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| **SELECTION PANEL REPORT** |  |

**DELETE ALL WRITING IN RED THROUGHOUT THE DOCUMENT**

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| **TO:** | insert delegate name and position title |

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| **Position Details** | | | | | | | | | | | |
| Site: | |  | | | | | | | | | |
| Position Title: | |  | | | | | | | | | |
| Classification: | |  | | Position No: |  | | | | Requisition No: |  | |
| **Summary of Position** | | | | | | | | | | | |
| **Insert position summary, i.e. from Primary Objective(s) of the role in the Role Description** | | | | | | | | | | | |
| **Advertising Details** | | | | | | | | | | | |
| **Position was advertised as:** | | | | | | | | | | | |
| Ongoing / Permanent | | | | | | | | | | | |
| Temporary Contract | | | | | | | Up to: X Months OR End date: Insert date | | | | |
| Temporary Contract *(Up to 12 months for Weekly Paid)* | | | | | | | Up to: X Months OR End date: Insert date | | | | |
| Health Care Act 1-5 year contract (Project/Externally Funded) | | | | | | | Up to: X Months OR End date: Insert date | | | | |
| Health Care Act – Temporary | | | | | | | Up to: X Months OR End date: Insert date | | | | |
| Casual | | | | | | | Hours per Week: Insert hrs per week to be worked | | | | |
| **Advertising Media:** | | | | | | | | | | | |
| Expression of Interest (Internal to EFNLHN) | | | | | | Date Advertised: Insert date | | | | | |
| I Work for SA (PS Employee only) | | | | | | Date Advertised: Insert date | | | | | |
| I Work for SA (External) | | | | | | Date Advertised: Insert date | | | | | |
| External Media – Specify: | | | | | | Date Advertised: Insert date | | | | | |
| Other – Specify: | | | | | | Date Advertised: Insert date | | | | | |
| **Closing Date:** Insert date | | | | | |  | | | | | |
| **Panel Composition Use rows as appropriate below and delete others** | | | | | | | | | | | |
| Chair: | | | Insert name | | | | | | | | |
| Panel Member: | | | Insert name | | | | | | | | |
| Panel Member: | | | Insert name | | | | | | | | |
| **Conflict of Interest** | | | | | | | | | | | |
| Each Panel Member confirms that there is no real or perceived conflict of interest involved in the recruitment or selection process of this position  **OR**  A conflict of interest declaration relating to one or more panel members is attached to this report | | | | | | | | | | | |
| **Selection Process** | | | | | | | | | | | |
| ***All merit-based selection processes are to be open, competitive and free of bias, unlawful discrimination, nepotism and patronage - and decisions must be capable of objective review. In practice this means that agencies should document all stages of the selection process and ensure that such information is readily available for audit or review. The rationale for selection decisions should be clear and transparent. (Extract from Determination 1 of the Commissioner for Public Sector Employment).***  The advertisement attractedInsert number applicants. | | | | | | | | | | | |
| **Shortlisting** | | | | | | | | | | | |
| On an individual basis, each Panel Member considered the relative merit of applicant and their (pre)employment declarations in accordance with the requirements of the role. (Panel Chair to check the pre-employment declaration form)  The Panel Members subsequently met on Insert date to complete the shortlisting process, and agreed the following applicants would be shortlisted for interview:   1. Insert name, and current workplace department or organisation - if relevant 2. Insert name, and current workplace department or organisation - if relevant 3. Insert name, and current workplace department or organisation - if relevant 4. Insert name, and current workplace department or organisation - if relevant 5. Insert name, and current workplace department or organisation - if relevant | | | | | | | | | | | |
| **Interview Question Design** | | | | | | | | | | | |
| The Panel Members agreed the following questions were relevant to the role description, the requirements of the position and within the organisational context **OR** The Panel members agreed the priority factors to investigate further at interview were;.   1. Question/Factor (i.e. technical expertise, Leadership skills) 2. Question/Factor (i.e. technical expertise, Leadership skills) 3. Question/Factor (i.e. technical expertise, Leadership skills) 4. Question/Factor (i.e. technical expertise, Leadership skills) 5. Question/Factor (i.e. technical expertise, Leadership skills) | | | | | | | | | | | |
| **Interviews** | | | | | | | | | | | |
| The interviews were scheduled for Insert date. Applicants were advised verbally and in writing with details of the interview including time, date and panel membership. | | | | | | | | | | | |
| **Reference Checks** | | | | | | | | | | | |
| The Panel agreed to seek insert number – recommend a minimum of 2 reference checks for agreed applicants. The questions asked of the referees were designed to seek further information on the applicants following the interviews. Reference checking was undertaken on Insert date. | | | | | | | | | | | |
| **Decision Process** | | | | | | | | | | | |
| The Panel Members systematically discussed and evaluated the information gathered on each applicant and the reached a unanimous decision, with a summary of the relative merits of each application detailed below.  *NB: Where one or more panellists has/have dissenting views a “minority report” may be attached.* | | | | | | | | | | | |
| **Assessment of Interviewed Applicants**  **Helpful Hints for completing this section**   1. Ensure the Delegate is able to clearly see why applicants are recommended. 2. Always list the recommended applicant first. 3. Keep in mind applicants are able to access the section which relates to them in this document therefore:  * avoid personal comments and being too negative. * be concise and clear as to where the applicants have and have not meet the requirements and to what extent. * ensure all comments can be substantiated.  1. Ensure you cover the following for each applicant:  * A brief introduction on the applicant’s current and past positions, relevant experience and qualifications which are essential to the role. * Describe the applicant’s interview performance or other relevant information from the selection process and describe the degree to which the criteria of the role description was met. * Provide a summary of reference checks.  1. For each applicant you recommend, ensure you conduct reference checks as you may need to appoint them to the role and/or for another position at the same level. | | | | | | | | | | | |
| **Name of Applicant – Recommended and 1st Preferred** | | | | | | | | | | | |
| **Include for each applicant (recommended OR not recommended)**  1st point *Detail present position and any relevant previous positions held including any qualifications if an essential requirement of the position.*  2nd point *Describe the interview performance in each selection activity and indicate degree to which each applicant met the essential minimum and the desirable requirements outlined in the person specification.*  3rd point *Add any confirmatory evidence from referee statements and/or work reports.*  4th point *Include recommendations on how the applicant may be able to improve their performance (if applicable).*  5th point C*onclude with an assessment summary*  *6th point Summary conclusion as to why applicant was unsuccessful compared to the 1st recommended applicant.*  ***EXAMPLE CONCLUSIONS OF ASSESSMENT SUMMARIES***   * *(Insert name) relevant knowledge, experience and personal abilities clearly prove her/him to be the best person for the position and she/he is therefore the recommended applicant.* * *The panel concluded therefore that (insert name) skills in the particular areas identified were not as strong as the recommended applicant.* * *On that basis the panel concluded that (insert name) relevant experience and knowledge were less than the preferred applicant* * *The panel’s opinion therefore was that (insert name) did not possess the same level of relevant skill and could not be recommended for the position.* | | | | | | | | | | | |
| **Name of Applicant – Recommended and 2nd Preferred / Not recommended** | | | | | | | | | | | |
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| **Name of Applicant – Recommended and 3rd Preferred / Not recommended** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Name of Applicant – Not recommended** | | | | | | | | | | | |
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| **Name of Applicant – Not recommended** | | | | | | | | | | | |
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| **EMPLOYMENT REQUIREMENTS** | | | | | | | | | | | |
| **Immunisations (provided on the RD / position number – check with HR if unsure)** | | | | | | | | | | | |
| Category A (direct contact with blood or body substances)  Category B (indirect contact with blood or body substances) | | | | | | | | | | | |
| **Eligibility** | | | | | | | | | | | |
|  | The recommended applicant is eligible to apply for the position and provided original evidence of essential qualifications (including RN/M2 applicants to be at RN/M104 or above)  The recommended applicant has provided their current VISA details | | | | | | | | | | |
| **Criminal History & Relevant Screenings/ Registrations / Licences / Qualifications** | | | | | | | | | | | |  |
| The recommended applicant has the required Criminal and Relevant History Screening check(s) in accordance with the [SA Health Criminal and Relevant History Screening Policy](https://www.sahealth.sa.gov.au/wps/wcm/connect/3a90230044cdf0ee95bbfd3f59363f11/Policy_Criminal_and_Relevant_History_Screening_V5.1_12.07.2021.pdf?MOD=AJPERES&amp;CACHEID=ROOTWORKSPACE-3a90230044cdf0ee95bbfd3f59363f11-oncCRlD). (\**This includes where the recommended applicant is an existing EFNLHN employee, confirmation is necessary they have the required CHC’s for the advertised position*.) (Provided on the RD / position number – check with HR if unsure)  *NB Criminal and Relevant History Screening check/s must be received and assessed prior to an offer of employment being made.* | | | | | | | | | | | |
|  | NPC – Unsupervised contact with vulnerable groups  Disability Services Employment Screening (NDIS)  DHS Working With Children Check (WWCC)  Recommended applicant has resided overseas within the last 10 years and has provided satisfactory criminal history record(s) (as provided above). **OR**   NA for this recommended applicant  The recommended applicant is eligible to apply for the position and provided original evidence of essential qualifications/ licences/ registration(s). **OR**   NA for this position  Determined the commencing increment level for recommended applicant in liaison with HR (information is to be included on the HR02 Form). **OR**   applicant to commence at first increment  Relevant AHP and Doctor positions have gone through the appropriate credentialing process (Credentialing evidence to be attached to the HR02 Form). **OR**   NA for this position  The recommended applicant has provided their current VISA details. **OR**   NA for this recommended applicant  [Prospective SA Health HCW Immunisation Screening Form](https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/resources/prospective+sa+health+-+health+care+worker+immunisation+screening+form) and any other follow up immunisations completed (relevant employees only, please refer to the Immunisation Screening Form.) **OR**   NA for this position | | | | | | | | | | |
| **Credentialling** | | | | | | | | | | | |
|  | Relevant Doctors and AHP positions need to have credentialing evidence attached to the Contract Request Form | | | | | | | | | | |
| **Attachments Delete if not required** | | | | | | | | | | | |
| 1. | Essential qualification (as provided within the RD) | | | | | | | | | | |
| 2. | Current Visa details | | | | | | | | | | |
| 3. | Criminal History Check(s) | | | | | | | | | | |
| 4. |  | | | | | | | | | | |
| **RECOMMENDATION(S)**  **The recommendation and Delegate Approval sections must be on the same page.** | | | | | | | | | | | |
| It is recommended [Insert name] be appointed on [an ongoing, a temporary or a 1-5 year contract] basis for the position of [insert title of position title] , at [insert classification and increment level]*.*  **Optional Statement:** If the preferred applicant does not accept the position the Panel recommends that [insert name] be offered the position.  ***PLEASE DELETE FROM FINAL VERSION*** *[If the nominated applicant is from outside the SA Public Sector, there will be a probationary period for this appointment]*  **OR** (delete above or following statement as applicable)  It is therefore recommended that there are no applicants suitable for appointment, and the position be re-advertised.  If you concur as the delegate, please sign below. | | | | | | | | | | | |
| **Panel Members** | | | | | | | | | | | |
|  | | | |  | | | | |  | | |
| [Insert name]  **PANEL CHAIR** | | | | [Insert name]  **PANEL MEMBER** | | | | | [Insert name]  **PANEL MEMBER** | | |
| **Delegate Approval** | | | | | | | | | | | |
| **The Panel Chair cannot approve the Panel Report and must be referred to the next level delegate.**  I acknowledge that the position I currently occupy has the delegated authority to approve this document as per [EFNLHN HR Delegations](https://sagov.sharepoint.com/sites/CHSAX/procedures/General%20Documents/Staff%20Matters/HR/HR%20Delegations/HR%20Delegations%20and%20Authorisations%20Instrument%20-%20EFNLHN.pdf).  As the delegate I confirm the ‘Eligibility Requirements’ as stated above have been checked by the panel and are correct.  **APPROVED /**  **NOT APPROVED** | | | | | | | | | | | |
| Name | |  | | | | | | | | | |
| Position Title | |  | | | | | | Delegation Level | | |  |
| Signature | |  | | | | | | Date | | |  |
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Chairperson to attach signed Panel Assessment Report to the relevant eRecruitment for checking by HR Approval – HR02 to be completed and sent to the HR EFNLHN inbox [Health.HREyreFarNorthLHN@sa.gov.au](mailto:Health.HREyreFarNorthLHN@sa.gov.au)