understand that the position for which I am being considered may be in a category for which exclusions from Spent Convictions legislation apply.

2. I have fully completed this Form, and the personal information I have provided in it relates to me, contains my full name and all names currently and previously used by me, and is correct.

3. I acknowledge that the provision of false or misleading information is a serious offence and acknowledge NSW Health is collecting information in this Form to provide to CrimTrac Agency (an Agency of the Commonwealth of Australia) and the Australian Police Agencies.

4. I consent to:
   i. NSW Health forwarding details obtained from this form to the CrimTrac Agency and to Australian police agencies or other relevant law enforcement agencies, if required.
5. I consent to:
   i. The CrimTrac Agency disclosing personal information about me to the Australian police agencies;
   ii. The Australian police agencies disclosing to CrimTrac Agency, from their records, details of convictions and outstanding charges, including findings of guilt or the acceptance of a plea of guilty by a court, that can be disclosed in accordance with the laws of the Commonwealth and States and Territories and, in the absence of any laws governing disclosure of this information, disclosing in accordance with the policies of the police agency concerned; and
   iii. The CrimTrac Agency providing the information disclosed by the Australian police agencies, to NSW Health in accordance with the laws of the Commonwealth so that NSW Health may assess my suitability in relation to my employment
   iv. ; and

6. I acknowledge that any information provided by me on this form and information provided by the Australian police agencies or the CrimTrac Agency relates specifically to the position detailed above.

7. ; and

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

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

Applicant's Name: __________________________ Signature: __________________________ Date: ________________

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

Parent / Guardian Details

Name (printed in full): __________________________ Signature: __________________________ Date: ________________
GENERAL INFORMATION - National Criminal Record Check Consent Form

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

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

NATIONAL CRIMINAL RECORD CHECK

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

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

SPENT CONVICTION SCHEMES

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

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

COMMONWEALTH

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

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

NEW SOUTH WALES

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

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

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

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

Queensland
Under the Criminal Law (Rehabilitation of Offenders) Act 1986 (Qld) a conviction automatically becomes spent upon completion of the prescribed (rehabilitation) period. This period is:
• 10 years for convictions of indictable offences where the offender was an adult at the time of conviction; and
• 5 years for other convictions (summary offences or where the offender was a juvenile).
Where a person is convicted of a subsequent offence (an offence other than a simple or regulatory offence) during the rehabilitation period, the period runs from the date of the subsequent conviction. Convictions where the offender is sentenced to more than 30 months imprisonment (whether or not that sentence is suspended) are excluded from the regime.
Once the rehabilitation period has expired, it is lawful for a person to deny (including under oath) that the person has been convicted of the offence, and the conviction must be disregarded for occupational licensing purposes (subject to certain exceptions, see below). It is unlawful for any person to disclose the conviction unless:
• the convicted person consents;
• the Minister has granted a permit authorising disclosure (where there is a legitimate and sufficient purpose for disclosing);
• the disclosure is subject to an exemption.

South Australia
Release of information on a National Police Check is governed by the Spent Convictions Act 2009 (SA). It is an offence to release information regarding the convictions of a person if those convictions are deemed to be ‘spent’ under the Act.
A spent conviction is one that cannot be disclosed or taken into consideration for any purpose. Eligible convictions become spent following a 10-year conviction and proven offence-free period for adults, and a 5-year conviction and proven offence-free period for juveniles. The Act defines a conviction as:
• a formal finding of guilt by a Court;
• a finding by a Court that an offence has been proved.
Certain convictions can never be spent. These include but are not limited to:
• convictions of sex offences;
• convictions where a sentence is imposed of more than 12 months imprisonment for an adult, or 24 months imprisonment for a juvenile.
Schedule 1 of the Act sets out a number of exceptions to the rule where spent convictions can be released. Some examples of this include: the care of children; the care of vulnerable people (including the aged and persons with a disability, illness or impairment); activities associated with statutory character tests for licensing.
Interstate offences are released in accordance with that State or Territory’s spent conviction / rehabilitation legislation and policy. Intelligence-type information is not released.

Victoria Police
For the purposes of employment, voluntary work or occupational licensing/ registration, police may restrict the release of a person’s police record according to the Victoria Police “Information Release Policy.” If you have a police record, the “Information Release Policy” may take into account the age of the police record and the purpose for which the information is being released. If 10 years have elapsed since you were last found guilty of an offence, police will, in most instances, advise that you have no disclosable court outcomes. However, a record over 10 years may be released if:
• it includes a term of imprisonment longer than 30 months;
• it includes a serious, violent or sexual offence and the check is for the purpose of working with children, elderly people or disabled people;
• it is in the interests of crime prevention or public safety.
Findings of guilt without conviction and good behaviour bonds may be released. Recent charges or outstanding matters under investigation that have not yet gone to court may also be released.

Western Australia
Under Section 7(1) of the Spent Convictions Act 1988 (WA) only “lesser convictions” can be spent by Western Australia Police, after a time period of 10 years plus any term of imprisonment that may have been imposed. A lesser conviction is one for which imprisonment of 12 months or less, or a fine of less than $15,000 was imposed.
All other convictions, such as “serious convictions” applicable under Section 6 of the Act can only be spent by applying to the District Court. At the time of sentencing, the Court may make a “spent conviction order” under the Sentencing Act 1995 (WA) that the conviction is a spent conviction for the purposes of the Spent Convictions Act 1988 (WA).
GENERAL INFORMATION - National Criminal Record Check Consent Form

Northern Territory

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

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

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

Once a conviction becomes spent:

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

Australian Capital Territory

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

This period is:

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

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

The effect of conviction becoming spent is that:

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

Tasmania

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

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

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

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

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

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

PROVISION OF FALSE OR MISLEADING INFORMATION

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

It is a serious offence to provide false or misleading information.
Criminal Record Checking (CRC) Responsibilities

(This process is not required if the recommended applicant is through ROB)

This form is to be completed by the Authorising Manager for adhoc/contingent workers or offline (not through ROB) positions requiring National Criminal Record check and Aged Care Check.

If the position is child related the recommended applicant must also obtain a Working with Children Check (WWCC). WWCC applicants must apply for this check online via the Commission for Children & Young People (CCYP) website. Workers and volunteers must then go to the NSW Roads & Maritime Service Motor Registry or government access centre, pay the fee (if applicable) and have their identity confirmed (appropriate identification is required).

Please print clearly (illegible checks will not be processed)

<table>
<thead>
<tr>
<th>Name of Recommended Applicant:</th>
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<tbody>
<tr>
<td>Position being filled:</td>
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<tr>
<td>Department:</td>
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<td>Facility:</td>
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<tr>
<td>Recruitment Number (if applicable)</td>
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<tr>
<td>Authorising Signature:</td>
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<tr>
<td>Authorising Name:</td>
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<tr>
<td>Email Address:</td>
<td>..............................................................................................................................</td>
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<tr>
<td>Phone:</td>
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</table>

Confirm that all formal offers of appointment will be issued only after clearance of the National Criminal Record Check and obtaining a WWCC as per policy directive - Employment checks – Criminal Record Checks and Working with Children Checks PD2016_047.

IMPORTANT CHECKLIST

(i) If any page is incomplete, the check will not be undertaken.

(ii) 100 Point ID Check Form must accompany this paperwork. This is compulsory-including one photo ID.

(iii) All names; aliases; maiden names; and names changed by deed poll must be included on the consent form. This needs to be verified by convenor / authorising officer. Failure to do so will result in delays.

(iv) This needs to be completed for existing staff and new appointments if applicable.

Consent Forms will be processed via the following methods:

Email to SLHD-jobs@health.nsw.gov.au

OR

Return with the recruitment paperwork via Facility Human Resources Departments

Issued: May 2018
100 Point Identification Checklist
Appendix 8

Instructions

(a) The 100 point identification check must be completed and checked against the applicant's completed NSW Health National Criminal Record Check Consent Form prior to lodgement of a National Criminal Record Check (or National Criminal Record Check for Aged Care purposes). *

(b) Employers are required to sight original identifying documents (scanned or photocopied certified copies are not acceptable), as listed on page 2, and ensure that an appropriately delegated officer checks the details and completes the record of identifying documents below. There is no requirement to retain copies of the identifying documents.

(c) Identification must be current and include at least one type of photographic ID and identification that contains a signature and date of birth. Passport and/or Driver’s License are preferred.

(d) The point score of documents produced must total at least 100 points (refer to page 2).

(e) The applicant must provide evidence of ability to work in Australia: If their documents do not include an Australian or New Zealand passport or an Australian birth or citizenship certificate, an appropriate visa or work permit allowing the person to work in Australia must be sighted.

Applicant’s Full Name: ____________________________________________

<table>
<thead>
<tr>
<th>Description of document</th>
<th>Full name on document</th>
<th>Date issued</th>
<th>Place/ Office of issue/ issuing organisation</th>
<th>Expiry date</th>
<th>Checked Against Consent Form *</th>
<th>Points</th>
</tr>
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Mandatory record of document sighted that confirm person’s ability to work in Australia

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</table>

Total points

I have checked the details provided above against the applicant’s National Criminal Record Check consent form as required at point (a) above, and I confirm:
The names in the ID documents are included in the consent form, and Any reference numbers for documents detailed in the consent form match those I have sighted today, and The applicant has provided evidence that they are allowed to work in Australia, as required at point (e) above.

I have also confirmed with the applicant that all aliases / former / middle names are included in the consent form. (Note: Failure to include all names may warrant the check invalid).

Name: ____________________________

Position: ____________________________

Signature: _________________________ Date: __________________

100 Point ID Checklist September 2016
## 100 Point Identification Checklist

### Appendix 8

<table>
<thead>
<tr>
<th>DOCUMENTS</th>
<th>POINTS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary - Only one form of identification accepted from this category:</strong></td>
<td></td>
</tr>
<tr>
<td>- Birth Certificate / Birth Extract</td>
<td>70</td>
</tr>
<tr>
<td>- Australian Citizenship Certificate</td>
<td></td>
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<tr>
<td>- Australian passport (current or expired within the past two years but not cancelled)</td>
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<tr>
<td>- International passport (current or expired within the past two years but not cancelled)</td>
<td></td>
</tr>
<tr>
<td>- Other document of identity having same characteristics as a passport e.g. diplomatic / refugee (Photo or signature)</td>
<td></td>
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<tr>
<td><strong>Secondary – the initial secondary document will score 40 points, any additional documents will be awarded 25 points each:</strong></td>
<td>40 or 25</td>
</tr>
<tr>
<td>- Current Licence or Permit (Government issued)</td>
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<tr>
<td>- Current driver photo licence issued by an Australian state or territory</td>
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<tr>
<td>- ASIC/MSIC Card</td>
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<tr>
<td>- Working with Children / Teachers Registration Card</td>
<td></td>
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<tr>
<td>- Public Employee Photo ID (Government Issued)</td>
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<tr>
<td>- Department of Veterans Affairs Card</td>
<td></td>
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<tr>
<td>- Centrelink Pensioner Concession Card or Health Care Card</td>
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<tr>
<td>- Current Tertiary Education Institution Photo ID.</td>
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<tr>
<td>- Reference from a Doctor (must have known the applicant for a period of at least 12 months)</td>
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<tr>
<td>- Foreign driver’s licence</td>
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<tr>
<td>- Proof of aged card (Government issued)</td>
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<tr>
<td>- Medicare Card / private Health Care Card</td>
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<tr>
<td>- Council rates notice</td>
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<td>- Property Lease/rent agreement</td>
<td>25</td>
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<tr>
<td>- Property Insurance Papers</td>
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<tr>
<td>- Tax Declaration</td>
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<tr>
<td>- Superannuation Statement</td>
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<tr>
<td>- Seniors Card</td>
<td></td>
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<tr>
<td>- Electoral roll compiled by the Australian Electoral Commission</td>
<td></td>
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<tr>
<td>- Motor Vehicle Registration or Insurance Documents</td>
<td></td>
</tr>
<tr>
<td>- Professional or Trade Association Card</td>
<td></td>
</tr>
</tbody>
</table>

If more than one of these documents are used, they must be from different organisations:

- Current Utility bills (e.g. telephone, water, gas or electricity) 25
- Credit / Debit card
- Bank Statement / Passbook

### SPECIAL PROVISIONS ONLY TO BE USED IF 100 POINT CHECK ABOVE CANNOT BE MET

<table>
<thead>
<tr>
<th>POINTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>The full 100 point check is required when the applicant has been in Australia for longer than 6 weeks</td>
</tr>
<tr>
<td>For recent arrivals in Australia (6 weeks or less – proof of arrival date required) current passport</td>
</tr>
<tr>
<td>Aboriginal person or Torres Strait Islander resident in remote area (Use ‘Proof of Identity for Aboriginal and Torres Strait Islander People’ NSW Health Internet <a href="http://Internal.health.nsw.gov.au/jobs/">http://Internal.health.nsw.gov.au/jobs/</a>) Identity of applicant ordinarily resident in an isolated area verified by TWO persons recognised as ‘Community Leaders’ of the community to which the applicant belongs</td>
</tr>
<tr>
<td>Child under 18 years of age</td>
</tr>
<tr>
<td>- Birth Certificate / Birth Extract</td>
</tr>
<tr>
<td>- Australian Citizenship Certificate</td>
</tr>
<tr>
<td>- Australian passport (current or expired within the past two years but not cancelled)</td>
</tr>
<tr>
<td>- International passport (current or expired within the past two years but not cancelled)</td>
</tr>
<tr>
<td>- Other document of identity having same characteristics as a passport e.g. diplomatic / refugee (Photo or signature)</td>
</tr>
<tr>
<td>Or Statement from an educational institution, signed by the principal or deputy principal, confirming that the child attends the institution (statement must be on the institution’s letterhead)</td>
</tr>
</tbody>
</table>
Recruitment, Selection and Appointment in the NSW Public Health System
Web Tool 1.7

Model Health Declaration form

Name:
Address:

Position:

Duties of the Position:
I have read the inherent job requirements and job demands for the position and these
requirements have been explained to me. I have ticked the appropriate statement below:

☐ I am not aware of any health condition which might interfere with my ability
to perform the inherent job requirements and job demands of this position.

☐ I have a health condition that may require the employer to provide me with
services or facilities (adjustments) so that I can successfully carry out the
inherent job requirements and job demands of the position.

☐ I understand that adjustments to the workplace can be made to assist
employees with disabilities in carrying out the inherent job requirements and job
demands of the position. Any adjustments I need have been discussed with the
organisation prior to completing this health declaration.

☐ I no longer wish to be considered for this position.

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

Signature: _____________________________ Date: ________________

This information will be used in determining your ability to meet the inherent requirements of the position and any workplace adjustments that may
be required, and stored together with your application.
Standard consent form: employment related checks

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

D Obtain relevant information from the NSW Health Care Complaints Commissions and/or registration/licensing authorities relating to any conditions placed on practice, the nature of any outstanding complaints and whether there is any pending disciplinary action

D Referee checks, including a referee check with my current supervisor

D Additional past performance checks (for medical appointments)

D Obtain confirmation of membership of professional association (where required)

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

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

Signature

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

SIGNATURE: ___________________________________________ DATE: _____/____/_____
IMPORTANT INFORMATION REGARDING SCREENING & VACCINATION ASSESSMENT

Please ensure that you READ the information provided on the following pages before completing the questionnaire.

NSW Health has released a Policy Directive 2018_009 ‘Occupational Assessment, Screening & Vaccination against Specified Infectious Diseases’. This policy is about protecting our most valuable resource, our staff. The benefits to you of being ‘protected’ are:

- You will be safe in the event of an outbreak of any of these diseases,
- You will play an important role in minimising the spread of these diseases to your family and friends,
- You will assist in the wider control of these diseases in not only your local community, but across the state, throughout Australia and internationally as well.

This policy mandates that all new and existing employees are ‘protected’ against the specified infectious diseases. NSW Health is required and committed to ensure that all prospective employees satisfy the requirements of this policy.

The form “Evidence Required to Demonstrate Protection Against Specified Infectious Diseases” requires you to provide documentation that you are ‘protected’ against the following diseases:

- Diphtheria
- Tetanus
- Pertussis (whooping cough)
- Hepatitis B
- Measles
- Mumps
- Rubella
- Varicella (chickenpox)
- Annual Influenza Vaccination

Tuberculosis (TB): You will need to submit any evidence of previous screening and/or vaccination against tuberculosis. Your Staff Vaccination Coordinator/Staff Health Clinic will also ask you to complete a tuberculosis questionnaire and you may be required undergo TB screening if indicated.

Risk categorisation refers to the process of assessing a person or position according to the risk of transmission of the specified infectious diseases. Persons are categorised as either Category A High Risk, Category A or Category B:

- Category A – denotes direct physical contact with patients/clients, deceased persons, blood, body substances or infectious material or surfaces/equipment that might contain these or contact that would allow acquisition and/or transmission of a specified infectious disease by respiratory means.
- Category A High Risk - denotes Category A workers who are employed in high risk clinical areas or have frequent prolonged face to face contact with patients or clients in high risk clinical areas.
- Category B – denotes no direct physical contact with patients/clients, deceased persons, blood, body substances or infectious material or surfaces/equipment that might contain these and no greater risk of infection.

Applicants both internal and external must be compliant with PD2018_009 or may not be considered for employment. It is important if you are considering applying for a new position that you immediately act on ensuring you are compliant. This will help prevent any delay in the recruitment process should you be the preferred candidate.

Should you wish to read the policy document, it can be found on the NSW Health website:

If you are the Preferred Applicant you will be required to:

1. Provide vaccination & serological evidence of immunity. If you do not have the required evidence, please take the form called Advice Sheet Regarding the Evidence Required to Demonstrate Protection against Specified Infectious Diseases to your doctor or vaccination provider. They will arrange vaccination and/or a blood test for you.

2. Complete the following forms:
   a) Form 1: New Recruit Undertaking/Declaration – Return this form to your convener/contact person
   b) Form 2: Tuberculosis (TB) assessment tool
   c) Form 3: Personal Details section only of the Screening & Vaccination Compliance Assessment – submit Form 1 & 2 along with your vaccination & serological evidence to the facility’s Staff Vaccination Coordinator/Staff Clinic for assessment. Your convener/contact person will provide you with contact details.

Please Note: The information provided will be treated in the strictest confidence.
# Advice Sheet for Category A Applicants Regarding Evidence Required to Demonstrate Protection Against Specified Infectious Diseases

Please take this form to your doctor or service provider to assist with provision of the required evidence.

1. Acceptable evidence of protection against specified infectious diseases includes:
   a) A written record of vaccination (i.e. Adult vaccination record card or general practitioner letter) signed by the medical practitioner, and/or
   b) Serological confirmation of protection, and/or
   c) Other evidence, as specified in the table below

The vaccination record card MUST contain:
- Vaccine name, batch number and date given
- Official certification from vaccination provider (e.g. clinic/practice stamp and signature)
- Serology results recorded on the card requires a signature and stamp. A copy of the original pathology results is preferred.
- Evidence must be legible and written in English

2. TST screening is required if the person was born in a country with a high incidences 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:

In certain specialised clinical settings, the health facility may require serological evidence of protection (in addition to evidence of vaccination or other evidence) to ensure that the risk to vulnerable patients is minimised.

<table>
<thead>
<tr>
<th>Disease</th>
<th>Evidence of vaccination</th>
<th>Documented serology results</th>
<th>Other acceptable evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria, tetanus AND pertussis (whooping cough) (dTpa)</td>
<td>One dose of ADULT type dTpa within the last 10 years (Boostrix or Adacel)</td>
<td>Serology will not be accepted</td>
<td>Not applicable</td>
</tr>
<tr>
<td></td>
<td><strong>PLEASE CONFIRM</strong>* WITH YOUR GP THAT YOU ARE RECEIVING EITHER BOOSTRIX OR ADACEL (dTpa) AND NOT ADT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>Documented Evidence of Anti-HBc (core antibodies) indicating past infection or verbal history of HepB, please complete Hepatitis B Statutory Declaration</td>
<td>Anti-HBs (surface antibodies) greater than or equal to 10mIU/ml</td>
<td>History of completed age-appropriate course of Hepatitis B vaccine</td>
</tr>
<tr>
<td>Measles, mumps, rubella (MMR)</td>
<td>2 doses of MMR vaccine - at least one month apart</td>
<td>Positive IgG for measles, mumps and rubella. Results of not detected /equivocal requires a 2 dose course.</td>
<td>Birth date before 1966</td>
</tr>
<tr>
<td>Varicella (chickenpox)</td>
<td>2 doses of varicella vaccine at least one month apart</td>
<td>Positive IgG for varicella</td>
<td>Evidence of one dose is sufficient if the person was vaccinated before 14 years of age</td>
</tr>
<tr>
<td></td>
<td>Evidence of one dose is sufficient if the person was vaccinated before 14 years of age</td>
<td>Result of not detected/ equivocal requires a 2 dose course.</td>
<td></td>
</tr>
<tr>
<td>Tuberculosis (TB) Assessment</td>
<td>BCG Vaccination</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tuberculin skin test (Tuberculin skin test or TB blood screening)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>TB blood screening may considered (Contact the facility Staff vaccination provider for advice)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Chest X-ray – from the last three years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza</td>
<td>Annual influenza vaccination is a requirement for all Category A High Risk positions, for all other categories it is strongly recommended</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Form 1: New Recruit Undertaking/Declaration

All new recruits/other clinical personnel/ students/volunteers/facilitators must complete each part of this document and Attachment: *Tuberculosis (TB) Assessment Tool* and provide a NSW Health Vaccination Record Card for Health Care Workers and Students and serological evidence of protection. Return these forms to the health facility as soon as possible after acceptance of position/enrolment or before attending their first clinical placement. (Parent/guardian to sign if student is under 18 years of age).

New recruits/other clinical personnel/ students/volunteers/facilitators will only be permitted to commence employment/attend clinical placements if they have submitted this form, have evidence of protection Attachment: *Tuberculosis (TB) Assessment Tool*. Failure to complete outstanding hepatitis B or TB requirements within the appropriate timeframe(s) will result in suspension from further clinical placements/duties and may jeopardise their course of study/duties.

The education provider/recruitment agency must ensure that all persons whom they refer to a NSW Health agency for employment/clinical placement have completed these forms, and forward the original or a copy of these forms to the NSW Health agency for assessment. The NSW Health agency must assess these forms along with evidence of protection against the infectious diseases specified in this policy directive.

<table>
<thead>
<tr>
<th>Part</th>
<th>Undertaking/Declaration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>I have read and understand the requirements of the NSW Health Occupational Assessment, Screening and Vaccination against Specified Infectious Diseases Policy</td>
</tr>
<tr>
<td>2</td>
<td>a. I consent to assessment and I undertake to participate in the assessment, screening and vaccination process and I am not aware of any personal circumstances that would prevent me from completing these requirements. OR</td>
</tr>
<tr>
<td></td>
<td>b. I consent to assessment and I undertake to participate in the assessment, screening and vaccination process; however I am aware of medical contraindications that may prevent me from fully completing these requirements and am able to provide documentation of these medical contraindications. I request consideration of my circumstances.</td>
</tr>
<tr>
<td>3</td>
<td>a. I have provided evidence of protection for hepatitis B as follows:</td>
</tr>
<tr>
<td></td>
<td>b. history of an age-appropriate vaccination course and additional hepatitis B vaccine doses, however my serology result Anti-HBs is &lt;10mIU/mL (non-responder to hepatitis B vaccination) OR</td>
</tr>
<tr>
<td></td>
<td>c. documented evidence of anti-HBc (indicating past hepatitis B infection) or HBsAg+ OR</td>
</tr>
<tr>
<td></td>
<td>d. I have received at least the first dose of hepatitis B vaccine (documentation provided) and undertake to complete the hepatitis B vaccine course (as recommended in the <em>Australian Immunisation Handbook, current edition</em>) and provide a post-vaccination serology result within six months of my initial verification process.</td>
</tr>
<tr>
<td>4</td>
<td>I have been informed of, and understand, the risks of infection, the consequences of infection and management in the event of exposure (refer Attachment 5 <em>Specified Infectious Diseases: Risks and Consequences of Exposure</em>) and agree to comply with the protective measures required by the health service and as defined by PD2007_036 Infection and Control Policy.</td>
</tr>
</tbody>
</table>

Declarer: I declare that the information provided is correct

| Full name: | Worker cost centre (if available): |
| D.O.B.: | Worker/Student ID (if available): |
| Email: | NSW Health agency/Education provider: |
| Signature: | Date: |
Form 2: Tuberculosis (TB) Assessment Tool

All new recruits, other clinical personnel, volunteers and students are required to complete this Tuberculosis Assessment Tool along with a NSW Health Record of Vaccination for Health Care Workers and Students and Attachment 6 Undertaking/Declaration Form. They should advise the NSW Health agency if they prefer to provide this information in private consultation with a clinician.

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

**New recruits, other clinical personnel and volunteers** will only be permitted to commence duties if they have submitted this form to the employing NSW Health agency. Failure to complete outstanding TB requirements within the appropriate timeframe may affect their employment status.

**The education provider** must forward a copy of this form to the health service for assessment.

**Existing Category A staff, clinical personnel, volunteers and students** who spend more than 3 months in a country with high incidence of TB after their initial TB assessment must complete and submit this tool for reassessment on return to a NSW Health agency.

### Part A

1. Do you currently have a cough that has lasted longer than 2 weeks?  
   - Yes □  No □

2. If yes, have you had any episode of haemoptysis (coughing up blood)?  
   - Yes □  No □

3. Have you had unexplained fever, chills or night sweats in the past month?  
   - Yes □  No □

4. Have you had any unexplained weight loss in the past month?  
   - Yes □  No □

*If you answered yes to any of the above questions, please attach relevant details on a separate page, including all results of any investigations or medical assessment you may have had in this form.*

### Part B

1. What is your country of birth?

2. Have you ever in your lifetime (new personnel), or since your last occupational TB Assessment (existing personnel), lived or travelled overseas? If yes, provide details

<table>
<thead>
<tr>
<th>Country</th>
<th>Duration of stay</th>
<th>Approximate dates/year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*(attach a separate page if necessary)*

3. Have you ever had contact with a person known to have TB?  
   - Yes □  No □

   If yes, detail the nature of the contact (attach separate page if necessary):

4. Have you ever been tested for TB before?  
   - Yes □  No □

*If you answered yes to any of the above questions, please attach further information on a separate page, including the date and results of any previous tests for TB (including TST, IGRA, sputum culture, chest x-ray) and attach it to this form.*

**Worker/Student Declaration:** I declare that the information provided on this form is correct

<table>
<thead>
<tr>
<th>Full name: ____________________________</th>
<th>Worker cost centre (if applicable):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of birth: / /</td>
<td>Student ID (if applicable):</td>
</tr>
<tr>
<td>Phone: _______________________________</td>
<td>NSW Health agency /Education provider:</td>
</tr>
</tbody>
</table>

**Signature:**

**Date:**
**SCREENING & VACCINATION COMPLIANCE ASSESSMENT**

**PERSONAL DETAILS**

Submit this form with your vaccination documentation to the Staff Health/Vaccination Nurse

<table>
<thead>
<tr>
<th>Title (please tick ✓)</th>
<th>Mr [ ]</th>
<th>Mrs [ ]</th>
<th>Miss [ ]</th>
<th>Ms [ ]</th>
<th>Dr [ ]</th>
</tr>
</thead>
</table>

Surname: Former Names: (if applicable)

Given Names: 

Date Of Birth: Gender: 

Contact Phone Number(s): 

Email Address: 

Country of Birth: 

Countries lived or travelled for the last 3 years (include time spent in each country): 

Position Applied For: 

ROB No: (if applicable)

Convener / Contact Person: 

Department: 

Facility: 

Existing Employee? YES [ ] NO [ ] 

Employee No: 

**STAFF HEALTH/VACCINATION CLINIC USE ONLY:**

[Please tick ✓ where applicable]

 categoria (circle) 

A High Risk

B

**SUITABLE FOR EMPLOYMENT:**


- CONDITIONAL: Applicant meets the mandatory requirements of the policy directive and can be employed under the condition that they complete the remaining screening and vaccination requirements within the required timeframe.

**NOT SUITABLE FOR EMPLOYMENT:** Does not meet the minimum screening/vaccination requirements for employment according to the NSW Health Policy Directive ‘Occupational Screening and Vaccination Against Specified Infectious Diseases Policy Directive 2018_009.

Two (2) providers are required to authorise compliance:

1. Name of Provider …………………………………… Signature …………………………………… Date ………………………
   (Only an authorised vaccination provider from the employing health care facility can sign this section)

2. Name of Provider …………………………………… Signature …………………………………… Date ………………………
   (Only an authorised vaccination provider from the employing health care facility can sign this section)

Facility …………………………………………………………………

Note to Convenor: The New Recruit Undertaking/Declaration and this form ONLY is to be uploaded into ROB or returned with Recruitment Paperwork if offline.

Please forward any vaccination health records to the Staff Vaccination Coordinator or return them to the applicant.
Hepatitis B Statutory Declaration

To be used where a hepatitis B vaccination record is not available

Statutory Declaration

Commonwealth Declaration Act 1959

I, ....................................................................................... , do solemnly and sincerely declare that

[print name of declarant]

I have received an age-appropriate course of hepatitis B vaccine consisting of (insert number) vaccine doses.

The approximate year I was vaccinated against hepatitis B was………………………………

I do not have the record of vaccination because: ..........................................................................

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

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

and I understand the risks of making a false declaration.

I make this solemn declaration* conscientiously believing the same to be true, and by virtue of the provisions of the Commonwealth Declaration Act 1959.

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

[place] [date]

[signature of declarant]

in the presence of an authorised witness, who states:

I, ........................................................................ , a .........................................................................

[print name of authorised witness] [qualification of authorised witness]

certify the following matters concerning the making of this statutory declaration by the person who made it: I have known the person for at least 12 months OR *I have confirmed the person’s identity using an identification document and the document I relied on was

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

[describe identification document relied on]

[signature of authorised witness**] [date]

*This statutory declaration is made under the Commonwealth Declaration Act 1959

**An authorised witness must be an appropriately trained assessor
Centre for Education and Workforce Development, Rozelle Campus

TRANSPORT ACCESS GUIDE

Legend
- B - Bus route/stop
- M - Bus route number
- L - Light rail line/stop
- L1 - Light rail line number
- - Walking path
- - Cycling path
- - Bicycle parking
- P - Carpark
- - Disabled parking
- - Traffic signals

Building Access
Look out for Gate A through which the Centre is to be entered. The grounds are patrolled by 24-hour security.

Effective from May 2016

Disclaimer: The information contained in this document is current as at the time of printing. Please check www.transportnsw.info before commencing your journey for service updates or changes.
Transport connections to Centre for Education and Workforce Development, Rozelle Campus

Please factor in traffic times during peak periods. Services may run late, causing you to miss your appointment. You may need to reschedule.

Walking
Suggested walking routes are shown on the map. Approximate times are shown from the main entrance to the centre on Balmain Rd.

Cycling
Bicycle racks are available at the front entrance. Suggested cycling routes are shown on the map.

Bus
Routes L37, 440, 444 and 445 are available on Balmain Rd and Darling St. Route 440 provides the most direct link to the City. Routes 444 and 445 provide a direct link to Stacy House, Balmain. Additional services are available nearby.

For information, visit www.transportnsw.info or call 131 500.

Taxi
There is no taxi rank located at the centre. Bookings are recommended. If arriving via taxi, you can be dropped off at the main entrance. For bookings, including wheelchair accessible taxis, call Taxis Combined on 133 300.

Parking
There is no onsite parking however there is free and unlimited parking available on Balmain Road and Darling Street. For access to disabled parking please contact CEWD reception on 8755 3500.

Community Transport
Leichhardt Marrickville Community Transport Group Incorporated provides door-to-door transport to medical appointments for those who cannot use, access or afford public or private transport.

For more information call 02 9558 6800 or visit www.lctg.net.au.

Be active and use public transport to get your daily physical activity as part of your journey.