



SOUTH WESTERN SYDNEY AREA HEALTH SERVICE

EMPLOYEE APPLICATION FORM – AGENCY

SECTION 1: To be completed by the Agency Employee

Family Name:..... Given Names:

Address: Post Code:.....

Gender: Male [] Female [] DOB: / /

Telephone Number: Mobile Number:

Employment Classification: Years of Experience:

Nursing Staff must supply evidence of service otherwise will be paid 1st year

Registration Number Expiry Date:.....

Criminal Record Check ID Number.....

Banking Details: (whole nett pay) **Must be a bank or financial institution within NSW**

Name of Financial Institution Branch:

BSB Number:..... (must be a six digit number)

Account Number: Account in Name of:

Superannuation Details

Are you a member of: [] SASS [] State Super Fund [] First State Super [] Other

If you are a member of SASS, State Super Fund or First State Super show membership number:

If you have ticked 'Other' do you wish to remain with your current fund [] Yes [] No

If you have ticked 'No' a First State Super Fund will automatically be opened for you.

If you have ticked 'Yes' to remain with your current fund please provide:

Exact Fund Name:

Address to send funds:.....

Membership Number:..... Fund Telephone Number:

If your current fund is not on the SWSAHS Systems, Payroll Services will contact you to obtain a 'Certificate of Compliance' from the fund. Until this certificate is received your superannuation will be forwarded to First State Super which will open an account for you. Unless you wish to have more than one superannuation fund, you will be required to roll over your First State Super Funds into your current superannuation fund.

Have you ever submitted a Workers Compensation claim? Yes [] No []

Do you have a current Workers Compensation claim lodged including any claim denied by an employer? Yes [] No []

Do you have a disability arising from a Workers Compensation claim? Yes [] No []

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 []

If Yes to any of the above questions please give details:

.....

.....

.....

Emergency Contact

Name:..... Relationship:.....

Address:

Postcode:.....

Telephone Number (Home):..... Telephone Number (Business):.....

Telephone Number (Mobile):.....

I acknowledge that I have received, read and understood my OH&S responsibilities while working within South Western Sydney Area Health Service.

- Notes:
- You must complete a Taxation Declaration Form and Prohibited Employment Declaration
 - Original professional registration must be sighted and a copy supplied
 - Statements of service/service books must be supplied to determine rate of pay

Signature: Date: / /

SECTION 2: To be completed by Nursing Manager/Department Manager

Registration Sighted: Yes [] No [] Identity Badge Sighted: Yes [] No []

Agency Name:

SWSAHS Facility: Division:

Cost Centre:..... Award Classification:

Commencement Date: / /

Name:..... Signature:.....

Date: / /

SYDNEY SOUTH WEST AREA HEALTH SERVICE
Employment Screening

Information for Agency Staff

Sydney South West Area Health Service (SSWAHS) has a duty of care to all patients and clients receiving services. NSW Health Circulars 97/80 (dated 11 August 1997), 99/65 (dated 26 July 1999) and 2000/55 (dated 7 July 2000), as well as the Health Services Act 1997, outline the policy and procedures that SSWAHS must follow with respect to:

1. employment screening (criminal record checking) of all persons working in any capacity in SSWAHS;
2. employment screening of staff and other persons working in child related areas; and
3. reporting and managing allegations of sexual, physical and emotional abuse of children and other patients/clients by staff, volunteers or any other person employed or engaged in any capacity in SSWAHS.

Note: If you will be working with children you need to complete a *Prohibited Employment Declaration Form*.

1. sexual offences;
2. serious offences, involving a threat or injury to another person. That is:-
 - offences committed in NSW, which are punishable by penal servitude or imprisonment for 12 months or more.
 - offences committed outside NSW which, if they had been committed in NSW, would be punishable by penal servitude or imprisonment for 12 months or more; and
3. other offences, where directly relevant to the duties of the position (eg: embezzlement/ larceny for financial positions).

In urgent situations, some persons may be authorised to commence duty subject to satisfactory criminal record check. If the check is found to be unsatisfactory services may be terminated and/or future placements not offered.

Please be assured that SSWAHS has a strict regard to privacy and has developed specific protocols for the criminal record checking of individuals.

In signing the **Authorisation Form** you have agreed that:

- upon receipt of the Notification of Clearance, you will present the original document to the officer authorising future placements, at the commencement of each shift and that you will carry it all times to be produced on request. **Photocopies are not acceptable;**
- a copy of the *Notification of Clearance* will be forwarded to your referring Agency
- a copy will be kept, in a confidential file, by the relevant SSWAHS Personnel office for future reference
- all of the information provided on this *Form* is true and accurate and that if false or misleading information has been provided then future placements may **not** be offered.

If, for some reason, your CRC has not been cleared within the first week of being lodged, the Director of Corporate Services SSWAHS will write to you explaining what needs to happen, so that your placement within SSWAHS is not delayed unnecessarily. If this occurs, please do not be alarmed – because there are many reasons why delays occur (including system failure).

Remember to carry your original Notification of Clearance at all times that you are working within a facility of Sydney South West Area Health Service

Once you have your clearance you can work with the following SSWAHS facilities:

- | | |
|-----------------------------------|---------------------------------------------------------|
| • Balmain Hospital | • Concord Repatriation General Hospital |
| • Bankstown Hospital | • Fairfield Hospital |
| • Bowral Hospital | • Liverpool Hospital |
| • Camden Hospital | • Royal Prince Alfred Hospital |
| • Campbelltown Hospital | • Rozelle Hospital |
| • Canterbury Hospital | • Sydney Dental Hospital |
| • Carrington Centennial Hospital | • Community Health Services (Eastern and Western Zones) |
| • Department of Forensic Medicine | |

Date: 4 April 2005

PROHIBITED EMPLOYMENT DECLARATION

The Declaration must be completed if you are NOT a person prohibited by the Act from seeking, or remaining in child-related employment. Seek legal advice if you are unsure of your status as a Prohibited Person.

CHILD PROTECTION (PROHIBITED EMPLOYMENT) ACT 1998

The *Child Protection (Prohibited Employment) Act 1998* makes it an offence for a person convicted of a serious sex offence (a Prohibited Person) or a Registrable Person under the *Child Protection (Offenders Registration) Act 2000*, to apply for, undertake or remain in, child-related employment. It does not apply if an order, from the Industrial Relations or the Administrative Decisions Tribunal or the Commission for Children and Young People declares that the Act does not apply to a person in respect of a specific offence.

Section 5 of the *Child Protection (Prohibited Employment) Act 1998* defines a serious sex offence as: an offence involving sexual activity or acts of indecency that was committed in NSW and that was punishable by penal servitude or imprisonment for 12 months or more, even if the sentence was not served; or

- an offence involving sexual activity or acts of indecency that was committed elsewhere and that would have been punishable by penal servitude or imprisonment for 12 months or more if it had been committed in NSW; or
- an offence under Sections 91D-91G (other than if committed by a child prostitute) and 578B or 578C (2A) of the *Crimes Act 1900* or a similar offence under a law other than a law of NSW; or
- an offence of attempting, or of conspiracy or incitement, to commit an offence referred to in the preceding paragraphs; or
- any other offence prescribed by the regulations.

Note: A conviction for carnal knowledge is classified as a serious sex offence under this legislation.

Child-related employment means any employment, where at least one of the essential duties of the position involves direct contact with children where that contact is not directly supervised. Section 3 of the *Child Protection (Prohibited Employment) Act 1998* specifies that child-related employment is employment:

- involving the provision of child protection services;
- in pre-schools, kindergartens and child care centres (including residential child care centres);
- in schools or other educational institutions (not including universities);
- in detention centres (within the meaning of the *Children (Detention Centres) Act 1987*);
- in refuges used by children;
- in wards of public or private hospitals in which children are patients;
- in clubs, associations or movements (including of a cultural, recreational or sporting nature) having a significant child membership;
- in any religious organisation;
- in any entertainment venues where the clientele is primarily children;
- as a babysitter or childminder that is arranged by a commercial agency;
- involving fostering or other child care;
- involving regular provision of taxi services for the transport of children with a disability;
- involving the private tuition of children;
- involving the direct provision of health services;
- involving the provision of counselling or other support services for children;
- on school buses;
- at overnight camps for children;
- any other prescribed by regulation.

Under this Act:

- it is an offence for a Prohibited Person to **apply for, undertake or remain in** child related employment;
- employers **must** ask existing employees, both **paid** and **unpaid**, and preferred applicants for employment to declare if they are a Prohibited Person or not;
- all child-related employees **must** inform their employers if they are a Prohibited Person or remove themselves from child-related employment. A Prohibited Person is someone who has been convicted of a serious sex offence or, who has had a finding for a charge of a serious sexual offence proven in court, even if a conviction was not recorded;
- penalties are imposed for non compliance.

I am aware that I am ineligible to apply for, undertake or remain in, child related employment if I have been convicted of a serious sex offence as defined in the *Child Protection (Prohibited Employment) Act 1998* or if I am a Registrable Person under the *Child Protection (Offenders Registration) Act 2000*.

I have read and understood the above information in relation to the *Child Protection (Prohibited Employment) Act 1998*. I am aware that it is an offence to make a false statement on this form.

I declare that I am not a person prohibited by the Act from seeking, undertaking or remaining in child related employment.

I understand that this information may be referred to the Commission for Children and Young People and/or to NSW Police for law enforcement purposes and for monitoring and auditing compliance with the procedures and standards for employment screening in accordance with Section 36 (1)(f) of the Commission for Children and Young People Act 1998.

Name: _____ Signature: _____

Date: _____ / _____ / _____ Contact Telephone Number: _____

**SYDNEY SOUTH WEST AREA HEALTH SERVICE (SSWAHS)
Criminal Record Check (CRC) Information**

This form is to be completed at the time of interview
For use by all persons seeking employment, promotion or transfer within SSWAHS

SSWAHS has a duty of care to all patients and clients receiving services. NSW Health Circulars 97/80 (dated 11 August 1997); 99/65 (dated 26 July 1999) and 2000/55 (dated 7 July 2000), as well as the Health Services Act 1997, outline the policy and procedures that CSAHS must follow with respect to:

1. employment screening (criminal record checking) of all persons working in any capacity in SSWAHS;
2. employment screening of staff and other persons working in child related area; and
3. reporting and managing allegations of sexual, physical and emotional abuse of children and other patients/clients by staff, volunteers or any other person employed or engaged in any capacity in SSWAHS.

SSWAHS Procedure for Conduction Criminal Record Checks

SSWAHS will conduct a Criminal Record Check (CRC) prior to commencement of employment and as needed (e.g. transfer to a new position) for the following convictions:

1. sexual offences;
2. serious offences, involving a threat or injury to another person. That is:
 - offences committed in NSW, which are punishable by penal servitude or imprisonment for 12 months or more,
 - offences committed outside NSW which, if they had been committed in NSW, would be punishable by penal servitude or imprisonment for 12 months or more; and
3. other offences, where directly relevant to the duties of the position (e.g. embezzlement/larceny for financial positions).

Please be assured that:

1. SSWAHS has a strict regard to privacy and has developed specific protocols for the criminal record checking of individuals; and
2. A CRC will only be lodged if, following this interview, you are a preferred applicant for employment/transfer.

If, for some reason, your CRC has not been cleared within the first week of being lodged, the Director of Corporate Services, SSWAHS may either ring or write to you explaining what needs to happen, so that your appointment with SSWAHS is not delayed unnecessarily. If this occurs, please do not be alarmed – because there are many reasons why delays occur (including system failures).

You should retain this page for your reference.

The convenor of the Committee will contact you and advise you if you are the preferred applicant following the interview process. Formal offers of appointment will be issued only after lodgement of the CRC and assessment as per SNW Health policy guidelines.

Applicants are to complete the following:

- Personal Information Form
- CRC Consent Form

PERSONAL INFORMATION FORM
This information will facilitate your appointment within SSWAHS

This information is confidential and to be sent to the Director Corporate Services, SSWAHS.

Please answer the questions below and put this form in a sealed envelope, marked private & confidential, addressed to the Director Corporate Services (DCPS), SSWAHS at either:

1. Level 11, KGV building, Royal Prince Alfred Hospital [Eastern Zone]
2. Area office c/- Eastern campus, Liverpool Hospital [Western Zone]

Your answers will be reviewed, by the DCPS, at the time that your criminal record check form is processed. If you answer any of the questions in the affirmative, it does not mean that you will be excluded from employment. You will be given an opportunity to explain to the DCPS what happened.

For the following questions, please circle either yes or no (as appropriate) or print clearly if a written response is required:

- | | | | |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. | Do you currently work for SSWAHS? | Yes | No |
| | If yes, did you commence work within the last 12 months? | Yes | No |
| 2. | Have you completed a Prohibited Declaration Form and returned it, in the sealed envelope, to the Convenor? | Yes | No |
| 3. | If, in the future, you apply for a position/transfer/secondment to another Area Health Service/ Hospital in NSW, do you grant approval for SSWAHS to provide the results of this CRC to your future employer? | Yes | No |
| 4. | Have you been reported to the HCCC for professional negligence or an adverse incident?
Please list the year(s) the incident occurred | Yes | No |
| | Has the matter been resolved? | Yes | No |
| | Do you grant approval for SSWAHS to liaise with the HCCC for confirmation? | Yes | No |
| 5. | Have you been reported to your professional registration board for professional negligence or an adverse incident?
Please list the year(s) the incident occurred | Yes | No |
| | Name of Registration Board/Professional Association | | |
| | Has the matter been resolved? | Yes | No |
| | Do you grant approval for SSWAHS to liaise with the Board/Association involved? | Yes | No |
| 6. | Has your authority as a medical practitioner/pharmacist/dentist/nurse to be in possession of, to prescribe, to supply, to dispense or to administer drugs of addiction (S8 of the NSW Poisons List) ever been withdrawn by the Director-General of NSW Health.
<i>Note: you need to answer only if you are one of the professional groups named.</i> | Yes | No |
| 7. | In the past 5 years, has a previous employer terminated your services?
Comments: | Yes | No |
| | | | |
| | | | |

I certify that all of the information contained in this form is true and accurate and acknowledge that false or misleading information provided may result in a position not being offered or my appointment being reassessed or terminated.

Name (BLOCK LETTERS): Profession:

Signature: Date:

CRIMINAL RECORD CHECK CONSENT FORM

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 points ID check.

	Family or Last Name	Given Name 1	Given Name 2	Given Name 3
Name				
Maiden/Previous/Alias 1				
Maiden/Previous/Alias 2				
Maiden/Previous/Alias 3				
<i>Only the primary name will appear on the Screening Validation Authority issued to agency applicants</i>				
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female			
Date of Birth	/ / (dd/mm/yyyy)			
Place of Birth	City:		State:	Country:
Address				
Telephone No.			Driver's Licence No.	
Position			Type of Position	<input type="checkbox"/> Paid Employee <input type="checkbox"/> Volunteer

I certify that the above information is accurate and understand that if I have provided false or misleading information it may result in a decision not to employ me, or, if already employed, may lead to my dismissal.

I am aware that if considered for employment in a primary child-related position, several checks will be undertaken to ascertain my suitability, including:

1. a national criminal record check for charges and/or convictions (including spent convictions) for:
 - any sexual offence (including but not limited to, sexual assault, acts of indecency, child pornography, child prostitution and carnal knowledge);
 - any assault, ill treatment or neglect of, or psychological harm to a child;
 - any registrable offence;
 carrying a minimum penalty of 12 months or more imprisonment.
 I understand that this check includes convictions or charges that:
 - may have not been heard or finalised by a court;
 - are proven but have not led to a conviction; or
 - have been dismissed, withdrawn or discharged by a court.
2. a check for relevant Apprehended Violence Orders taken out by a police officer or other public official for the protection of a child/ren; and
3. a check for relevant employment proceedings involving reportable conduct or an act of violence committed by the employee in the course of employment and in the presence of children. Reportable conduct means any sexual offence, or sexual misconduct committed against, with or in the presence of a child (including a child pornography offence), or any assault, ill treatment or neglect of a child, or any behaviour that causes psychological harm to a child.

I am aware that if considered for employment in non-child related position, a NSW criminal Record Check will be undertaken.

I understand that a conviction for a serious sex offence (including, but not limited to sexual assault, acts of indecency, child pornography, child prostitution and carnal knowledge) will automatically prohibit my employment in a child-related position. This includes a charge that is proven in court but does not proceed to a conviction. I am aware that if I am a "registrable person" under the Child Protection (Registrable Offenders) Act 2000, I am prohibited from employment in a child-related position.

I consent to these checks being conducted and am aware that if any relevant record is identified, additional information relating to that record may be sought by an approved screening agency from sources such as courts, police, prosecutors, and past employers to enable a full and informed assessment. I also consent to any risk assessment, or other relevant information obtained, being provided to my current or prospective employers for employment screening purposes.

I acknowledge that:

- i) 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;
- ii) the outcome of assessment of information obtained through the Working With Children Check / NSW Criminal Record Check by the approved screening agency may be provided to my current or prospective employers only for background checking processes; and
- iii) the information provided may be referred to the Commission for Children and Young People and/or to NSW Police for law enforcement purposes and for monitoring and auditing compliance with the procedures and standards for employment screening in accordance with Section 36 (1) (f) of the Commission for Children and Young People Act 1998.
- iv) the above information and any information obtained during employment screening may be collected and used by and/or disclosed to the Commission for Children and Young People, the NSW Ombudsman or any Approved Screening Agency for employment screening purposes.

Name (BLOCK LETTERS): _____

Signature: _____ Date: _____

Note: This form is to be retained by employer.

For Office Use Only
Criminal Record Checking (CRC) Responsibilities

N/ADMIN RESPONSIBILITIES

Please provide the following information.

Please print clearly

1. Name of Person being placed: Facility:
2. Position being filled: Dept/Clinic: Ward:
3. Is this a position in which the applicant will be required to work
 - Primarily with children/youths? [] Yes [] No
 - Unsupervised? [] Yes [] No
4. Has the applicant completed a Prohibited Employment Declaration (PED) Form and returned it, in the sealed envelope (for the Director Corporate Services)? [] Yes [] No
5. **N/Admin Rep Signature:** **Date:**
6. **N/Admin Rep Name:** **Extension:**
7. For immediate CRC lodgement, please return (post, fax or email) **COMPLETED** pages 2 & 3 to the CRC Officer (Eastern Zone) on 95159611 or sue.cheadle@cs.nsw.gov.au **OR** the HR Assistant (Western Zone) on 98285745 or dianne.smith@swhs.nsw.gov.au.
8. Please post the sealed envelope (with the PED Form and Personal Information Form [Page 1 of the CRC Consent Form]) to the DCPS at i) Level 11, KGV building, RPAH or ii) Area office c/- Eastern campus, Liverpool Hospital.

SSWAHS RESPONSIBILITIES

1. Lodge Criminal Record Check
 Lodgement By: Lodgement Date:
2. Clearance received
 Signature: Date:
 DHR / DCPS / DCO
3. Notification posted to Agency staff member
 Signature: Date:
4. Agency Advised:
 Faxed to: Date:
5. Relevant SSWAHS Personnel Officer Advised:
 Faxed to:

SSU/HR RESPONSIBILITIES, as designated

Process placement as per SSWAHS recruitment policies/procedures for Agency staff.

Signature: Name:
 Date: Phone No:

File this form in the relevant file.