Applications are invited from suitably qualified medical practitioners for the above position in the Western Sydney Local Health District. The position will be primarily located at Westmead Hospital within the Department of Dermatology.

Successful applicants will be providing Medical and Surgical Services to the local community within Western Sydney Local Health District

The position will be for an initial period of 3 years and is open to Area of Need candidates.

Successful applicants may be offered a conjoint university appointment within the Faculty of Medicine at the relevant University attached to each facility. The level of academic appointment will be commensurate with the qualifications, experience and scholarship and will be held only during the tenure of the Western Sydney Local Health District appointment. No remuneration is attached to the University appointment. The appointee will be responsible to the University for academic matters and to the District for clinical matters.

Working with Children Check

Applicants must provide evidence of a Working with Children Check issued by the Office of the Children's Guardian. For more information on how to apply for the clearance, please visit the Office of the Children's Guardian website: www.kidsguardian.nsw.gov.au/check

Selection Criteria

- Possess or be eligible for registration with the Medical Board of Australia and Fellowship of the Australasian College of Dermatologists or equivalent as provided for in the Staff Specialists (State) Award
- Sound clinical knowledge in Dermatology demonstrated through successful clinical practice in an environment appropriate to the requirements of the position
- High level interpersonal and communication skills.
- Demonstrated ability working within a multidisciplinary team.
- Experience and involvement in quality assurance activities and evidence-based best practice.
- Demonstrated commitment to teaching and supervision.
- Familiarity with research concepts and commitment to support basic, applied or clinical research within the Department.
- Subspecialty interest or expertise appropriate to the needs of the Department

Salary and conditions are in accordance with the Staff Specialists (State) Award.

Enquiries

Contact: A/Prof Pablo Fernandez-Peñas, Head, Department of Dermatology, Westmead Hospital
Ph: (02) 9845-9767
Email: pablo.fernandezpenas@sydney.edu.au
SMADR information

It is essential for all applicants to contact the Specialist Medical and Dental Recruitment Unit on 8838 2094 or email WSLHD-SMADR@health.nsw.gov.au for an application package prior to application. All selection criteria must be addressed in your application. Applications close on 13 January 2017. Applications must be received by 5pm on this date. All applications are to be forwarded to the SMADR Unit, Locked Bag 7118, Parramatta, BC NSW 2124.
**Position Description**

**Designation:** Dermatologist  
**Classification:** Staff Specialist  
**Award:** Staff Specialists (State) Award  
**Department:** Dermatology  
**Location:** Westmead Hospital

**PRIMARY OBJECTIVES**

Senior Medical Staff are expected to provide admitting, consultative, diagnostic, procedural, outpatient and on call specialty services as determined and required by the facility.

Appointees may be required to participate in other on call rosters at nominated facilities within Western Sydney Local Health District as determined by clinical operations.

The Department of Dermatology sits within the Medicine and Cancer Services Division. The Department of Dermatology aims to be a centre of excellence in Dermatology providing clinical, research and education services. The services provided are: Diabetes and Endocrinology, Dermatology, Genetic Medicine, Rheumatology, General Medicine, Clinical Immunology and Allergy, and Infectious Diseases/Sexual Health. The objectives of the Department are:

- To provide a tertiary level dermatological service of the highest standard capable of dealing with all dermatological problems, regardless of complexity.
- To provide service based within the public hospital system that is available to all patients within the WSLHD regardless of race, financial, cultural or social circumstances.
- To provide prompt, and appropriate outpatient and inpatient consultations and advice to the medical, surgical, dental and paramedical departments for all of the WSLHD.
- To provide the highest quality, and diversity, of advanced training in Dermatology.
- To provide education in the art and science of Dermatology for undergraduate and postgraduate medical trainees of all disciplines.
- To undertake ethical, relevant and novel research in Dermatology.
- To provide leadership in Dermatology for the entire community encompassed by the WSLHD.

Specific Clinical duties will include:

- Three weekly General Dermatology clinics
- Two Weekly Surgical Clinic clinics
- Weekly Occupational dermatology – Severe Eczema clinic
- Weekly Severe Psoriasis/Hidradenitis Suppurativa clinic
- Weekly Oncodermatology clinic
- Direct involvement in the supervision and teaching of vocational dermatology residents and registrars.
- Assist in the organisation of Department Meetings, including administrative meetings and grand rounds.
- Available for tutoring medical students, PG1 and PG2 staff, and other hospital staff as required.
- Assist in preparation, supervision and documentation of clinical research trials, as required, by mutual agreement within the Department of Dermatology.
- Involvement in the preparation of research projects and supervision of researchers, as required, by mutual agreement within the Department of Dermatology.
Detailed Work Duty Schedule

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<tr>
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<th>Monday</th>
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<tr>
<td>AM</td>
<td>General Derm</td>
<td>General Derm</td>
<td>Surgery</td>
<td>Oncodermatology</td>
<td>Occupational Dermatology</td>
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<tr>
<td>PM</td>
<td>Severe Psoriasis</td>
<td>Surgery</td>
<td>Administrative</td>
<td>Administrative</td>
<td>General Derm</td>
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<td></td>
<td>Hidradenitis</td>
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</table>

The role includes undergraduate and postgraduate teaching, research and supervision.

The Senior Medical Practitioner is also responsible for the maintenance of quality with all aspects of their service delivery and the efficient use of resources within Western Sydney Local Health District.

LOCAL BACKGROUND & ENVIRONMENT

Westmead Hospital is a specialized tertiary/quaternary referral hospital within the western metropolitan area of Sydney. The hospital sits within the Western Sydney Local Health District (WSLHD) which is responsible for providing primary and secondary health care for people living in the Auburn, Blacktown, The Hills Shire, Holroyd and Parramatta Local Government Areas (LGAs) and tertiary care to residents of the Greater Western Region. It consists of both urban and semi-rural areas covering almost 774 square kilometers and has an estimated resident population of 832,766.

Major land releases, greater density of dwellings in older areas and new arrivals of refugees and other migrants have continued to contribute to population growth in the area. The LGAs of Parramatta and Holroyd have the highest proportion of older residents aged 70 years and over.

The hospital is focused on improving the health of its local people, families and communities. To support this we will ensure:

- integrated delivery of services backed by sound infrastructure
- financial and clinical viability of services, facilities and support
- a “culture” that supports health improvement and addresses disability needs locally and across our District
- the development of clinical leadership
- system-wide collaboration

Priorities in the current year include:

- strengthening our quality and safety culture
- achieving an activity-led financial recovery
- service access and patient flow
- becoming an employer of choice
- devolution of authority and decision-making
REPORTING RELATIONSHIPS

This position reports directly to the Director of Cardiac Services, Westmead Hospital and also has professional accountability to the General Manager.

Key Internal and External Relationships

Other Cardiologists, Cardiology nursing staff, cardiac technicians, cath lab radiographers, Emergency Department staff.

Supervision Arrangements

Supervise Cardiology Advanced Trainees, Cardiology Registrars and Cardiology Residents.

Challenges / Problem Solving

- Assist in management of Issues List documentation.
- Assist in preparations for Episode Funding.
- Assist in preparations for meeting NEAT targets.

Decision Making

- In management of Cardiology patients, both clinical and procedural.

MAJOR ACCOUNTABILITIES

Clinical

- Clinical privileges will be exercised within the scope of practice granted by the Medical & Dental Appointments Advisory Committee (Credentials Sub-Committee).

- Provide high quality care for patients and their families/significant others.

- Ensure adequate communication occurs between clinicians within the organisation.

- Ensure detailed patient care treatment plans are in place to support the timely management of patients.

- Ensure a high standard of clinical record documentation is maintained. This includes utilisation of paper based systems and electronic mail compatible with hospital systems, and keeping appropriate databases up-to-date.

- Ensure effective patient handover and transfer of care.

- Ensure appropriate communication occurs with medical practitioners external to the organisation regarding patients under their care, including providing detailed discharge summaries as indicated.

- Provide reliable and responsive on-call services (when privileged to do so). Attendance when requested is to be within thirty minutes of call, or otherwise within a timeframe consistent with the needs of the specialty as determined and approved by the facility.

Research and Teaching

- Maintain an intellectual environment within the Department conducive to high quality medical research.

- Apply principles of evidence based medicine to clinical practice and contribute to the advancement of medical practice.

- Participate in research projects, implemented within the Department or in collaboration with research staff external to the Department, which have been approved by the Clinical Director and the appropriate regulatory committees.
• Encourage peers, registrars and resident medical officers to participate in research projects.

• Organise, deliver, or participate in education sessions within the Department.

• Teach and train effectively at all levels of undergraduate and postgraduate education where required.

• Provide “on the job” training of registrars and resident medical officers during ward rounds, outpatient clinics, operating/ procedural sessions as appropriate to the specialty.

Supervision

• Fulfil responsibilities as mentors for medical students and resident medical staff assigned to the department as required. This includes participation in staff appraisal at regular intervals particularly in relation to registrars & resident medical staff.

• Supervise the junior medical staff and provide regular teaching and education in accordance with Health Education and Training Institute guidelines.

• Provide supervision and support for Fellows and Trainees in post-graduate medical programmes including University programmes, Colleges and the Western Division of General Practice.

Quality

• Strive for continuing improvement in all aspects of work and that of colleagues, mindful of priorities and high standards.

• Actively support a “no blame” culture throughout the organisation.

• Undertake clinical governance activities, risk management and audit in order to improve the quality of service provision.

• Participate in all aspects of the clinicians’ toolkit to assess the quality of service being provided view to maintaining, assessing or improving standards of care, teaching or research. These quality improvement or other Departmental and Hospital processes, may include, but not be limited to Peer review; Morbidity & mortality meetings; Adverse and near miss events monitoring; Clinical risk management and Root cause analysis.

• Assist the Department Head to implement and develop appropriate clinical outcome measures.

• Actively participate in clinical practice improvement projects as identified through peer comparisons aimed at improving quality of both service delivery and patient care within the department.

PERFORMANCE MANAGEMENT

• Participate in the Western Sydney Local Health District Performance Review and Management Framework for Senior Medical Practitioners. This is mandatory for all Senior Medical Practitioners in Western Sydney Local Health District as outlined in the Staff Specialist’s (State) Award and PD 2011_010 for Visiting Medical Practitioners.

• Demonstrate clinical competency within the clinical privileges granted by Western Sydney Local Health District.

• Provide satisfactory demonstration that quality assurance, quality improvement and risk management obligations are met.

OTHER

• Attend and contribute to department / business meetings.

• Participate in activities within the facility or network especially in relation to the departmental specialty.

• Participate with the Department Head in strategic planning for clinical service provision in the Western Sydney Local Health District, as appropriate.
Participate in strategic planning for Research and Educational activities at the University of Sydney and its Western Clinical School, as appropriate.

Ensure that the Facility Managers, Clinical Directors and Department Heads are fully informed in a timely fashion of any known circumstances relating to matters within the Department, or any other activities of staff thereof, so they are aware early of incidents leading to adverse publicity or legal action against staff of the Western Sydney Local Health District.

Provide appropriate, timely returns to the Department Head indicating external funding, research output and publications, external consultation, professional work and liaison activities and Quality Assurance activities, as required by these bodies.

Provide responses as required in respect to internal hospital enquiries relating to the carrying out of these duties, patient complaints, Health Care Complaints Commission matters, and medico legal requests.

Assist the Department Head in recruitment activities as required.

**SKILLS & ATTITUDES REQUIRED FOR PRACTICE AS A SENIOR MEDICAL PRACTITIONER**

1. **Skills**

   - Have the breadth of knowledge and skill to take responsibility for safe clinical decisions in their specialty.

   - Able to communicate effectively with patients including the management of difficult and complex situations with patients and their families, to advise them appropriately and to manage complaints effectively.

   - Skilled in building relationships of trust with patients and their families/supporters, through effective interpretation skills, a courteous and compassionate approach, and respect for their privacy, dignity and cultural and religious beliefs.

   - Effective interpersonal skills that bring out the best in colleagues, to resolve conflicts when they arise and to develop and maintain productive working relationships within the team.

   - Capacity to work cooperatively with other staff and practitioners and support teams in a complex multidisciplinary team environment.

   - Capable of judging competence and professional attributes in others.

   - Demonstrate skills and strategies in the process of feedback to colleagues and trainees, ensuring positive and constructive outcomes.

   - Demonstrate the potential or capability to teach and train effectively at all levels of undergraduate and postgraduate education where required.

   - Able to take responsibility for clinical governance activities, risk management and audit in order to improve the quality of service provision.

   - Have the self-awareness to acknowledge where the limits of competence lie and when it is appropriate to refer to other senior colleagues for advice.

2. **Attitudes**

   - Support teams that bring together different professions and disciplines and other agencies, to provide high quality health care.

   - Strive for continuing improvement in all aspects of work and that of colleagues, mindful of priorities and high quality ethical care and standards.
- Ability to comply with the service objectives of Western Sydney Local Health District.

- Cognisant of the need to implement cost-effective therapies and evidence based practice into daily work.

- Act in personal and professional life to maintain public trust in the profession.

- Promote behaviour within the Department, which is respectful of all clinicians.

- Promote behaviour within the Department, which is respectful of the individual patient, their family, and their rights.

- Act quickly and effectively if there is reason to believe that their own or a colleague’s conduct performance or health may put patients at risk.

- Commitment to own relevant professional and self-development.

- Commitment to clinical research and quality improvement.

- Commitment to education, training and the career development of junior medical staff and other undergraduate and postgraduate clinical staff.

**EEO RESPONSIBILITIES**

Must adhere to the EEO policies and procedures of Western Sydney Local Health District.

**WORK HEALTH & SAFETY RESPONSIBILITIES**

- Demonstrate commitment to WH&S through personal involvement.

- Do not put yourself or others at risk and cooperate with the employer.

- Follow the employer’s reasonable instructions concerning health and safety in the workplace.

- Participate in WH&S education and training.

- Report any workplace hazards.

- Assist in the WH&S Risk Management process, by being actively involved in the identification, assessment and control of hazards and associated risks in the workplace.

- Assist managers in establishing and monitoring WHS Consultation in the workplace.

**WESTERN SYDNEY LOCAL HEALTH DISTRICT SMOKE FREE POLICY**

Western Sydney Local Health District is a smoke free environment.

**CODE OF CONDUCT AND ETHICS**

Comply with NSW Ministry of Health Code of Conduct.

**PRIVACY STATEMENT**

The Privacy and Personal Information Protection Act 1998 (PPIPA) and the Health Records and Information Privacy Act 2002 (HRIPA) requires all staff/contractors and other health service providers who, in the course of their work, have access to personal information (PPIPA) or personal health information (HRIPA), to comply with the requirements of these Acts and the NSW Health Privacy Manual (PD2005_593).

It is the responsibility of all staff to ensure privacy of personal information by following Western Sydney Local Health District privacy and security procedures in relation to any personal information accessed during the course of their duties.

**RISK MANAGEMENT OBLIGATIONS**
• Report any risks identified (e.g. WHS, Corporate, Clinical, Financial, Service Delivery) and request a formal risk assessment to ensure the protection of the District, its staff, its patients and its resources.

• Notify all incidents identified using IIMS.

• Participate in the investigation of incidents as required.

• Participate in the implementation of recommendations arising from investigation of incidents.

• Encourage colleagues to notify incidents identified.

**ADDITIONAL FACTORS**

The ability to relocate to other sites within Western Sydney Local Health District may at times be required.

**DECLARATION**

As the incumbent of this position, I have noted this Job Description and agree with the contents therein. I understand that other duties may be directed from time to time.

I also agree to strictly observe the Local Health District’s policy on confidentiality of patient information or such sensitive information that I may come across in the course of my employment.

Incumbent:  

Manager:

.......................................................... ..........................................................
Signature:  
Manager Title
Directorate / Department
Western Sydney Local Health District

Date: _____ / _____ / _____
This statement must accurately reflect the physical demands of the position. The Position Physical Requirement Form is to be attached to the Statement of Duties for the position. Once incorporated, it will become an integral part of the performance standard agreed to by the job applicant.

**Position Title:** Fixed Term Up to 1.0FTE Staff Specialist - Dermatology

### Physical Demands

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<th>Activity</th>
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<td>Ramps</td>
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<td>Ladders</td>
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<td><strong>Work Environment</strong></td>
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<td>Sunlight</td>
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<td>Temperature - High</td>
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<td>Temperature - Low</td>
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<td>Confined Spaces</td>
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<td><strong>Psychosocial Demands</strong></td>
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<td>Exposure to distressed people</td>
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<td>Working with mental illness/disability</td>
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<td><strong>Exposure to Hazardous Substances</strong></td>
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<td>Dust</td>
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<td><strong>Sensory demands of Job tasks</strong></td>
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<td>Sight ie eyes integral part of task</td>
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<td>Hearing ie noisy work area</td>
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<td>Smell ie sensory tasks</td>
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<td>Taste</td>
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</tbody>
</table>

### Source

Model Job Demands Checklist - A Framework for Recruitment and Selection - July 2001

**Code:** N = Never, O = Occasional, F = Frequent, C = Constant.

I wish to confirm that the above information is the current physical requirement for the above position.

**Department Manager:** ________________________ __________________________/__/__

Print Name    Signature   Date

As applicant for this position, I have read the physical requirements form and agree I am able to perform the role described.

**Name of Applicant:** ________________________ __________________________/__/__

Print Name    Signature   Date
Applying for An Advertised Position

Your Application

When you are completing the application be sure to provide a cover letter responding to each of the selection criteria and describe how you satisfy each of the criteria. Please include any relevant formal qualifications and experience you have when answering the criterion.

Before submitting your application be sure that you have read the advertisement and position description and contacted the nominated contact person for any questions that require clarification or further detail. This will provide information regarding the scope of the position and will also help you in preparing your application and in particular, responding to selection criteria.

The application you submit will be used in determining whether you will be successful in gaining an interview. Your application should demonstrate how your skills, knowledge, qualifications and experience meet the requirements of the position.

Misleading Information

Any statement in your application that is found to be deliberately misleading, including falsely claiming qualifications, will make you, if appointed, liable for immediate dismissal and/or prosecution for any relevant offence.

Address Details

Contact Us

SMADR Unit - Wirrabilla
Cumberland Hospital
Locked Bag 7118
Parramatta BC NSW 2124

WSLHD-SMADR@health.nsw.gov.au (email)
(02) 8838 2094 (Phone)
(02) 8838 2112 (Fax)

SMADR Unit – Wirrabilla
Building 62, Cumberland Hospital
5 Fleet Street
North Parramatta
### HOW TO APPLY FOR ADVERTISED POSITIONS

<table>
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<tr>
<th>STEP</th>
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<tbody>
<tr>
<td>1</td>
<td>Read the position description and selection criteria for the position you wish to apply for</td>
<td>☐</td>
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</table>
| 2    | In a separate document address the selection criteria of the position as per the advertisement. Your application must:  
- Specify address each of the criteria in a Covering Letter, as short-listing will be based on the selection criteria  
- Include the Advertisement Reference Number  
- Include Curriculum Vitae  
- Evidence of your current Medical/ Dental Registration  
- Evidence of specialist recognition: (e.g. Certificate of Fellowship, letter of advice from College)  
- Evidence of Undergraduate Qualifications or transcript  
- Copies of additional qualifications to support claim for position  
- Evidence of indemnity Insurance (as applicable) | ☐ |
| 3    | Complete the “Application for Appointment Form” ensuring all requested information is supplied. | ☐ |
| 4    | It is important to prevent any delay in the recruitment process should you be a preferred candidate, that you immediately act on ensuring you are compliant with NSW Ministry of Health Policy Directive: "Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases".  
In summary the policy requires you to provide evidence that you are ‘protected’ against the following diseases: diphtheria, tetanus, pertussis, hepatitis B, measles, mumps, rubella and chicken pox. The policy also requires you to provide evidence of a tuberculosis assessment within the previous three months. There are specific criteria to prove ‘protection’ and they are included in the Evidence of Protection Against Specified Infectious Diseases included with this Application Kit. | ☐ |
| 5    | Should you be shortlisted for interview please bring the following documents:  
- Proof of Identity (i.e. passport, drivers licence etc.)  
- Employee Health Assessment Form (Staff Specialists & Postgraduate Fellows only) – Appendix 2  
- Employee Health Assessment Form (VMO) – Appendix 2 Form 1 & 2 only  
- Evidence of Protection Against Specified Infectious Diseases  
- Passport, Working Visa or Citizenship papers | ☐ |
| 6    | Send your application no later than 5pm on the closing date to: SMADR Unit, Wirrabilla, Locked Mail Bag 7118, PARRAMATTA BC NSW 2124 or email WSLHD-SMADR@health.nsw.gov.au  
Please note applications will only be accepted for advertised vacant positions. The SMADR Unit will not hold applications for non-vacancies. | ☐ |
## Applying for a Temporary Appointment

### Your Application

Before submitting your application ensure that you have discussed the requirements of the position with the relevant Department Head. The application you submit will be used in determining your suitability for the temporary position. Your application should demonstrate how your skills, knowledge, qualifications and experience meet the requirements of the position (selection criteria) and reference the position description.

**Please note:** All required documentation needs to be completed and returned to the relevant Department Head at least three weeks prior to anticipated commencement in the position to permit clearance checks to be conducted and a letter of offer to be issued.

### Misleading Information

Any statement in your application that is found to be deliberately misleading, including falsely claiming qualifications, will make you, if appointed, liable for dismissal and/or prosecution for any relevant offence.

### Offer of Appointment

Following review of all necessary documentation and employment screening, a letter of offer of temporary appointment may be made. Commencement of duties may only be undertaken following completion of the necessary clearance checks and return of acceptance of the offer.

## Address Details

<table>
<thead>
<tr>
<th>Postal</th>
<th>SMADR Unit - Wirrabilla Cumberland Hospital Locked Bag 7118 Parramatta BC NSW 2124</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>SMADR Unit – Wirrabilla Building 62, Cumberland Hospital 5 Fleet Street North Parramatta</td>
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<td></td>
<td><a href="mailto:WSLHD-SMADR@health.nsw.gov.au">WSLHD-SMADR@health.nsw.gov.au</a> (email)</td>
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<tr>
<td></td>
<td>(02) 8838 2094 (Phone)</td>
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<td></td>
<td>(02) 8838 2112 (Fax)</td>
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### HOW TO APPLY FOR TEMPORARY POSITIONS

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<tr>
<td>1</td>
<td>Read the position description for the position you wish to apply for</td>
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| 2    | Your application must include:  
- Curriculum Vitae  
- Evidence of your current Medical/ Dental Registration  
- Evidence of specialist recognition: (eg, Certificate of Fellowship, letter of advice from College)  
- Evidence of Undergraduate Qualifications or transcript  
- Copies of additional qualifications to support claim for position  
- Evidence of indemnity Insurance (as applicable) | ☐ |
| 3    | Complete the “Application for Appointment Form” ensuring all requested information is supplied. | ☐ |
| 4    | It is important to prevent any delay in commencing your appointment that you immediately act on ensuring you are compliant with NSW Ministry of Health Policy Directive: “Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases”.  
In summary the policy requires you to provide evidence that you are ‘protected’ against the following diseases: diphtheria, tetanus, pertussis, hepatitis B, measles, mumps, rubella and chicken pox. The policy also requires you to provide evidence of a tuberculosis assessment within the previous three months. There are specific criteria to prove ‘protection’ and they are included in the Evidence of Protection Against Specified Infectious Diseases included with this Application Kit. | ☐ |
| 5    | Bring the following documents to the SMADR Unit:  
- Proof of Identity (i.e. passport, drivers licence etc.)  
- Employee Health Assessment Form (Staff Specialists & Postgraduate Fellows only) – Appendix 2  
- Employee Health Assessment Form (VMO) – Appendix 2 Form 1 & 2 only  
- Evidence of Protection Against Specified Infectious Diseases  
- Passport, Working Visa or Citizenship papers | ☐ |
| 6    | Send your application no later than 5pm on the closing date to: SMADR Unit, Wirrabilla, Locked Mail Bag 7118, PARRAMATTA BC NSW 2124 or email WSLHD-SMADR@health.nsw.gov.au | ☐ |
The Medical and Dental Appointments Advisory Committee (MDAAC) is responsible for the Short listing and appointment of Senior Medical and Dental practitioners. The MDAAC consists of Core and Variable membership.

The Core Committee membership provides consistent and impartial representation in the selection and appointment process. The Core Committee consists of members appointed by the Chief Executive, including a non-medical representative, a medical manager, and representatives of the Medical Staff Executive Council. The Variable committee membership provides for specific representation from the Department and individual Hospital/Unit, and a University Representative. At least one member of the group nominated by the Clinical Directorate or Hospital/Unit will be qualified in the relevant specialty.

The MDAAC will determine the merit of applicants by a range of processes including: assessing the job applications, interviewing applicants and referee checks. Equity principles and practices have been integrated into recruitment and selection processes to help ensure that all selections adhere to the principle of open competition on the basis of merit and the application of equitable standards of selection.

**Short Listing**

After the advertised closing date, the MDAAC at a Short listing meeting reviews and assesses all written applications against the advertised selection criteria for the position. Applications will be short listed by eliminating in the sequence below, those applications, which do not possess or meet the following:

1. Selection criteria
2. The relevant experience
3. Other requirements as specified in the advertisement

**The Selection Interview**

If you are selected for an interview, you will be contacted by the Specialist Medical and Dental Recruitment Unit and notified of the date, time and venue of the interview. In most cases you will be given at least one week’s notice of an interview. The Medical and Dental Appointments Advisory Committee meets on a monthly basis.

You will be asked questions based on the knowledge, skills and attributes necessary to perform the duties of this position (the selection criteria), as well as information you have already provided in your application for appointment. Behavioural questions may be asked which aim to help the applicants demonstrate skills and behaviours, which relate to the position requirements.

You may be invited to add further information in support of your application, which will give you the opportunity to demonstrate your interest in and understanding of the position. It is your responsibility to show the MDAAC that you are the best candidate for the position.

**After the Interview**

As the MDAAC combines the functions of interview, selection and appointment into the one process, a recommendation regarding an appointment will be made at the conclusion of the interview process. This will facilitate a selection decision as soon as possible after the interview is conducted.

Following employment screening, the successful applicant will be informed of the Committee’s recommendations to the Chief Executive. A formal letter of appointment will be forwarded following ratification. The letter of offer sets out the District’s official offer of appointment, and any information received in variance with the letter of offer should not be relied upon.

Unsuccessful applicants are notified in writing soon after the recommended applicant has notified their acceptance of the offer of appointment.
Creditencing refers to the formal process used to verify the qualifications, experience, professional standing and other relevant professional attributes of senior medical and dental practitioners for the purpose of forming a view about competence, performance and professional suitability to provide safe, high quality health care services within a specific organisational environment. Credentialing is specific to an individual practitioner and does not take into account the infrastructure of the organisation. Applicants are required to provide all the necessary information for this process.

The process of delineation of clinical privileges (or defining the scope of clinical practice) is a key clinical governance function. Successful applicants will be granted clinical privileges (defining the scope of clinical practice) by the Credentials Subcommittee at the time of appointment.

The process of delineation of clinical privileges (defining the scope of clinical practice) is not intended to inappropriately restrict the measures that may need to be taken in an emergency situation. The range of clinical privileges (the defined scope of clinical practice) granted by the District (in accordance with applicable NSW Ministry of Health Policy Directives), will take into consideration the role delineation of the hospital or facility for which clinical privileges (defined scope of clinical practice) are sought (including the existing services, staffing, facilities, equipment and support services). Accordingly, clinical privileges (the defined scope of clinical practice) granted may not necessarily encompass the full range of clinical privileges (or defined scope of clinical practice) requested or the full range of procedures within the competence of the senior medical practitioner.

The process of delineation of clinical privileges is not intended to inappropriately restrict the measures that may need to be taken in an emergency situation.

Section G in the Application Package requires completion if the applicant wishes to request clinical privileges outside their core scope of practice (to which they may have specific skills or requirements).

The core requirements for the position refer to the provision of the required specialty services at nominated facilities (as listed in the advertisement and position description) with specified activities that may include one or more of admitting, consultation, diagnostic, procedural, on-call rights, teaching and research. Delineating clinical privileges or defining the scope of clinical practice takes into account both the individual's capabilities and the organisational infrastructure at the facility in question.

Applicants are advised that the Department to which they are appointed defines the Department Head to whom they are responsible both administratively and clinically. An individual will be primarily appointed to the Department where they will carry out the majority of their work. As part of this appointment, clinical privileges may be offered at other facilities that may be exercised from time to time by mutual agreement at the request of the Clinical Director. A separate appointment to a different Department is required when there is a separate discrete workload unless the position has been advertised that specifies regular work at more than one Department within a particular Directorate.
GUIDELINES FOR APPLICANTS

Appointments to positions are made on the basis of merit. This means that the applicant considered to be the most capable of performing the duties of the position is selected. Choosing the best person for the position is part of the Health Services Equal Employment Opportunity Policy Directive.

NSW Ministry of Health is committed to the highest standards of professional conduct, therefore all staff must adhere to the Code of Conduct. NSW Ministry of Health is also committed to supporting dignity and respect in the workplace by promoting Zero Tolerance to Violence in the Workplace.

Medical Assessment/ Protection Against Specific Vaccination Preventable Infectious Diseases
All employees will be medically assessed before officially being offered the position. Should the medical assessment identify any issues, then the applicant may be required to undergo a physical assessment (at the District’s expense) to be cleared as fit to undertake employment in the position prior to being offered the position. Please complete the “Employment Health Assessment” form and bring to your interview. In accordance with the NSW Ministry of Health Policy Directive 2011_005 “Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases”, all new employees to Western Sydney Local Health District, are to provide acceptable evidence of protection against the specified infectious diseases. Being ‘protected’ is a mandatory requirement of employment, and an offer of employment will not be made until acceptable evidence is provided. The specific evidence required is outlined in the section: “Evidence of Protection Against Specified Infectious Diseases.”

National Criminal Record Check
The District requires that national criminal record checks be undertaken for all positions. This does not necessarily disqualify applicants recommended for selection. If rejection of your application is considered purely because of a criminal record check, you will be given the opportunity to discuss the matter fully before a final decision is made. All applicants for positions / new starters within the District must read and sign the Criminal Record Check Consent Form. It may not be necessary for existing staff to have a criminal record check.

Working with Children Check
The District requires that anyone undertaking child-related work provides evidence of a Working with Children Check provided from the Commission for Children and Young People (CCYP). From 15 June 2013 applicants are required to obtain and pay for their own checks when applying for child related positions.

Service Check Register for NSW Health Services
All full-time, part time, temporary and casual staff of the NSW Ministry of Health Service and all visiting practitioners must be checked against the state Service Check Register as part of a recruitment process.

The Service Check Register (SCR) is an electronic state-wide database containing records of actions taken during or at the conclusion of an investigation into a serious disciplinary matter. Actions imposed by a Health Service include restrictions on duties, suspension, dismissal, termination, or non-renewal of an appointment of a staff member or visiting practitioner. Inclusion on the register does not automatically preclude a person from employment or appointment.

The role of the SCR is to alert staff involved in recruitment to the existence of previous matters that may be relevant when making an offer of employment or appointment or when finalising a disciplinary process.

It is a Mandatory Requirement that all NSW Ministry of Health Services advise a staff member or visiting practitioner if information about them is entered into the SCR. As this process is now in place for all new full-time part time, temporary and casual appointees, if you are the preferred candidate for this position, you will be checked against the NSW Service Check Register.

For more information in regards to this process please contact the Specialist Medical and Dental Recruitment Unit or refer to the Service Check Register for NSW Ministry of Health Services Policy Directive (PD2013_036) located on the NSW Ministry of Health Website.

Proof of Identification – 100 Points Check
All applicants for positions within the District must supply Proof of Identification at the interview. Please ensure you have proof of identity documentation, including passport, drivers licence, birth certificate, credit card, Medicare Card etc.

Feedback
You will be advised in writing of the result of your application after the selection process is completed. If your application is unsuccessful, you may wish to contact the convenor of the panel to discuss your performance in the interview. If your application is successful the Manager/Convenor will contact you and offer you the position subject to employment screening.

Additional Information
It is recommended that you read the NSW Ministry of Health Code of Conduct. This document can be found at http://www.health.nsw.gov.au/policies/pd/2012/PD2012_018.html
Position applying for:

Advertisement No:

Hospital/Unit:

Are you currently or have you previously been employed in the NSW Ministry of Health Service? 
Yes [ ] No [ ]

If yes, please indicate where

Where did you see or hear about the vacancy advertised? (Please ✓ tick your response)
[ ] Sydney Morning Herald [ ] Australian [ ] Local Newspaper
[ ] Hospital Notice Board [ ] Internet (Indicate Website) [ ] Health Jobs Intranet
[ ] Friend/relative/LHD Website
[ ] Other (please indicate)

Please complete all Sections of the application form:

Section A Personal Details
Section B Qualification & Registration Details
Section C Employment History
Section D Special Needs
Section E Referees
Section F Criminal Record Check Consent Form
Section G Application for Clinical Privileges – Outside Core Scope of Practice
Section H Professional Declarations
Section I Applicants Declarations
Section J Professional Indemnity Insurance

Appendix 1 and 2 are provided for completion as outlined in accompanying documentation:

Appendix 1 Proof of Identity Checklist
Appendix 2 Evidence of Protection Against Specified Infectious Diseases – Form 1 & 2
Appendix 2 Employment Health Assessment Questionnaire (Employees Only)
(Preferred form of address: Dr [ ]  Prof [ ] A/Prof [ ] (please tick √ whichever applicable)

SURNAME: ___________________________  OTHER NAMES: ___________________________

Former Names ___________________________ (If applicable)

POSTAL ADDRESS: _______________________________________________________________

________________________________________________________ POST CODE: ______________

Age _______ Date of Birth _____ / _____ (DD/MM/YY)  Male [ ]  Female [ ]

HOME ADDRESS: _______________________________________________________________

________________________________________________________ POST CODE: ______________

TELEPHONE NUMBERS:

Business:  Home:  Fax: 
Mobile:  E-mail 

Emergency/Contact

Address  Post Code  

Telephone Numbers  Private:  Mobile:  Business:

Are you an Australian Citizen? :  Yes [ ]  No[ ] If you have answered no, please attach a certified copy of your passport

Are you a Permanent Australian Resident? :  Yes [ ]  No[ ] (if yes, you must provide a copy of your residency)

Are you a Temporary Australian Resident? :  Yes [ ] No[ ] (if yes, you must provide a copy of your visa)
## SECTION B – QUALIFICATIONS & REGISTRATION DETAILS

### Undergraduate Medical/Dental Qualifications

<table>
<thead>
<tr>
<th>Primary Medical/Dental Qualification</th>
<th>Country obtained</th>
<th>Medical/Dental School obtained</th>
<th>Date obtained</th>
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If your primary medical qualification was obtained overseas, have you completed the Australian Medical Council (AMC) examination?  
Yes [ ]  No [ ]  Date completed: / /  

Please attach documentation of completion or progress with AMC Examination.

### Postgraduate Specialist Qualifications

<table>
<thead>
<tr>
<th>Degree/Diploma/Certificate</th>
<th>Country obtained</th>
<th>Institution obtained</th>
<th>Date obtained</th>
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If you have more than one undergraduate or postgraduate degree or qualifications please list below or include in Curriculum Vitae.

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### Professional Registration Details (copy of registration must be attached)

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<th>Registration Number</th>
<th>Date registered</th>
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If you are not currently registered in Australia please include in your application your IELTS or OET results and also your EICS verification number.
**SECTION C – EMPLOYMENT HISTORY**

Please indicate where you have worked for the last ten years. Include overseas as well as Australian work experience. Voluntary work experience may also be included. If space provided is insufficient and you wish to provide a more detailed work history, please attach extra pages to this form or provide a copy of your CV giving employment history.

If you are appointed, for previous service to be recognised, a detailed Statement of Service from your previous employer will be required.

<table>
<thead>
<tr>
<th>EMPLOYER</th>
<th>DATES</th>
<th>POSITION HELD</th>
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<tbody>
<tr>
<td>Present Position</td>
<td>From:</td>
<td>To:</td>
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**SECTION D – SPECIAL NEEDS**

If you have any special needs to enable you to attend for an interview please list them below or contact the SMADR Unit on (02) 8838 2094

_________________________
_________________________
_________________________
_________________________
_________________________
_________________________
_________________________
Please provide details below of three (3) professional colleagues who are familiar with your work over the last three years and who can act as your referee. **One of your referees should be your present or most recent supervisor.**

Referees must not be personally or financially related to you. Please include fax and e-mail addresses.

### Referee 1 - Supervisor

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<th>Name:</th>
<th>Position:</th>
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<th>Organisation:</th>
<th>Business telephone:</th>
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<tr>
<th>Address:</th>
<th>Business fax:</th>
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</table>

| e-mail: | |
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### Referee 2

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<th>Name:</th>
<th>Position:</th>
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<tr>
<th>Organisation:</th>
<th>Business telephone:</th>
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<tr>
<th>Address:</th>
<th>Business fax:</th>
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| e-mail: | |
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### Referee 3

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<th>Name:</th>
<th>Position:</th>
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<tr>
<th>Organisation:</th>
<th>Business telephone:</th>
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<th>Address:</th>
<th>Business fax:</th>
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</table>

| e-mail: | |
|---------||
Provide your full name as well as any other names / aliases by which you have been known. Employers are required to sight applicant’s original identifying documents as per 100 point ID check.

<table>
<thead>
<tr>
<th>Current Name #</th>
<th>Given Name 1</th>
<th>Given Name 2</th>
<th>Given Name 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family or Last Name</td>
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</tr>
<tr>
<td>Other / Alias 1</td>
<td></td>
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<td></td>
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<tr>
<td>Other / Alias 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other / Alias 3</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Gender  
- Male  
- Female

Date of Birth: \(// (dd/mm/yy)\)

Place of Birth:  
- City:  
- State:  
- Country:

Current Address:  
- Date: / / to current

Previous Addresses (within last 5 years):
1. \(// to //\
2. \(// to //\
3. \(// to //\

Telephone No:  
Driver’s Licence No:  
Passport No:  
State:  
Country:  
Type of Position:  
- Paid Employee  
- Volunteer

I acknowledge that I have read the Information sheet provided with this Form and understand that the position for which I am being considered is in a category for which NO exclusion has been granted from the application of the Spent Convictions Scheme, as described under the heading “Spent Convictions Schemes” in the Information sheet.

I certify that the personal information I have provided on this Form relates to me and is correct;

I acknowledge that any information provided by me on this Form or by Australian police services as a result of the records check may be taken into account by NSW Health in assessing my suitability for the above position.

I consent to:
(i) my employer forwarding details obtained from this form to NSW Health;
(ii) NSW Health forwarding details obtained from this form to the CrimTrac Agency and/or to Australian police services or other relevant law enforcement agencies.

I consent to:
(i) the CrimTrac Agency making enquiries to Australian police services;
(ii) Australian police services obtaining and disclosing from their records personal information about me, including any outstanding charges, criminal convictions and findings of guilt recorded against me for any offences in any jurisdiction, that may be disclosed according to the laws of the jurisdiction and, in the absence of any laws governing the release of that information, according to the jurisdiction's information release policy, and forwarding relevant information to the CrimTrac Agency; and
(iii) the CrimTrac Agency providing relevant information to NSW Health for the purposes of allowing NSW Health to assess my suitability in relation to my employment.

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

Name (Block letters):  
Signature:  
Date: / /
GENERAL INFORMATION
This Form is used by NSW Health as part of the assessment process to determine whether a person is suitable for employment or other engagement for work.

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

CRIMINAL HISTORY RECORD CHECK
Criminal history record checks are an integral part of the assessment of your suitability. Information extracted from the Form will be forwarded to the CrimTrac Agency, other Australian police services or other law enforcement agencies for checking action. By signing the Form you are providing your consent to these agencies: a) disclosing criminal history information that pertains to you from their own records to NSW Health; and/or b) accessing their records to obtain criminal history information that in turn will be disclosed to NSW Health.

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

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

SPENT CONVICTIONS SCHEMES

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

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

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

• where a prison sentence of more than 6 months has been imposed (periodic or home detention is not considered a prison sentence);
• convictions against companies and other corporate bodies;
• a large number of sexual offences; and
• convictions prescribed by the regulations.

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

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

PROVISION OF FALSE OR MISLEADING INFORMATION
You are asked to certify that the personal information you have provided on this form is correct. If it is subsequently discovered, for example as a result of a check of police records, that you have provided false or misleading information, you may be assessed as unsuitable.

You should note that the existence of a record does not mean that you will be assessed automatically as being unsuitable. Each case will be assessed on its merit, so it is in your interests to provide full and frank details in the form.
The application package includes the core scope of practice requirements for the position in terms of the facilities and the rights required to provide the necessary services on appointment to the nominated Department. You are required to complete the following if you wish to request clinical privileges outside their core scope of practice and/or provide the required or additional information in your cover letter, and attach any other supporting information.

1. Outline and provide evidence as to how your qualifications support your application:

2. Outline and provide evidence as to how your post-Fellowship training in subspecialty areas is able to support your application:

3. Outline and provide evidence as to what Continuing Medical Education and quality assurance activities you have undertaken in your discipline which pertain specifically to the requirements of this position:

4. Outline and provide evidence as to any specific procedures you are endorsed as competent to perform unsupervised that are above and beyond the usual training within your discipline:

5. Outline and provide evidence as to how you perform and manage a sufficient number of procedures or cases in order to maintain skills in areas where procedural privileges are sought:

6. Outline any clinical privileges you are seeking with this application outside of the core practice requirements for the position with respect to individual clinical practice or work at facilities other than nominated in the application package documentation.
### SECTION H – PROFESSIONAL DECLARATIONS

1. Have your clinical privileges (has your scope of clinical practice) at any hospital or day procedure centre ever been reduced, suspended or revoked or have you ever had your appointment at any hospital or day procedure centre adversely affected (including having your appointment terminated, suspended or made conditional) for any reason?
   If “yes”, please provide full details
   
   [ ] Yes  [ ] No

2. Have you ever had any conditions attached to your medical/dental registration, in any State or Country in which you have practiced, or been deregistered with any medical board?
   If “yes”, please provide full details
   
   [ ] Yes  [ ] No

3. Has your current or any previous professional indemnity insurer or medical defence organisation ever applied conditions to or refused to renew your insurance cover or membership?
   If “yes”, please provide full details
   
   [ ] Yes  [ ] No

4. Have there ever been any adverse findings made against you which would be relevant to your appointment (for example, breach of health insurance/medical laws or professional misconduct) by Medicare Australia/Health Insurance Commission, a medical board, a health care complaints commission/body (however described), a formal internal workforce complaint, a coroner, a court or any other professional disciplinary or similar body in any jurisdiction?
   If “yes”, please provide full details
   
   [ ] Yes  [ ] No

5. Are you aware of any circumstances regarding your health, which may interfere with the satisfactory discharge of the duties of the position for which you are now applying?
   
   [ ] Yes  [ ] No

6. If appointed to the position, is there any issue that may impede you fulfilling the full scope of activities and privileges required of the position?
   If “yes”, please provide full details
   
   [ ] Yes  [ ] No

7. Is there any relevant criminal history or pending criminal allegations that had, or may have, any impact on your possible employment or registration as a medical officer? (eg, assault, fraud, unethical behaviour, theft, child abuse allegations).
   If “yes”, please provide full details
   
   [ ] Yes  [ ] No

---

Applicants Signature: ____________________________  Date: ____________________________
**SECTION I – APPLICANTS DECLARATIONS**

1. Are you aware of any circumstances regarding your health, which may interfere with the satisfactory discharge of the duties of the position for which you are now applying?  
   If yes, please comment  
   [ ] Yes  [ ] No

2. I agree to the District requesting confidential reports from my previous employer  
   [ ] Yes  [ ] No

3. I agree that if previously employed within the District or its former Area Health Service entities that the SMADR Unit may be contacted to provide information on my previous employment record including previous performance and conduct records  
   [ ] Yes  [ ] No

4. I agree, if appointed to abide by the By-Laws, Rules and policies of the District  
   [ ] Yes  [ ] No

5. I understand if appointed, that I may be required to work in any geographical area under the jurisdiction of Local Health District.  
   [ ] Yes  [ ] No

6. I understand that any discussion or disclosure of records or information concerning patients, staff or the District generally is a serious betrayal of trust and could mean instant dismissal.  
   [ ] Yes  [ ] No

7. That I will notify the Chief Executive (in writing) within 7 days, should I be charged with or convicted of an offence  
   [ ] Yes  [ ] No

8. That if employed as a trainee, my continued employment during my period of training, will be subject to maintaining satisfactory progress in both theoretical and practical training  
   [ ] Yes  [ ] No

9. That all statements in my application are correct to my knowledge and that the making of a false statement may lead to dismissal  
   [ ] Yes  [ ] No

10. That it is a condition of my employment that an ID card containing my photograph must be worn or carried at all times (if applicable) and be produced on request  
    [ ] Yes  [ ] No

11. I agree to the District requesting information from the Health Care Complaints Commission or registration authorities regarding conditions placed on practice, complaints and outstanding or pending disciplinary action/s  
    [ ] Yes  [ ] No

12. I am aware that a national criminal record check will be conducted and/or a working with children may be required if I am recommended for appointment. I declare the information contained in this application is true. I understand that any intentional omission from this application or false statement may lead to my dismissal  
    [ ] Yes  [ ] No

13. I declare that the qualifications I have asserted to have are genuine and acknowledge that false claims may lead to my dismissal and/or prosecution for any relevant offence  
    [ ] Yes  [ ] No

14. I declare that the statements made by me in this application are true, complete and accurate. I understand that false, misleading, or dishonest information provided by me may be grounds for dismissal or non-appointment with the Local Health District.  
    [ ] Yes  [ ] No

Applicants 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 Ministry of Health.

Applicants Signature: ___________________________  Date: ____________
Under the Health Care Liability Act 2001 (NSW), medical practitioners are required to be covered by approved professional indemnity insurance.

Certain medical practitioners are exempt from this requirement. If you are exempt from the requirement to be covered by approved professional indemnity insurance, please specify the basis of your exemption below:

- I am not required to be covered by approved professional indemnity insurance. The reasons for this are as stated:
- I will be appointed as a staff specialist (all casual and temporary appointments will be automatically elected to Level 1 (will be covered by Treasury Managed Fund).

If you are required to be covered by approved professional indemnity insurance please complete the below:

- I am required to be covered by approved professional indemnity insurance.

I have attached a copy of my current certificate of currency in my application.

A summary of details are provided below:

Professional Indemnity Insurance or Medical Defence Organisation:

<table>
<thead>
<tr>
<th>Policy/membership number or reference:</th>
</tr>
</thead>
<tbody>
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<td></td>
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</tbody>
</table>

Extent of coverage (type of work and limit of liability):
100 point identification check

Instructions

(a) The 100 point identification check must be completed and checked against the applicant’s completed NSW Health Applicant Declaration & Employment Screening Consent for Child Related Employment form or NSW Health National Criminal Record Check Consent Form prior to lodgement of a National Criminal Record Check or Aged Care Check*.

(b) Employers are required to sight original identifying documents, 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 for the employer 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 (these must also be original).

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>
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</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>
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</tbody>
</table>

Total points

I have checked the details provided above against the applicant’s signed consent form for employment screening (as required at point (a) above) and confirm:
1. The names in the ID documents are included in the consent form, and
2. Any reference numbers for document detailed in the consent form match those I have sighted today, and
3. 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: ________________
**NOTES:**

This 100 point identification is adapted to accord with the Commonwealth *Financial Transaction Reports Act 1988* as required by the CrimTrac Agency and NSW Commission for Children and Young People – Working with children Check Guidelines February 2010

If an applicant is unable to provide documents to meet the identification requirements due to their personal circumstances or special needs, the employer must contact the Health Share Employment Screening Unit for further advice.

### DOCUMENTS

<table>
<thead>
<tr>
<th>Verify the name of the preferred applicant using one of:</th>
<th>POINTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Birth Certificate</td>
<td>70</td>
</tr>
<tr>
<td>- Birth Card issued by the NSW Registry of Births, Deaths and Marriages</td>
<td></td>
</tr>
<tr>
<td>- Citizenship Certificate</td>
<td></td>
</tr>
<tr>
<td>- Current Australian passport</td>
<td></td>
</tr>
<tr>
<td>- Expired Australian passport which has not been cancelled and was current within the preceding 2 years</td>
<td></td>
</tr>
<tr>
<td>- Current passport from another country or diplomatic documents</td>
<td></td>
</tr>
</tbody>
</table>

### Verify the name and photograph/signature of preferred applicant from one or more of these (the first item used from this list is worth 40 points. Any additional items used are worth only 25 points each):

<table>
<thead>
<tr>
<th>Verify name and photograph/signature of preferred applicant from one or more of these (the first item used from this list is worth 40 points. Any additional items used are worth only 25 points each):</th>
<th>POINTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Current driver photo licence issued by an Australian state or territory</td>
<td>40</td>
</tr>
<tr>
<td>- Identification card issued to a public employee</td>
<td></td>
</tr>
<tr>
<td>- Identification card issued by the Australian or any state government as evidence of a person’s entitlement to a financial benefit</td>
<td></td>
</tr>
<tr>
<td>- Identification card issued to a student at a tertiary education institution.</td>
<td></td>
</tr>
<tr>
<td>- Name of preferred applicant verified in writing, signed by both the person giving it and the applicant, from one of the following:</td>
<td></td>
</tr>
<tr>
<td>- A financial body certifying that the applicant is a known customer.</td>
<td></td>
</tr>
</tbody>
</table>

### Verify name and address of preferred applicant from one or more of these:

<table>
<thead>
<tr>
<th>Verify name and address of preferred applicant from one or more of these:</th>
<th>POINTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Document held by a cash dealer giving security over property</td>
<td>35</td>
</tr>
<tr>
<td>- A mortgage or other instrument of security held by a financial body</td>
<td></td>
</tr>
<tr>
<td>- Council rates notice</td>
<td></td>
</tr>
<tr>
<td>- Document from current employer or previous employer within the last two years</td>
<td></td>
</tr>
<tr>
<td>- Land Titles Office record</td>
<td></td>
</tr>
<tr>
<td>- Document from the Credit Reference Association of Australia.</td>
<td></td>
</tr>
</tbody>
</table>

### Verify name of preferred applicant from one or more of these:

<table>
<thead>
<tr>
<th>Verify name of preferred applicant from one or more of these:</th>
<th>POINTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Current credit card or account card from a bank, building society or credit union</td>
<td>25</td>
</tr>
<tr>
<td>- Current telephone, water, gas or electricity bill</td>
<td></td>
</tr>
<tr>
<td>- Foreign driver’s licence</td>
<td></td>
</tr>
<tr>
<td>- Medicare Card</td>
<td></td>
</tr>
<tr>
<td>- Electoral roll compiled by the Australian Electoral Commission</td>
<td></td>
</tr>
<tr>
<td>- Lease/rent agreement</td>
<td></td>
</tr>
<tr>
<td>- Current rent receipt from a licensed real estate agent</td>
<td></td>
</tr>
<tr>
<td>- Records of a primary, secondary, or tertiary educational institution attended by the applicant within the last 10 years</td>
<td></td>
</tr>
<tr>
<td>- Records of a professional or trade association of which the applicant is a member.</td>
<td></td>
</tr>
</tbody>
</table>
Information provided herein will be treated in the strictest of confidence

General Information and Instructions

NSW Ministry of Health has released a Policy Directive 2011_005 ‘Occupational Assessment, Screening & Vaccination against Specified Infectious Diseases’. This policy mandates that all new and existing employees are ‘protected’ against specified infectious diseases. NSW Health is required and committed to ensure that all prospective employees are compliant with the requirements of this policy.

DOCUMENTED EVIDENCE IS MANDATORY AND IS DETAILED IN ATTACHMENT 1.

Should you wish to read the policy document, it can be found on the NSW Health website; http://www.health.nsw.gov.au/policies/pd/2011/PD2011_005.html

If you are successful in gaining an interview, please complete the Employment Health Assessment.

1. PRINT CLEARLY AND ANSWER ALL QUESTIONS

2. BEFORE SUBMITTING QUESTIONNAIRE ENSURE THE FOLLOWING DOCUMENTATION IS INCLUDED:
   - Medical certificate/s & Workcover certificate/s
   - Vaccination & serological evidence of immunity as per attachment 1
   - Form 1 Undertaking to complete requirements
   - Form 2 Tuberculosis assessment/undertaking

3. PLACE QUESTIONNAIRE & DOCUMENTATION IN AN ENVELOPE MARKED “CONFIDENTIAL HEALTH ASSESSMENT” AND INCLUDE:
   - NAME
   - POSITION
   - POSITION REFERENCE NUMBER:
   - FACILITY/DEPARTMENT
   - CONVENOR
   - DATE OF INTERVIEW

4. GIVE SEALED ENVELOPE TO THE CONVENOR AT INTERVIEW, WHO WILL THEN FORWARD IT TO THE EMPLOYMENT HEALTH REVIEW OFFICER.
<table>
<thead>
<tr>
<th>INFORMATION PROVIDED WILL BE TREATED AS CONFIDENTIAL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TITLE</strong> (please tick ✓)</td>
</tr>
<tr>
<td><strong>GENDER</strong> (please tick ✓)</td>
</tr>
<tr>
<td><strong>SURNAME</strong></td>
</tr>
<tr>
<td><strong>GIVEN NAMES</strong></td>
</tr>
<tr>
<td><strong>FORMER NAMES</strong> (if applicable)</td>
</tr>
<tr>
<td><strong>ADDRESS</strong></td>
</tr>
<tr>
<td><strong>DATE OF BIRTH</strong></td>
</tr>
<tr>
<td><strong>HOME/PRIVATE NUMBER</strong></td>
</tr>
<tr>
<td><strong>MOBILE NUMBER</strong></td>
</tr>
<tr>
<td><strong>POSITION APPLIED FOR</strong></td>
</tr>
<tr>
<td><strong>FACILITY</strong></td>
</tr>
<tr>
<td><strong>DEPARTMENT</strong></td>
</tr>
<tr>
<td><strong>POSITION REFERENCE NO</strong></td>
</tr>
<tr>
<td><strong>CONVENOR</strong> (Position contact person)</td>
</tr>
<tr>
<td><strong>ARE YOU A CURRENT EMPLOYEE?</strong></td>
</tr>
<tr>
<td><strong>EMAIL ADDRESS</strong> If you would prefer correspondence from the Employment Health Assessment Unit via email, please tick and provide email address below</td>
</tr>
</tbody>
</table>

@
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have an active Workers Compensation claim lodged?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you had a previous Workers Compensation claim?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have any work restrictions arising from a Workers Compensation claim?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you receiving any ongoing treatment for any Workers Compensation claim?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you had a motor vehicle accident resulting in personal injury?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever suffered from back pain or strain injury?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever suffered from shoulder, neck or arm strain?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have an impairment or disability of any type?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you answered Yes to any of the above questions, please provide details and dates/year where possible and attach any medical certificates/documentation where necessary. *(Attach further pages if there is insufficient space provided)*

Name: *(please print)*  

...
## EMPLOYMENT HEALTH ASSESSMENT

### Have you ever had or suffered from:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes [ ]</th>
<th>No [ ]</th>
<th>Condition</th>
<th>Yes [ ]</th>
<th>No [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma/bronchitis/pleurisy</td>
<td></td>
<td></td>
<td>Allergies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persistent cough/shortness of breath</td>
<td></td>
<td></td>
<td>Hernias</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart trouble</td>
<td></td>
<td></td>
<td>Psychiatric/psychological</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chest pain</td>
<td></td>
<td></td>
<td>Severe anxiety/depression</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High/low blood pressure/dizzy spells</td>
<td></td>
<td></td>
<td>Head injury</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Haemophilia/any blood disease</td>
<td></td>
<td></td>
<td>Persistent headaches/migraines</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Epilepsy</td>
<td></td>
<td></td>
<td>Broken bones</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
<td></td>
<td>Torn cartilages</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arthritis/rheumatism</td>
<td></td>
<td></td>
<td>Ear problems/hearing loss</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tenosynovitis/carpal tunnel/RSI</td>
<td></td>
<td></td>
<td>Any eyesight problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sciatica</td>
<td></td>
<td></td>
<td>Do you wear glasses/lenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wrist/elbow pain/weakness</td>
<td></td>
<td></td>
<td>Any other serious illness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scars/deformations which may restrict physical movement</td>
<td></td>
<td></td>
<td>Are you using a mobility aid</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin trouble/dermatitis</td>
<td></td>
<td></td>
<td>Kidney disorders/urinary tract infection</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Are there any other health condition/s or medications that may interfere with your ability to perform the inherent job requirements and job demands of this position that you are aware of?  
Yes [ ] No [ ]

Do you have any health or physical conditions that may require the employer to provide you with services or facilities (adjustments) to enable you to carry out the inherent job requirements/demands of the position?  
Yes [ ] No [ ]

If you answered Yes to any of the above questions, please provide details and dates/year where possible and attach any medical certificates/documentation where necessary **(Attach further pages if there is insufficient space provided)**

---

Name: *(please print)*

…………………………………………………………………………………………………………………………………………………………………………………………………………..
# EMPLOYMENT HEALTH ASSESSMENT

## HEALTH DECLARATION  *(please tick appropriate box and sign & date the declaration below)*

<table>
<thead>
<tr>
<th>Statement</th>
<th>Yes [ ]</th>
<th>No [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have read the inherent job requirements for the position and where applicable clarified these requirements with the appropriate person for the position for which I have applied.</td>
<td></td>
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</tr>
<tr>
<td>I understand that I may be required to undergo medical and/or psychiatric assessment as required.</td>
<td></td>
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</tr>
<tr>
<td>I agree to NSW Health obtaining medical information from my treating doctor/s.</td>
<td></td>
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</tbody>
</table>

### Declaration

I declare that to the best of my knowledge and belief, all the information I have provided in this questionnaire is true and correct. I am aware that false, misleading statements or omissions may affect my appointment or continued employment.

Name: *(please print)*……………………………………………………… DOB ……………………………

Signature………………………………………………………………………………………………………..

Date          /            /
### Evidence Required to Demonstrate Protection Against Specified Infectious Diseases

**Policy Directive:** PD2011_005  _Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases_

**PLEASE TAKE THIS FORM TO YOUR DOCTOR/SERVICE PROVIDER TO ASSIST WITH PROVISION OF THE REQUIRED EVIDENCE**

1. Medical certificate signed by General Practitioner
2. Copy of serology results
3. Adult vaccination record card – please ensure the following information is recorded
   - VACCINE NAME AND BATCH NUMBER
   - DATE VACCINE GIVEN
   - VACCINE PROVIDER SIGNATURE AND STAMP
   - SEROLOGY RESULTSRecorded ON THE CARD ALSO REQUIRE A SIGNATURE AND STAMP
   - IF PROVIDING SEROLOGY, A COPY OF THE ORIGINAL PATHOLOGY RESULTS ARE PREFERRED.

<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><strong>Diphtheria, tetanus AND pertussis (whooping cough) (dTpa)</strong></td>
<td>One dose of ADULT type dTpa (Boostrix or Adacel)</td>
<td>Serology will not be accepted</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

****PLEASE CONFIRM****
WITH YOUR GP THAT YOU ARE RECEIVING EITHER BOOSTRIX OR ADACEL (dTpa) AND **NOT ADT**

**Hepatitis B**

- History of completed age-appropriate course of Hepatitis B vaccine
- Anti-HBs (surface antibodies) greater than or equal to 10mIU/ml
- Anti-HBc (core antibodies) indicating past infection

AN OR

- Complete Form 1 – Undertaking to complete requirements – if Hepatitis B requirements are incomplete

**Measles, mumps, rubella (MMR)**

- 2 doses of MMR vaccine - at least one month apart
- Positive IgG for measles, mumps and rubella
- Birth date before 1966

OR

Results of not detected /equivocal requires a 2 dose course

**Varicella (chickenpox)**

- 2 doses of varicella vaccine at least one month apart
- Evidence of one dose is sufficient if the person was vaccinated before 14 years of age
- Positive IgG for varicella
- History of chickenpox or physician-diagnosed shingles

OR

Result of not detected/ equivocal requires a 2 dose course

**Tuberculosis (TB) Assessment**

- Complete Form 2 – Assessment/Undertaking

---

*Policy Directive: PD2011_005*

*Form 1: Undertaking to complete requirements of policy directive*
• All applicants **MUST** complete this Form 1 and return to the Employment Health Assessment Unit along with the completed Employment Health Assessment form and Form 2: *Tuberculosis Assessment/Undertaking to complete requirements of policy directive*.

• Applicants **WILL NOT** be permitted to commence duties if they have not submitted Form 1.

• Failure to complete outstanding Hepatitis B requirements may affect your employment status.

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

**MANDATORY REQUIREMENT**

☐ I have **ATTACHED** evidence of protection for
  - [ ] pertussis/diphtheria/tetanus
  - [ ] varicella
  - [ ] measles
  - [ ] mumps
  - [ ] rubella

- I have received at least the first dose of hepatitis B vaccine; and
- I undertake to complete the hepatitis B vaccine course (as recommended in the Australian Immunisation Handbook, current edition); and
- I undertake to provide a post-vaccination serology result; and
- I have **ATTACHED** all relevant Hepatitis B evidence

Upon review of all evidence by the Employment Health Assessment Unit, I will be provided with information as to the risks, preventative measures and appropriate procedures if exposed to blood or body fluids at work, and agree to comply with the protective measures required by NSW Health.

**Health Care Worker Agreement**

☐ I undertake to provide documentation that I have completed all requirements of the Policy Directive within a timeframe specified by the Employment Health Assessment Unit.

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

**OR**

☐ I undertake to participate in the assessment, screening and vaccination process, however I am aware of **medical contraindications** that may prevent me from fully completing these requirements and I request consideration of my circumstances. I am aware I will need to provide details of the medical contraindication(s) in the form of a medical certificate from my treating doctor.

Name .......................................................................................... DOB ..................................................................
Signature ........................................................................ Date ..................................................................
**Policy Directive: PD2011_005**

**Form 2: Tuberculosis Assessment/Undertaking to complete requirements of policy directive**

- All applicants **MUST** complete this Form 2 and return to the Employment Health Assessment Unit, along with the Employment Health Assessment and Form 1: *Undertaking to complete requirements of policy directive*.
- Failure to complete outstanding TB requirements may affect your employment status.
- This is **NOT** a request for a Tuberculin Skin Test.

**In which country were you born?**

<table>
<thead>
<tr>
<th>Country of Birth</th>
<th>YES [ ]</th>
<th>NO [ ]</th>
</tr>
</thead>
</table>

**Have you lived/travelled overseas?**

If yes, please list
- country
- year of visit
- length of time spent in each country

If necessary, continue over the page

<table>
<thead>
<tr>
<th>Country</th>
<th>Year of visit</th>
<th>Length of time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Have you ever had contact with a person known to have active TB? (include year of contact)**

Yes [ ] No [ ]

**Have you ever had active TB or been treated for TB?**

*(If yes, please provide details)*

Yes [ ] No [ ]

**Have you ever had TB screening?**

*(If yes, please attach documentation of)*

- Tuberculin Skin Test (Mantoux)/chest x-ray report

Yes [ ] No [ ]

Please provide information below if you have any of the following symptoms. Please indicate duration of the symptoms and any concurrent illnesses.

<table>
<thead>
<tr>
<th>Cough for longer than 2 weeks</th>
<th>YES [ ]</th>
<th>NO [ ]</th>
<th>Fatigue/weakness</th>
<th>YES [ ]</th>
<th>NO [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Haemoptysis (coughing blood)</td>
<td>YES [ ]</td>
<td>NO [ ]</td>
<td>Anorexia (loss of appetite)</td>
<td>YES [ ]</td>
<td>NO [ ]</td>
</tr>
<tr>
<td>Fevers/chills/temperatures</td>
<td>YES [ ]</td>
<td>NO [ ]</td>
<td>Unexplained weight loss</td>
<td>YES [ ]</td>
<td>NO [ ]</td>
</tr>
<tr>
<td>Night sweats</td>
<td>YES [ ]</td>
<td>NO [ ]</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I declare that the information I have provided is correct, to the best of my knowledge.

I declare that if I am assessed as requiring TB screening (tuberculin skin test/chest x-ray), I will undertake to complete required screening within the timeframe as will be specified by the Employment Health Assessment Unit.

Name ................................................................. DOB ........................................

Signature .......................................................... Date ........................................

For Office Use Only – TB Screening required – YES / NO