TPP2018 - Recruitment Forms

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 require 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. **RPAH Map** – This is attached to help you get to the venue. The Kerry Packer Education Centre (KPEC) is in building 72.

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 Diptheria, Tetanus, Pertussis, Hepatitis B, Measles, Mumps, Rubella and Varicella. Refer to the screening and vaccination paperwork for details.
5. One recent passport-sized photo.

If you have any questions or concerns, please contact the 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>Family Name</th>
<th>Given Name (Primary)</th>
<th>Given Name 2</th>
<th>Given Name 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maiden Name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Previous/Alias Name 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Previous/Alias Name 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Previous/Alias Name 3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Previous/Alias Name 4</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Gender  ☐ Male  ☐ Female  ☐ 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.

| Previous Address (if any) | No/Street: | Suburb/Town: | State:  Postcode:  Country:  Period of Residence:  Provide year only if full date unknown  From:  To: |
|---------------------------|------------|--------------|------------------|------------------|------------------|------------------|------------------|
|                           |            |              |                  |                  |                  |                  |                  |
| Previous Address (if any) | No/Street: | Suburb/Town: | State:  Postcode:  Country:  Period of Residence  From:  To: |
|                           |            |              |                  |                  |                  |                  |                  |
| Previous Address (if any) | No/Street: | Suburb/Town: | State:  Postcode:  Country:  Period of Residence  From:  To: |
|                           |            |              |                  |                  |                  |                  |                  |

Email

Telephone No  Mobile:  Business:  Private:

Position  Type of Position  ☐ Paid  ☐ Volunteer  ☐ Other

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

- Driver’s Licence (Number)  Issuing State:
- Firearms Licence (Number)  Issuing Agency:
- Passport Details (Number)  Type:  ☐ 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.
National Criminal Record Check Consent Form

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

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

7. ; and

8. I acknowledge that it is usual practice for an applicant’s personal information to be disclosed to the Australian police agencies for them to use for their respective law enforcement purposes including the investigation of any outstanding criminal offences.

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

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

Applicant’s Name: ___________________________ Signature: ___________________________ Date: ___________________________

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

Parent / Guardian Details

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

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

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

NATIONAL CRIMINAL RECORD CHECK

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

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

SPENT CONVICTION SCHEMES

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

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

COMMONWEALTH

Part VIIC of the Crimes Act 1914 (Cth) deals with aspects of the collection, use and disclosure of old conviction information. The main element of this law is a “Spent Convictions Scheme.” The aim of the Scheme is to prevent discrimination on the basis of certain previous convictions, once a waiting period (usually 10 years) has passed and 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 imprisoned 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).
APPENDIX 7

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.
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 **must** 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>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Mandatory record of document sighted that confirm person’s ability to work in Australia**

<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>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</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 Identification Checklist

#### Appendix 8

**Primary – Only one form of identification accepted from this category:**
- Birth Certificate / Birth Extract
- Australian Citizenship Certificate
- Australian passport (current or expired within the past two years but not cancelled)
- International passport (current or expired within the past two years but not cancelled)
- Other document of identity having same characteristics as a passport e.g. diplomatic / refugee (Photo or signature)

<table>
<thead>
<tr>
<th>DOCUMENTS</th>
<th>POINTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth Certificate / Birth Extract</td>
<td>70</td>
</tr>
<tr>
<td>Australian Citizenship Certificate</td>
<td></td>
</tr>
<tr>
<td>Australian passport (current or expired within the past two years but not cancelled)</td>
<td></td>
</tr>
<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>
</tr>
</tbody>
</table>

**Secondary – the initial secondary document will score 40 points, any additional documents will be awarded 25 points each:**
- Current Licence or Permit (Government Issued)
- Current driver photo licence issued by an Australian state or territory
- ASIC/MSIC Card
- Working with Children / Teachers Registration Card
- Public Employee Photo ID (Government Issued)
- Department of Veterans Affairs Card
- Centrelink Pensioner Concession Card or Health Care Card
- Current Tertiary Education Institution Photo ID.
- Reference from a Doctor (must have known the applicant for a period of at least 12 months)

<table>
<thead>
<tr>
<th>DOCUMENTS</th>
<th>POINTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Licence or Permit (Government Issued)</td>
<td>40 or 25</td>
</tr>
<tr>
<td>Current driver photo licence issued by an Australian state or territory</td>
<td></td>
</tr>
<tr>
<td>ASIC/MSIC Card</td>
<td></td>
</tr>
<tr>
<td>Working with Children / Teachers Registration Card</td>
<td></td>
</tr>
<tr>
<td>Public Employee Photo ID (Government Issued)</td>
<td></td>
</tr>
<tr>
<td>Department of Veterans Affairs Card</td>
<td></td>
</tr>
<tr>
<td>Centrelink Pensioner Concession Card or Health Care Card</td>
<td></td>
</tr>
<tr>
<td>Current Tertiary Education Institution Photo ID.</td>
<td></td>
</tr>
<tr>
<td>Reference from a Doctor (must have known the applicant for a period of at least 12 months)</td>
<td></td>
</tr>
</tbody>
</table>

If more than one of these documents are used, they must be from different organisations:
- Foreign driver’s licence
- Proof of aged card (Government issued)
- Medicare Card / private Health Care Card
- Council rates notice
- Property Lease / rent agreement
- Property Insurance Papers
- Tax Declaration
- Superannuation Statement
- Seniors Card
- Electoral roll compiled by the Australian Electoral Commission
- Motor Vehicle Registration or Insurance Documents
- Professional or Trade Association Card

<table>
<thead>
<tr>
<th>DOCUMENTS</th>
<th>POINTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foreign driver’s licence</td>
<td>25</td>
</tr>
<tr>
<td>Proof of aged card (Government issued)</td>
<td></td>
</tr>
<tr>
<td>Medicare Card / private Health Care Card</td>
<td></td>
</tr>
<tr>
<td>Council rates notice</td>
<td></td>
</tr>
<tr>
<td>Property Lease / rent agreement</td>
<td></td>
</tr>
<tr>
<td>Property Insurance Papers</td>
<td></td>
</tr>
<tr>
<td>Tax Declaration</td>
<td></td>
</tr>
<tr>
<td>Superannuation Statement</td>
<td></td>
</tr>
<tr>
<td>Seniors Card</td>
<td></td>
</tr>
<tr>
<td>Electoral roll compiled by the Australian Electoral Commission</td>
<td></td>
</tr>
<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>

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

The full 100 point check is required when the applicant has been in Australia for longer than 6 weeks

- For recent arrivals in Australia (6 weeks or less – proof of arrival date required) current passport

<table>
<thead>
<tr>
<th>DOCUMENTS</th>
<th>POINTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Utility bills (e.g. telephone, water, gas or electricity)</td>
<td>25</td>
</tr>
<tr>
<td>Credit / Debit card</td>
<td></td>
</tr>
<tr>
<td>Bank Statement / Passbook</td>
<td></td>
</tr>
</tbody>
</table>

**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**

<table>
<thead>
<tr>
<th>DOCUMENTS</th>
<th>POINTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth Certificate / Birth Extract</td>
<td>100</td>
</tr>
<tr>
<td>Australian Citizenship Certificate</td>
<td></td>
</tr>
<tr>
<td>Australian passport (current or expired within the past two years but not cancelled)</td>
<td></td>
</tr>
<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>
</tr>
</tbody>
</table>

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)
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.
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 2011_005 ‘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)

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 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 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 acquisition and/or transmission of a specified infectious disease than for the general community.

Applicants both internal and external must be compliant with PD2011_005 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.


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 (Boostrix or Adacel)</td>
<td>Serology will not be accepted</td>
<td>Not applicable</td>
</tr>
<tr>
<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>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>History of completed age-appropriate course of Hepatitis B vaccine AND Anti-HBs (surface antibodies) greater than or equal to 10mIU/ml OR Documented Evidence of Anti-HBc (core antibodies) indicating past infection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles, mumps, rubella (MMR)</td>
<td>2 doses of MMR vaccine - at least one month apart OR Positive IgG for measles, mumps and rubella OR Birth date before 1966 OR Results of not detected /equivocal requires a 2 dose course</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella (chickenpox)</td>
<td>2 doses of varicella vaccine at least one month apart OR Positive IgG for varicella OR History of chickenpox or physician-diagnosed shingles (serotest if uncertain)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evidence of one dose is sufficient if the person was vaccinated before 14 years of age</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuberculosis (TB) Assessment</td>
<td>BCG Vaccination AND Tuberculin skin test (TST or Mantoux) AND TB blood screening may considered (Contact the facility Staff vaccination provider for advice) AND Chest X-ray – from the last three years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza</td>
<td>Annual influenza vaccination is not a requirement, but is strongly recommended</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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 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

☐ I undertake to participate in the assessment, screening and vaccination process, however I am aware of medical contraindications that may prevent me from fully completing these requirements and am able to provide documentation of these medical contraindications. I request consideration of my circumstances.

Part 3
☐ I have evidence of protection for:
☐ pertussis  ☐ diphtheria  ☐ tetanus
☐ varicella  ☐ measles  ☐ mumps  ☐ rubella

Part 4
☐ I have evidence of protection for hepatitis B

☐ 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 to 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 __________________________________________________

Date of Birth ____________________________________________________

Health Service/Facility (new recruit) _________________________________________

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


- 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 Student Undertaking/Declaration to their educational institution’s clinical placement coordinator as soon as possible after enrolment. Failure to complete outstanding TB requirements within the appropriate timeframe(s) will result in suspension from further clinical placements. The educational institution will forward the original or a copy of these forms to the health service for assessment.

<table>
<thead>
<tr>
<th>Clinical History</th>
<th>Assessment of risk of TB infection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cough for longer than 2 weeks</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td><strong>Please provide information below if you have any of the following symptoms:</strong></td>
<td></td>
</tr>
<tr>
<td>Haemoptysis (coughing blood)</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>Fevers / Chills / Temperatures</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>Night Sweats</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>Fatigue / Weakness</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>Anorexia (loss of appetite)</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>Unexplained Weight Loss</td>
<td>Yes ☐ No ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Have you ever had:</th>
<th>Have you ever had:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact with a person known to have TB?</td>
<td>TB Screening</td>
</tr>
<tr>
<td>If yes, provide details below</td>
<td>If yes, provide details below and attach</td>
</tr>
</tbody>
</table>

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

I declare that the information I have provided is correct

Name __________________________________________________________ ________________________

Phone or Email ________________________________________________________________

Date of Birth ________________________________________________________________

Health Service/Facility (new recruit) ______________________________________________

Signature ___________________________ Date ____________________
# SCREENING & VACCINATION COMPLIANCE ASSESSMENT

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

### PERSONAL DETAILS

<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>
<tbody>
<tr>
<td>Surname:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Former Names:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(if applicable)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Given Names:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date Of Birth:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contact Phone Number(s):</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Email Address:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Country of Birth:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

- ......................................................................................................................................................................................................
- ......................................................................................................................................................................................................

### Position Applied For: 

- e-Recruit No: (if applicable)

### Convenor / Contact Person:

<table>
<thead>
<tr>
<th>Department:</th>
<th>Facility:</th>
</tr>
</thead>
</table>

### Existing Employee?

<table>
<thead>
<tr>
<th>YES [ ]</th>
<th>NO [ ]</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Employee No:</th>
</tr>
</thead>
</table>

---

## STAFF HEALTH/ VACCINATION CLINIC USE ONLY:

**[Please tick ✓ where applicable]**

### CATEGORY (circle) A B

- **SUITABLE FOR EMPLOYMENT:**
  - **COMPLIANT:** Meets screening/vaccination requirements of the NSW Health Policy Directive ‘Occupational Screening and Vaccination Against Specified Infectious Diseases Policy Directive 2011_005.'
  - **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 2011_005.'

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 are to be returned with recruitment paperwork. Please forward any vaccination health records to the Staff Vaccination Coordinator or return them to the applicant.*
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:

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

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

☐ Additional past performance checks (for medical appointments)

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

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

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

.................................................. ..................................................
Signature Date
TO BE COMPLETED BY MEDICAL PRACTITIONERS, DENTISTS, PHARMACISTS, NURSES

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

SIGNATURE:_________________________________________ DATE: _____/_____/_____
The hospital is a 10 minute walk from most bus stops and 20–30 minute walk from major train stations.

Plan your public transport travel. Timetable, fare, wheelchair access details contact the Transport Infoline 131500 www.131500.com.au

Newtown Station is a 20 minute walk along King St and Missenden Rd. Redfern Station is a 30 minute walk through Chippendale and Sydney University

Buses run between the city and inner west from Central Station

This document can be downloaded from www.sswahs.nsw.gov.au/rpa

Routes:
413, 436, 437, 438, 440, 461, 480, 483 stop on Parramatta Rd near Missenden Rd
412 travels up Missenden Rd and stops out front of the hospital
422, 423, 426, 428 runs between the city and King St near Missenden Rd Newtown
370 between Coogee and Leichhardt stops on King St near Missenden Rd.
352 from Bondi Junction via, Oxford, Crown and Cleveland Sts, stops on King St near Missenden Rd.

For cycling information: Bicycle NSW ph: 9281 4099 www.bicyclensw.org.au

LEGION 131451 Combined 8332 8888

AVS 76765
Buildings:

10. Queen Elizabeth II Building (Institute of Rheumatology and Orthopaedics)
   Orthopaedic Wards
   Physiotherapy Clinics
   Bone, Joint, Connective Tissue Clinics
   Rehabilitation Clinics

11. Building 11
    Professor Marie Bashir Centre

13. KGV Administration Building
    Level 4   Food Services
    Level 5   Community Health Services
    Level 6   Community Health Services, Dietetics
    Level 7   Human Resource Department
               Community Aged Care Services
               Discharge Liaison
               Nursing Support Services
               (Quality Improvement/Occupational
               Health & Safety/Staff Health)
    Level 8   Finance Department
               Telephone Services
               RPAH Museum of Nursing
    Level 9   Division of Population Health
               Health Promotion Unit
               Public Health Unit
               Community Health Services
               Community Health Administration
               SLHD Community Nursing
               Multicultural Health
               Aboriginal Health
               Women’s Health
    Level 10  The George Institute for International Health
    Level 11  RPAH Executive Offices
               SLHD Executive Offices

14. Lifehouse
16. Heart Research Institute
26. Audio Visual Department
27. Radiation Oncology Department
    All outpatient clinics for Radiation Oncology
28. Engineering Services Department
41. Lucas Street Child Centre
42. Building 42

44. Staff Car Park
45. Albert Pavilion
   Emergency Department
   Paediatric Emergency Department
   Paediatric Unit
   Nuclear Medicine Unit

64. Administration Building
    RPAH Security and Parking Services

65. Victoria Pavilion
    Pharmacy
    SLHD Laboratory Services

68. Medical Centre
    Specialist Outpatient Rooms

72. RMO’s Education Centre
    Level 5   Kerry Packer Education Centre
    Level 4   Susman Library
    Level 6   Learning and Development Unit

75. “E” Block
    Level 5   Enquiries Counter
    Level 5   Radiology Department
    Level 5   Discharge Lounge
    Level 4   Volunteers Centre
    Level 5   Nursing Administration Office
    Level 5   Inpatient Ward Areas
    Level 3   Operating Theatres

77. Pathology Services
    Level 5   Haematology Department
    Level 5   Clinical Biochemistry
               Blood Bank

88. Gloucester House
    Sydney Cancer Centre – Inquiries Level 3
    Ambulatory Care Cancer Services

89. Clinical Services Block
    Level 4   Jacaranda Hospital Cafeteria
    Level 3   Intensive Care Services
    Level 5   Ambulatory Care Clinics
    Level 3   RPAH Women and Babies Hospital
    Level 5   Delivery Ward/Birth Centre

93. Centenary Institute
94. Tissue Pathology & Diagnostic Oncology
95. RPAH Chapel
96. Blackburn Pavilion–Sydney University
97. Charles Perkins Research Centre