

Hunter New England Area Health Service

**SENIOR MEDICAL PRACTITIONER APPLICATION FOR APPOINTMENT
& CLINICAL PRIVILEGES**

Salaried Medical Specialist

Visiting Medical Other

Visiting Dental Officer

Honorary Medical Officer

PLEASE RETURN COMPLETED FORM TO:

Medical Workforce Development

Locked Bag 1

Hunter Regional Mail Centre NSW 2310 AUSTRALIA

FAX: + 61 2 4922 3370

PHONE: +61 2 4922 3367

E-mail:@hnehealth.nsw.gov.au

PLEASE ATTACH A COPY OF YOUR UPDATED CURRICULUM VITAE

1. POSITION APPLIED FOR (e.g. VMO, Staff Specialist)

Position Location

2. PERSONAL DETAILS (Confidential)

Full Name:

Previous Names:

Title: Date of Birth: Sex: M F

Address and Contact Details:

Professional:

Residential:

Preferred Mailing Address: Professional: Residential:

Telephone Nos: Home: Work:

Facsimile Nos: Home: Work:

Mobile: Pager:

Email:

Next of Kin Name: Contact Number:

Visa Details

Australian Citizen: Australian Permanent Resident: Valid Working Visa:

Sponsorship Required:

(You must include a certified copy of your visa or residency status with your application)

3. QUALIFICATIONS (Tertiary)

Please indicate name of institution or college, type of award and date conferred. Please supply certified copies of primary medical degree and all postgraduate qualifications

- a)
- b)
- c)
- d)
- e) See CV

4. CURRENT HEALTH SERVICE APPOINTMENTS (Public and Private)

- a)
- b)
- c)
- d)
- e) See CV

5. EVIDENCE OF CURRENT MEDICAL REGISTRATION:

(a) Registration with Australian Health Practitioner Regulation Agency

Registration Number: MED Expiry Date:

Registration Category is: General Conditional

If conditional, please provide reason:

(b) Have you ever had conditions imposed by any medical board or council? Yes No

If yes, please provide details:

6. EVIDENCE OF INDEMNITY INSURANCE

Please attach copy of Medical Indemnity and refer to page 5 for completion of an undertaking.

7. AUSTRALIAN BUSINESS NUMBER (ABN):

If you are applying for a position as a Visiting Medical Officer please state your ABN:

8. EVIDENCE OF OCCUPATIONAL SCREENING AND VACCINATION AGAINST INFECTIOUS DISEASES

(Adult Diphtheria & tetanus, Hepatitis A, Hepatitis B, Influenza, Measles/Mumps/Rubella, Varicella, Tuberculosis)

Please attach a copy of your vaccination status and serological testing (reference NSWDOH PD2007_006)

9. HEALTH CARE COMPLAINTS

Have you had or do you have any complaints involving your care that were or are currently being reviewed by the New South Wales Health Care Complaints Commission or similar authority?

Yes No

10. CONTINUING PROFESSIONAL DEVELOPMENT:

Please advise of CME activities, college based and other, undertaken in the last three years

- a)

- b)
- c)
- d)
- e) See CV

11. CLINICAL PRIVILEGES

Please supply a copy of your logbook, detailing your clinical activity:

Attached: See CV: Not Available/Applicable:

a) Details of any recent clinical audit or peer review:

Attached: See CV: Not Available/Applicable:

b) Details of any teaching or research activity:

Attached: See CV: Not Available/Applicable:

c) Details of any clinical leadership experience (mandatory for clinical leadership positions)

Attached: See CV: Not Available/Applicable:

d) Details of any hospitals or facilities where an application for appointment or re-appointment was refused or privileges reduced or removed:

12. List Hospitals/Services where privileges are requested. *Attach certified copies of documentation relating to training or certification, additional to Fellowship, which are relevant to privileges requested*

HOSPITAL/SERVICE

PRIVILEGES REQUESTED

- (a) Specialty
Sub-specialty
- (b) Specialty
Sub-specialty
- (c) Specialty
Sub-specialty

(d) General Paediatric Admissions (Level 4)	Yes or No (<i>Circle one</i>)
(e) Complex Paediatric Admissions (Level 6 – John Hunter Children’s Hospital)	Yes or No (<i>Circle one</i>). If Yes, and applying for positions in specialties other than Anaesthetics, Orthopaedics and ENT, please provide evidence of appropriate training.

13. REFEREES:

Please state the names of three professional colleagues who are familiar with your work over the last three years and who can act as your referee. ***Please ensure that you include at least one (1) supervisor***

NAME & POSITION DETAILS

POSTAL ADDRESS/CONTACT NUMBERS

i.

Telephone Number:

Facsimile Number:

Email:

ii.

Telephone Number:

Facsimile Number:

Email:

iii.

Telephone Number:

Facsimile Number:

Email:

RELEASE FOR ENQUIRIES:

I authorise the Executive Officer of the Hunter New England Area Health Service Medical & Dental Appointments Advisory Committee to seek information as to my past experience, performance and current fitness to practice in my specialty from my nominated referees, appropriate persons associated with previous places of employment or appointment, registration authorities, the NSW Health Service Check Register, the New South Wales Health Care Complaints Commission or from professional colleges or organisations from which my qualifications are awarded. I understand that it is routine for the Hunter New England Area Health Service to obtain such information to properly assess my professional capabilities. I understand that it is routine for the Hunter New England Area Health Service to undertake criminal record checks for all employees and appointees. I declare, except as indicated on this application, I have not had my privileges withdrawn or reduced or any appointment terminated by any hospital or health service.

I declare the above information is correct and I agree to abide by and be bound by the by-laws and rules of the Hunter New England Area Health Service on appointment.

Signature:

Date:

FELLOWSHIP STATUS AUTHORITY

CONFIDENTIAL

APPROVAL TO SOLICIT FOR STATUS WITHIN THE RELEVANT SPECIALIST COLLEGE

It is a requirement of the Hunter New England Area Health Service to be informed of your current standing with the relevant specialist college. Due to privacy laws, specific authorisation by the applicant is required.

Please complete the fields below and return with this form.

I do hereby authorise the Strategic Recruitment Unit and Medical Workforce Development to request my status with the relevant specialist college.

Name of Specialist College:

Qualification & Year

Full Name in Capital Letters:

Signature:

Date:

MEDICAL INDEMNITY STATUS AUTHORITY

CONFIDENTIAL

APPROVAL TO SOLICIT FOR STATUS WITHIN THE RELEVANT MEDICAL INDEMNITY INSURER

It is a requirement of the Hunter New England Area Health Service to be informed of your current standing with the relevant Medical Indemnity Insurer. Due to privacy laws, specific authorisation by the applicant is required.

Please complete the fields below and return with this form.

I do hereby authorise the Strategic Recruitment Unit and Medical Workforce Development to request my status with the relevant specialist college.

Name of Medical Insurer:

Policy Details:

Full Name in Capital Letters:

Signature:

Date:

APPLICANT DECLARATION AND EMPLOYMENT SCREENING CONSENT FOR CHILD RELATED EMPLOYMENT

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 and retain copies of identification documents**

	Family Name	First Given Name	Given Name 2	Given Name 3
Primary Name				
Maiden Name (if applicable)				
Complete Previous / Alias Name if any and circle the appropriate name type				
Previous/Alias Name 1				
Previous/Alias Name 2				
Previous/Alias Name 3				
Previous/Alias Name 4				
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	/ / (dd/mm/yyyy)	
Place of Birth	Suburb/Town:			
	State:		Country:	
Current Residential Address	No/Street:			
	Suburb/Town:			
	State:		Postcode:	Country:
Postal Address <small>(if same as Residential Address, write "As Above")</small>				
Previous Address <small>(if any)</small>	No/Street:			
	Suburb/Town:			
	State:		Postcode:	Country:
Email				
Telephone No	Mobile:	Business:	Private:	
Title of Child Related Position	<small>(specify its child-related nature eg 'child care assistant', not 'assistant')</small>			
Type of Position <small>(Please tick)</small>	<input type="checkbox"/> Paid Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Volunteer providing intimate personal care to disabled children <input type="checkbox"/> Volunteer providing mentoring to disadvantaged children <input type="checkbox"/> Minister, priest, rabbi, mufti or other like religious leader or spiritual officer of a religion or other member of a religious organisation <input type="checkbox"/> Licensee for prescribed children's services			
If you have used one of these documents to verify your identity, please fill in these details:				
Driver's Licence	Number:		Issuing State:	
Firearms Licence	Number:		Issuing Agency:	
Passport details	Number:		Issuing Country:	
	Type: <input type="checkbox"/> Private <input type="checkbox"/> Government <input type="checkbox"/> UN Refugee			

It is an offence for a prohibited person to apply for, attempt to obtain, undertake or remain in child-related employment, or to sign this declaration.

A prohibited person is a person who is convicted of the following (whether in NSW or elsewhere):

- murder of a child
- serious sex offence, including carnal knowledge
- child-related personal violence offence (an offence committed by an adult involving intentionally wounding or causing grievous bodily harm to a child)
- indecency offences punishable by imprisonment of 12 months or more
- kidnapping (unless the offender is or has been the child's parent or carer)
- offences connected with child prostitution
- possession, distribution or publication of child pornography; or
- attempt, conspiracy or incitement to commit the above offences.

A prohibited person includes a Registrable person under the [Child Protection \(Offenders Registration\) Act 2000](#).

A conviction includes a finding that the charge for an offence is proven, or that a person is guilty of an offence, even though the court does not proceed to a conviction.

Details of these offences and Employer Guidelines can be found online at <http://kids.nsw.gov.au/Guidelines/FactSheet 1>

DECLARATION

I am the applicant named in this form. All information in this form, and identification documents provided for this application, are true and correct. I 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 have not omitted any names or aliases that I use or used in the past.

I have read and understood the contents of this form and the relevant information in the Working With Children Guidelines. **I declare that I am not a prohibited person under the *Commission for Children and Young People Act 1998* and I understand that it is an offence for a prohibited person to seek child-related employment.**

I am aware that if considered for child-related employment with NSW Health, several checks will be undertaken to ascertain my suitability, including checks directly related to child related employment and checks related to more general suitability for employment in the public sector.

1. **In relation to checking for general public sector employment national criminal record check for all charges which have not been heard or finalised by the court and for all convictions vetted in accordance with the Criminal Records Act 1991 or, if a Commonwealth offence, the Commonwealth Crimes Act 1914.**
2. **In relation to undertaking a Working With Children Check:**
 - National criminal record check for charges and/or convictions (including spent convictions, convictions or charges that may have not been heard or finalised by a court; or are proven but have not led to a conviction; or have been dismissed, withdrawn or discharged by a court) for:
 - any sexual offence (including but not limited to, sexual assault, acts of indecency, child pornography, child prostitution and carnal knowledge);
 - any child-related personal violence offence;
 - any assault, ill treatment or neglect of, or psychological harm to a child and any registrable offence; punishable by imprisonment for 12 months or more.

In addition:

- Check for relevant Apprehended Violence Orders taken out by a police officer or other public official for the protection of a child or children; and
- Check for relevant employment proceedings notified to the Commission for Children and Young People under the *Commission for Children and Young People Act 1998*.

I understand that both checks will be undertaken by the Department of Health who is also an Approved Screening Agency.

CONSENT

I consent to these checks being conducted and consent to the Commission for Children and Young People or an Approved Screening Agency obtaining any relevant record identified by these checks and any additional information relating to that record from sources such as courts, police, prosecutors and past employers to enable a full and informed **estimate of risk and/or Employment Risk Assessment**. I consent to these sources disclosing information relating to the Working With Children Check relevant records to the Commission for Children and Young People and/or Approved Screening Agency.

I acknowledge that:

1. In relation to a Working With Children Check:

- the information obtained during the Working With Children Check, including this consent, may be collected and used by and/or disclosed to the Commission for Children and Young People or an Approved Screening Agency for relevant purposes of the Working With Children Check;
- the Commission for Children and Young People and Approved Screening Agencies may share the information obtained during the Working with Children Check for the purposes of the Working with Children Check;
- the outcome of an estimate of risk will be provided to my prospective employer or their employer-related body;
- 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 the Working With Children Check in accordance with Section 36 (1)(f) of the *Commission for Children and Young People Act 1998*.
- my relevant records under the *Commission for Children and Young People Act 1998* will not be released to the Health agency through which I am seeking employment;

2. In relation to a National Criminal Record Check:

- the information provided will be used and/or disclosed by the Department of Health for the purposes of undertaking the check and in this context, the information obtained as part of the National Criminal Record Check may be provided to the Health agency through which I am seeking employment to ascertain my suitability;

3. Generally

- 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: _____

Signature: _____ Date: _____

NOTE: This form is to be kept by the employer.