

APPLICATION FOR APPOINTMENT

INSTRUCTIONS

1. Please write clearly and complete all areas. 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
2. NSW Health requires a National Criminal Record or Working With Children Background Check be conducted for preferred applicants as part of the pre-employment/appointment screening. National Criminal Record, Working With Children Background Check consent forms and Prohibited Employment Declaration are included as an attachment to this form.
3. 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.
4. 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.
5. Please submitted completed application/sto:
The Staff Services Department, The Children's Hospital at Westmead, Locked Bag 4001, WESTMEAD NSW 2145, SYDNEY, AUSTRALIA or Email: staffser@chw.edu.au

POSITION & DEPARTMENT APPLIED FOR:

POSITION NO:

Please indicate appointment type:

Employee Contractor/VMO Volunteer/Honorary Work Experience

Personal Details

Current Names	Surname	Given Name 1	Given Name 2	Given Name 3
	Surname	Given Name 1	Given Name 2	Given Name 3
	Surname	Given Name 1	Given Name 2	Given Name 3
Former/Other Names/ Alias <small>(please attach any additional names on a separate sheet)</small>	Surname	Given Name 1	Given Name 2	Given Name 3
Residential Address				
Postal Address				
Contact Number	Phone	Mobile		
Email Address				
Date of Birth				Sex (M/F)
Place of Birth	City	State	Country	
Driver's Licence No				Licence Expiry Date
Emergency Contact	Name	Relationship to Applicant		
Emergency Contact (Residential Address)				
Emergency Contact (Contact Telephone Number)	Home	Work	Mobile	
Do you have Australian Citizenship?	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
If not an Australian Citizen specify residency status: (Attach copies of your working visa and passport)	Temporary <input type="checkbox"/>		Permanent <input type="checkbox"/>	

Applicant's Declaration

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 π	No π
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 π	No π
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 π	No π
2.	(c) Do you have any problems with handwashing solutions?	Yes π	No π
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 π	No π
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 π	No π
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 π	No π
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 π	No π
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 π	No π
6.	I authorise The Children's Hospital at Westmead officers to conduct a NSW Health Services Check.	Yes π	No π
7.	Are you currently registered on the NSW Health Service Check Register?	Yes π	No π
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 π	No π
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 π	No π
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 π	No π
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 π	No π
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 π	No π
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 π	No π
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 π	No π
15.	I agree to the Children's Hospital at Westmead requesting confidential reports from my current or previous employers.	Yes π	No π
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 π	No π
Applicant's Signature:		Date:	

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.**

	Family or Last Name	Given Name 1	Given Name 2	Given Name 3
Current Name #				
Other / Alias 1				
Other / Alias 2				
Other / Alias 3				
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:		State:
		Passport No:		Country:
Position:		Type of Position:	Paid Employee or Volunteer	

1. 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.
2. I certify that the personal information I have provided on this Form relates to me and is correct;
3. 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.
4. 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.
5. 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: _____ **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 crimefree 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.

WORKING WITH CHILDREN BACKGROUND CHECK CONSENT FORM

This form is to be completed by persons whose names are to be submitted for the Working With Children Background Check. Please use block letters.

Please 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 and retained copies of identification documents. (The Working With Children Guidelines provide information on how to accurately identify preferred applicants).

	Family or Last Name	Given Name 1	Given Name 2	Given Name 3
Primary Name				
Other / Alias 1				
Other / Alias 2				
Other / Alias 3				
Only the primary name will appear in the Screening Validation Authority issued to agency applicants.				
Gender	Male Female	Date of Birth	/ /	(dd/mm/yy)
Place of Birth	City:	State:	Country:	
Current Address				
Telephone No:			Driver's Licence No:	
Position Applied for:			Type of Position:	Paid Employee

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 child-related employment, several checks will be undertaken to ascertain my suitability, including:

- 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 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.

I understand that this check includes 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.
- 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
 - a check for relevant employment proceedings involving an act of violence committed in the course of employment and in the presence of children or reportable conduct. Reportable conduct means any sexual offence, or sexual misconduct committed against, with or in the presence of a child (including a child pornography offence), any child-related personal violence offence, or any assault, ill treatment or neglect of a child, or any behaviour that causes psychological harm to a child.

4. A National Criminal Record Check for all charges which have not been heard or finalised by the court and for all convictions (except spent convictions) in accordance with the *Criminal Records Act 1991*. Convictions include findings under Section 33 of the *Children's (Criminal Proceedings) Act 1987* other than dismissing a charge.

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) or child-related personal violence offence (including but not limited to, intentionally wounding or causing grievous bodily harm to a child) will automatically prohibit me from child-related employment. 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 child-related employment.

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 estimate of risk.

I acknowledge that:

- the above information and any information obtained during the Working With Children background check may be collected and used by and/or disclosed to the Commission for Children and Young People or any Approved Screening Agency for the purposes of the Working With Children Check;
- the Commission for Children and Young People or any Approved Screening Agency may share information obtained during the Working With Children background Check with each other to support further estimates of risk arising from additional Working With Children background checks;
- The outcome of an estimate of risk conducted with information obtained through the Working With Children Check by the Approved Screening Agency may be provided to my current or prospective employers or an employer-related body (where applicable) only for background checking purposes;
- Details of my relevant records will not be released to my current or prospective employers;
- 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; and
- 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*.

Name (Block letters):

Signature:

Date: / /

NOTE: This form is to be retained by employer.

PROHIBITED EMPLOYMENT DECLARATION

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

For further information on what is child-related employment is provided in the *Working With Children Employer Guidelines*.

Section 33B of the *Commission for Children and Young People Act 1998* defines a serious sex offence as:

- an offence involving sexual activity or acts of indecency, committed in New South Wales and that was punishable by penal servitude or imprisonment for 12 months or more; or
- an offence, involving sexual activity or acts of indecency, committed elsewhere and that would have been punishable by penal servitude or imprisonment for 12 months or more, if it had been committed in New South Wales; or
- an offence under section 80D or 80E (sexual servitude) of the *Crimes Act 1900*, committed against a child; or
- an offence under Sections 91D-91G (child prostitute, other than if committed by a child prostitute) of the *Crimes Act 1900* or a similar offence under a law other than a law of New South Wales; or
- an offence under Section 91H, 578B or 578C (2A) (child pornography) of the *Crimes Act 1900* or a similar offence under a law other than a law of New South Wales; or
- an offence of attempting, or of conspiracy or incitement, to commit an offence referred to in the preceding paragraphs; or
- any other offence, whether under the law of New South Wales or elsewhere, prescribed by the regulations.

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

Section 33B of the *Commission for Children and Young People Act 1998* defines a child-related personal violence offence as an offence committed by an adult:

- involving intentionally wounding or causing grievous bodily harm to a child; or
- of attempting, or of conspiracy or incitement, to commit such an offence.

Under *Commission for Children and Young People Act 1998*:

- it is an offence for a Prohibited Person to apply for, or otherwise attempt to obtain, undertake or remain in child related employment;
- employers must ask existing employees, both paid and unpaid, and preferred applicants for child-related employment to declare if they are a Prohibited Person or not;
- all people in child-related employment must inform their employers if they are a Prohibited Person or remove themselves from child-related employment; and
- penalties are imposed for non compliance.

I am aware that I am ineligible to apply for, or otherwise attempt to obtain, undertake or remain in, child related employment if have been convicted of a serious sex offence or child-related personal violence offence as defined in the *Commission for Children and Young People 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 *Commission for Children and Young People Act 1998*. I am aware that it is an offence to make a false statement on this form.

I consent to a check of my relevant criminal records, to verify the statements I have made here, being undertaken by the NSW Department of Health for monitoring and auditing purposes in accordance with Section 36 (1)(f) of the *Commission for Children and Young People Act 1998*.

I declare that I am not a person prohibited by the Act from seeking, obtaining, 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 the Working With Children Check in accordance with Section 36 (1)(f) of the *Commission for Children and Young People Act 1998*.

Name: _____ **Signature:** _____

Aliases: (previous/other names) _____

Date of Birth: _____ **Contact Email:** _____

Date: _____ **Contact Telephone number:** _____

Note: Seek legal advice if you are unsure of your status as a Prohibited Person. THIS FORM IS TO BE RETURNED TO YOUR EMPLOYER