

APPLICANT INFORMATION

INSTRUCTIONS:

1. Please attach your Curriculum Vitae (Resume) and covering letter which demonstrates how you meet the Selection Criteria listed in the Position Description to this application form. NOTE: Applicants who do not meet the Selection Criteria cannot be appointed.
2. Complete a separate application for each position you are applying for. NOTE: Applications that are incomplete or received after the closing date may not be accepted.
3. For further information regarding the application process, please refer to the "How Do I Apply for a Position?" and "Proof of Identity Information" documents, which are available at www.chw.edu.au
4. NSW Health requires a National Criminal Record or Working With Children Check to be conducted for preferred applicants as part of the pre-appointment screening. National Criminal Record Check, Working With Children Check Consent and Applicant's Declaration forms are included as an attachment to this form.

APPOINTMENT TYPE:

FORMS REQUIRED TO BE COMPLETED:

Employee (Child Related)	<ol style="list-style-type: none"> 1. Applicant's Declaration Form 2. Employment Screening Consent for Child Related Employment Form
Employee (Non-Child Related)	<ol style="list-style-type: none"> 1. Applicant's Declaration Form 2. National Criminal Record Check Consent Form
Visiting Medical Officer	<ol style="list-style-type: none"> 1. Applicant's Declaration Form 2. Employment Screening Consent for Child Related Employment Form
Honorary Medical Officer	<ol style="list-style-type: none"> 1. Applicant's Declaration Form 2. Employment Screening Consent for Child Related Employment Form
Observer	<ol style="list-style-type: none"> 1. Applicant's Declaration Form 2. National Criminal Record Check Consent Form 3. Volunteer/Student Declaration Form
Volunteer	<ol style="list-style-type: none"> 1. Applicant's Declaration Form 2. Employment Screening Consent for Child Related Employment Form
Work Experience	<ol style="list-style-type: none"> 1. Applicant's Declaration Form 2. National Criminal Record Check Consent Form 3. Volunteer/Student Declaration Form

Please submit completed application/s to:

**The Staff Services Department,
The Children's Hospital at Westmead,
Locked Bag 4001,
WESTMEAD NSW 2145
AUSTRALIA or
Email: staffser@chw.edu.au**

PTO

Applicant's Declaration Form

1. I have read, understood and signed the Criminal Record Check Consent, Working With Children Background Check Consent and the Prohibited Employment Declaration contained in this application form.	Yes	No
2. (a) Are you aware of any circumstances regarding your health that may interfere with the satisfactory discharge of the duties of the position for which you are now applying? Please refer to the Position Description for Job Demand Checklist.	Yes	No
2. (b) Do you have a health condition that may require the employer to provide you with the services or facilities (adjustments) so that you can successfully carry out the job requirements and demands? If yes 2(a) or 2(b), please provide comments: _____	Yes	No
2. (c) Do you have any problems with handwashing solutions?	Yes	No
2. (d) Have you ever had an infection around the fingers? If yes 2(c) or 2(d), please specify which handwashing solution and what treatment your dermatologist has recommended: _____	Yes	No
3. (a) I will read and comply with the assessment, screening and vaccination requirements of NSW Health Policy Directive (PD2007_006) - Occupational Assessment, Screening & Vaccination Against Infectious Diseases.	Yes	No
3. (b) I undertake to provide the required evidence of protection against the specified infectious diseases and tuberculosis status for the position I am applying for.	Yes	No
4. Have you been reported to the Health Care Complaints Commission for professional negligence or an adverse incident? If yes, please provide details including the year(s) the incident occurred and whether the matter has been resolved, in a sealed envelope marked "private and confidential" to the Director of Workforce Development, The Children's Hospital at Westmead.	Yes	No
5. Have you been reported to your professional registration board for professional negligence or an adverse incident? If yes, please provide details including the years(s) the incident occurred, name of Registration Board / Professional Association and whether the matter has been resolved, in a sealed envelope marked "private and confidential" addressed to the Director of Workforce Development, The Children's Hospital at Westmead.	Yes	No
6. I authorise The Children's Hospital at Westmead officers to conduct a NSW Health Services Check.	Yes	No
7. Are you currently registered on the NSW Health Service Check Register?	Yes	No
8. 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. (Note: you need answer only if you are one of the professional groups named.) If yes, please provide details in a sealed envelope marked "private and confidential" addressed to the Director of Workforce Development, The Children's Hospital at Westmead.	Yes	No
9. In the past 5 years, has a previous employer terminated your services? If yes, please provide details in a sealed envelope marked "private and confidential" addressed to the Director of Workforce Development, The Children's Hospital at Westmead.	Yes	No
10. I undertake to provide CHW officers with original registration and/or licences required for me to fulfil my professional role. I authorise CHW officers to obtain relevant information from the Health Care Complaints Commission and/or registration authorities, including professional negligence or adverse incident or conditions placed on my practice.	Yes	No
11. I undertake to provide original qualifications to CHW officers and authorise them to verify any qualification that I hold with the issuing institutions(s).	Yes	No
12. I undertake to provide original proof of identity (the point score of documents produced must total at least 100 points) Please refer to the "Proof of Identity Information" document available at http://www.chw.edu.au/about/jobs/vacancies/	Yes	No
13. I understand that it is my responsibility to obtain documentary evidence of all my previous service to gain service recognition for salary purposes.	Yes	No
14. I understand that if I am 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
15. I agree to the Children's Hospital at Westmead requesting confidential reports from my current or previous employers.	Yes	No
16. 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 Children's Hospital at Westmead.	Yes	No

Applicants Name:

Applicant's Signature:

Date:

Position and Department Applied for:

Position Number:

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 (if same as Residential Address, write "As Above")				
Previous Address (if any)	No/Street:			
	Suburb/Town:			
	State:		Postcode:	Country:
Email				
Telephone No	Mobile:	Business:	Private:	
Title of Child Related Position	(specify its child-related nature eg 'child care assistant', not 'assistant')			
Type of Position (Please tick)	<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\]](http://kids.nsw.gov.au/Guidelines/FactSheet%201)

Applicant Declaration and Employment Screening Consent Form for Child Related Employment (page 2)

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.

NATIONAL 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 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 (if same as Residential Address, write "As Above")				
Previous Address (if any)	No/Street:			
	Suburb/Town:			
	State:	Postcode:	Country:	
Email				
Telephone No	Mobile:	Business:	Private:	
Position Applied	Type of Position		<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer <input type="checkbox"/> Other	
If you have used one of these documents to verify your identity, please fill in these details:				
Driver's Licence	Number:	Issuing State:		
Firearms Licence	Number:	Issuing Agency:		
Passport details	Number:	Type: <input type="checkbox"/> Private <input type="checkbox"/> Government <input type="checkbox"/> UN Refugee	Issuing Country:	

- 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 I am the applicant herein and that all the details that I have provided are true and correct and that I have not omitted any Maiden Name, previous names or aliases that I have used in the past;
- 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:
 - the CrimTrac Agency making enquiries to Australian Police Services;
 - 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
 - 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:

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;
- convictions imposed against bodies corporate;
- convictions for 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 or, if already employed, may lead to your dismissal.

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.



VOLUNTEER/STUDENT DECLARATION

Volunteers who mentor disadvantaged children or who provide intimate personal care to disabled children should use the Applicant Declaration and Consent rather than the Volunteer Declaration.

DECLARATION

I have read and understood the information below about prohibited persons. I am aware that it is an offence to make a false statement on this form.

I declare that I am not a prohibited person under the *Commission for Children and Young People Act 1998*.

I consent to the Commission for Children and Young People checking my relevant criminal records, to verify these statements. 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 the Working With Children Check in accordance with Section 36 (1)(f) of the *Commission for Children and Young People Act 1998*.

All fields must be completed. Please use block letters.

Family name: _____

First name: _____ Other given name(s): _____

Previous names/aliases: Family name: _____

First name: _____ Other given name(s): _____

Date of birth: DD/MM/YYYY Gender: (Please tick) Male Female

Place of birth: Town: _____ State: _____ Country: _____

Residential Address: Street: _____

Suburb/Town: _____ State: _____ Postcode: _____

Contact telephone number: _____ Mobile: _____ Email: _____

Title of child-related position applied for: _____

I am a volunteer or student on placement: (please tick) Yes No

Signature: _____ Date: _____

EMPLOYER TO COMPLETE

If you have sighted photo identification for this person, (please tick) Yes No

Signature: _____ Date: _____

Name: _____ Position: _____

If you sighted one of these documents to verify the identity, please fill in these details:

Driver's licence: Issuing Agency _____ Number _____

Firearms licence: Issuing Agency _____ Number _____

Passport: Type _____ Issuing Country _____ Number _____

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](#).

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

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.

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