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| **SELECTION PANEL REPORT****CASUAL EMPLOYMENT ONLY** |  |

**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:**  |
|  [ ]  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 if required |
| **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** |
| 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
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| **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. |
| **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.
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| **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 *Indicate how 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. If required.*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.*
* *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.*
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| **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** |
|  |
| **Name of Applicant – Not recommended** |
|  |
| **Employment Requirements** |
| **Eligibility** |
| [ ] [ ]  | The recommended applicant is eligible to apply for the position and provided original evidence of essential qualificationsThe recommended applicant has provided their current VISA details |
| **Criminal History & Relevant Screenings***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 groupsDisability Services Employment Screening (NDIS)DHS Working With Children Check (WWCC) |
| **Immunisations** |
| [ ] [ ]  | Category A (direct contact with blood or body substances)Category B (indirect contact with blood or body substances) |
| **Credentialing** |
| [ ]  | Relevant Doctors and AHP positions need to have credentialing evidence attached to the Contract Request Form |
| **Attachments include all required from above** |
| 1. | Essential qualification (as provided within the RD) |
| 2. | Current Visa details |
| 3. |       |
| **Recommendation****The recommendation and Delegate Approval sections must be on the same page.** |
| It is recommended [Insert name] be appointed on a casual contract basis for the position of [insert title of position title] , at [insert classification and increment level]*.*If you concur as the delegate, please sign below. |
| **Panel Members** |
|  |  |  |
| [Insert name] **PANEL CHAIR** | [Insert name] **PANEL MEMBER** | [Insert name] **PANEL MEMBER if required** |
| **Delegate Approval** |
| **The Panel Chair cannot approve the Panel Report and must be referred to the next level delegate.** **Delegate approval section MUST be on the same page as the signed Panel recommendations.**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 |       |

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