



UNITING WAR MEMORIAL HOSPITAL GUIDE TO APPLYING FOR JOBS

Thank you for your interest in applying for a position with Uniting War Memorial Hospital (UWMH). This guide has been established to assist you in preparing your application.

Uniting War Memorial Hospital (UWMH) is a 3rd Schedule Aged Rehabilitation hospital, situated in Waverley, owned and operated by Uniting and part of the South Eastern Sydney Local Health District (SESLHD). Services are comprised of 24 hour inpatient care, Day Rehabilitation and Monday to Friday outpatient departments. The hospital also has multiple specialist community teams inclusive of our community and Residential Aged Care Facility Geriatric Flying Squad (rapid response multidisciplinary), Young Onset Dementia Service, Transitional Aged Care, Aged Care Assessment Team (ACAT), 7 day a week Day Centre and Elizabeth Hunter Lodge, our 24 hour accommodation service for regional/rural guests, along with the full range of hospital support services.

UWMH is proudly committed to the provision of environmentally sustainable health services. UWMH operates under Uniting's values and Code of Conduct which employees are committed to uphold. It is important that the people who work at Uniting have a sense of commitment to our purpose. We are an equal opportunity employer and we select staff based on merit and experience. Uniting supports an inclusive approach in the workplace.

THE RECRUITMENT & SELECTION PROCESS

The recruitment process involves UWMH identifying a vacancy, advertising it, short listing applicants, calling suitable applicants for interview, checking referee reports, conducting criminal record checks and employment checks and offering appointment to the preferred applicant(s).

APPLYING FOR THE POSITION

You are required to apply in writing for the position via Uniting e-Recruit (see 'Application Portal' information). Appointments to positions with UWMH are made on the basis of merit and experience, meaning the applicant considered to be the most capable of performing the duties of the position is selected. Choosing the best person for the position is part of the Uniting Equal Employment Opportunity Policy.

Your application must contain:

- a Cover Letter
- your responses to the selection criteria (*see below*)
- your resume
- referee contact details

War Memorial Hospital

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125 Birrell Street
Waverley NSW 2024
T 02 9369 0100
F 02 9387 7018

APPLICATION & RESUME

You need to submit a resume which is clear, concise, up to date and includes: any qualifications, professional registration & affiliations, employment history and the name, address and contact numbers of two referees.

You need to write your responses to the selection criteria to show the selection committee that you have the right mix of skills, knowledge and experience to do the job. Our suggestion to applicants to ensure that the selection criteria are met adequately, is to describe your skills, knowledge and experience for each selection criteria and show how they could be used in the job. Emphasise your major achievements.

Key Words in Selection Criteria and their meaning

Demonstrated knowledge: You need to give examples that prove you have this area of knowledge.

Ability to: You do not need to have completed this kind of work before, but your skills, knowledge and experience must show that you are capable of doing the work. Describe things you have done which prove you could do this kind of work.

Experience in: You have to show when and how you have done this work before. Give examples.

Effective, Proven, Highly Developed, Superior: These ask you to show your level of achievement. Give as much detail as you can, using examples of your achievements to show your skills, knowledge and experience.

The following may be of assistance in reference to some selection criteria

UWMH requires all employees to have an awareness of the principles and practices related to Equal Employment Opportunity (EEO), Work Health Safety (WHS), Diversity & Inclusion, and Code of Conduct & Ethical Behaviour relevant to each job.

Equal Employment Opportunity (EEO)

UWMH believes that equality in employment is a fundamental right for all people. EEO principles ensure that people are not discriminated against and have equal access to conditions of employment, training and development, promotional opportunities and evaluation of performance. The outcome of good EEO practice is a diverse and skilled workforce, improved employment access and participation of EEO groups and a workplace culture displaying fair practices and behaviours.

Work Health Safety (WHS)

UWMH is committed to providing a safe work environment for our workers through the implementation of a robust and effective work health safety and injury management system. Staff of the hospital are encouraged to contribute to workplace safety planning to improve the safety and welfare of our workers, as well as continuous improvement of our work environment.

Diversity & Inclusion

UWMH asserts that all people, regardless of race, religion, cultural origin or linguistic skills have an equitable right of access to health services provided in an appropriate way. UWMH also recognises that the diversity of staff is one of its greatest assets. A diverse workforce offers the mix of skills, abilities and cultural perspectives that assist the health service to understand and respond to the different needs of our clients.

Code of Conduct & Ethical Behaviour

UWMH has a Code of Conduct which provides a framework for decisions and actions in relation to conduct in employment. It underpins commitment to a duty of care to all staff and patients and clients receiving our services. UWMH employees must adhere to both the Uniting and NSW Health Codes of Conduct. The NSW Health Code of Conduct defines standards of ethical and professional conduct that are required of everyone working in NSW Health in any capacity, the outcomes we are committed to, and the behaviours which are unacceptable and will not be tolerated. The Code of Conduct assists with building a positive workplace culture based on our core NSW Health values of collaboration, openness, respect and empowerment.

APPLICATION PORTAL

Applications are not accepted by email or post.

All applications are to be submitted via the Uniting e-Recruit system:

<https://unitingcareers.nga.net.au/cp/index.cfm>

LATE APPLICATIONS

Late applications are not normally considered, so please ensure your application reaches us via the Uniting e-Recruit system by the closing date and time.

THE ROLE OF THE SELECTION COMMITTEE

The selection process will be undertaken by a committee. Each selection committee is convened with care to ensure that it has the necessary expertise to make a decision in a fair and impartial way. Collectively, the committee will have an understanding of the vacancy and its role and will be responsible for the integrity of the final selection recommendation.

INTERVIEW / ASSESSMENT

Interviews and selection are conducted by a panel of at least three people. The panel usually includes the manager of the job, an independent (a person not employed by the Department advertising the position) and another person who can contribute to the selection process. Panels will, where possible, will consist of at least one male and one female member.

If called for an interview, you will be asked questions related to your skills and experience, the duties of the position and the advertised selection criteria. You will be able to ask questions about the position and provide the panel with more information to help your application.

Prior to the interview please read the job advertisement and position description again. The criteria for the position have been developed from the position description and the panel will use the criteria to develop interview questions. It will assist the panel if you are able to link experiences and examples of previous work to the position description and selection criteria.

Other methods may be used to decide if you are suitable for the position. For example, the panel may ask you to provide a presentation or may wish to look at samples of your work.

The panel discusses which applicant best meets the selection criteria and writes a detailed report which rates the strengths and weaknesses of each applicant. A recommendation is made to either offer the position to the best applicant or take further action (for example, readvertise the position).

If you are offered an interview and you have any special needs (for example, wheelchair access or an interpreter), you should inform the person who contacted you or ring the enquiries person listed on the job advertisement.

PROOF OF IDENTITY

It is NSW Health policy that all applicants provide appropriate documentation to support their identity.

Please bring to your interview original documents to meet the following requirements:

- Proof of identity and residential address i.e. drivers licence or photo ID card
- Proof of Australian Citizenship i.e. Australian passport, birth certificate or Citizenship certificate
OR proof of overseas Citizenship i.e. passport
- A fully completed Statutory Declaration witnessed by a JP or similar

SUPPORTING DOCUMENTS

Please fill out and bring to interview the supporting documents in this pack - NSW Health Occupational Assessment, Screening and Vaccination against Specified Infectious Diseases – Forms 'Appendix 6' and 'Appendix 7' (pages 11, 12 & 13), Statutory Declaration (page 14), Model Health Declaration (page 16), Employment Related Checks (page 17), UWMH Confidentiality Agreement (page 18) and SESLHD Code of Conduct (page 19).

REFEREE REPORTS

If you are considered to be one of the suitable applicants, comments will be sought from your nominated referees, as to your demonstrated ability or potential to fulfil the selection criteria. It is preferred practice to provide referee details for your current Line Manager or Supervisor. It is important that you nominate referees who are able to discuss your suitability in relation to the selection criteria. You may wish to provide them with a copy of the position description so that they are prepared to provide relevant information to the selection committee.

NATIONAL POLICE CHECK

It is UWMH policy to require shortlisted applicants undertake a National Police Check for sexual offences, serious offences involving threat or injury to another person and serious offences which are directly relevant to the duties of the position for which they have applied. A police check is only undertaken following interview.

Shortlisted applicants will receive a link via email to our National Police Check service provider MVSJ. Applicants are required to fill out a secure online form and undertake online Identity Document Verification.

Appointment to a position will be conditional upon a satisfactory police check being returned.

HEALTH SCREENING AND VACCINATION

Employment with UWMH is subject to you having current immunity status that complies with the *NSW Health Occupational Assessment, Screening and Vaccination against Specified Infectious Diseases - Policy Directive PD2018_009*.

- All **interviewees** must bring the following 'Occupational Assessment, Screening and Vaccination against Specified Infectious Diseases' forms to interview:
 1. Appendix 6: Undertaking/Declaration Form - Part 2 and the Declaration to be completed at a minimum
 2. Appendix 7: Tuberculosis (TB) Assessment Tool – Parts A, B & C plus Declaration to be completed
- All **successful applicants** are required to comply with the policy requirements prior to a letter of offer and commencement in the position. This includes new staff who are transferring from other Local Health Districts.

- All **successful applicants** must fully complete the Occupational Assessment, Screening and Vaccination against Specified Infectious Diseases Appendix 6 and Appendix 7 forms, and provide all vaccination evidence prior to commencement.

Ongoing employment will be subject to continued compliance with this policy directive.

POST SELECTION NOTIFICATION / FEEDBACK

You will be advised in writing of the result of your application after the selection process is completed, normally within two (2) weeks of interviews being conducted. Please be vigilant to email communications regarding the interview outcome.

If your application is unsuccessful, you may wish to contact the Convenor of the panel to discuss your performance in the interview.

If your application is successful a representative of UWMH will contact you and offer the position to you verbally. Successful candidates will then receive email communication from the e-Recruit system in order to complete the employee onboarding process.

Appendix 1: Risk Categorisation Guidelines

<p>CATEGORY A</p> <p>All positions must be categorised as Category A that involve either:</p>			
<p>1. Direct physical contact with:</p> <ol style="list-style-type: none"> a) patients/clients b) deceased persons, body parts c) blood, body substances, infectious material or surfaces or equipment that might contain these (e.g. soiled linen, surgical equipment, syringes); 	<p>OR</p> <p>2. Contact that would allow the acquisition or transmission of diseases that are spread by respiratory means:</p> <ol style="list-style-type: none"> a) Workers with frequent/prolonged face-to-face contact with patients or clients e.g. interviewing or counselling individual clients or small groups; performing reception duties in an emergency/outpatients department; b) normal work location is in a clinical area such as a ward, emergency department, outpatient clinic (including, for example, ward clerks and patient transport officers); or who frequently throughout their working week are required to attend clinical areas, e.g. persons employed in food services who deliver meals and maintenance workers. 		
<p>CATEGORY A - HIGH RISK</p> <p>In addition to the requirements for workers employed in in Category A positions, workers employed in positions in the following high risk clinical areas must also receive the current southern hemisphere influenza vaccine (refer to Section 4 <i>Annual Influenza Vaccination Program</i>)</p> <p>High risk clinical areas*</p> <table border="0"> <tr> <td style="vertical-align: top;"> <ol style="list-style-type: none"> 1. Antenatal, perinatal and post-natal areas including labour wards and recoveryrooms and antenatal outreach programs 2. Neonatal intensive care units; special care units; any home visiting health service provided to neonates 3. Paediatric intensive care units </td> <td style="vertical-align: top;"> <ol style="list-style-type: none"> 4. Transplant and oncology wards 5. Intensive care units 6. Multipurpose Services (NSW Health) 7. NSW Health Residential aged care facilities (except when special provisions under 4.1 apply) </td> </tr> </table> <p>* Applies to:</p> <ul style="list-style-type: none"> • workers in associated community settings whose usual clients include infants, pregnant women, transplant or oncology patients. • workers that are required to work in a variety of areas or change location on a rotating basis who may be required to work in Category A High Risk areas • workers who are posted to or predominately work in Category A High Risk units 		<ol style="list-style-type: none"> 1. Antenatal, perinatal and post-natal areas including labour wards and recoveryrooms and antenatal outreach programs 2. Neonatal intensive care units; special care units; any home visiting health service provided to neonates 3. Paediatric intensive care units 	<ol style="list-style-type: none"> 4. Transplant and oncology wards 5. Intensive care units 6. Multipurpose Services (NSW Health) 7. NSW Health Residential aged care facilities (except when special provisions under 4.1 apply)
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<p>CATEGORY B</p> <ol style="list-style-type: none"> 1. Does not work with the high risk client groups or in the high risk clinical areas listed above. 2. No direct physical contact with patients/clients, deceased persons, blood, body substances or infectious material or surfaces/equipment that might containthese. 3. Normal work location is not in a clinical area, e.g. persons employed in administrative positions not working in a ward environment, food services personnel in kitchens. 4. Only attends clinical areas infrequently and for short periods of time e.g. visits a ward occasionally on administrative duties; is a maintenance contractor undertaking work in a clinical area. 5. Incidental contact with patients no different to other visitors to a facility (e.g. in elevators, cafeteria, etc) 			

Appendix 4 Checklist: Evidence required from Category A Applicants

Workers, new recruits, other clinical personnel and students should take this checklist (and relevant sections of this policy directive referred to in this checklist) to their immunisation provider and discuss their screening and vaccination requirements.

Acceptable evidence of protection includes a written record of vaccination signed, dated and stamped by the medical practitioner/nurse immuniser on the NSW Health vaccination record card for health care workers and students and/or serological confirmation of protection, and/or other evidence, as specified in this table. An air transcript is also acceptable evidence of vaccination.

Diseases	Vaccination Evidence	Serology Evidence	Other Acceptable Evidence	Comments
Diphtheria, Tetanus & Pertussis	One adult dose of dTpa vaccine within the last 10 years	N/A. Serology will <u>not</u> be accepted	NIL	<ul style="list-style-type: none"> dTpa booster is required 10-yearly DO NOT use ADT vaccine
Hepatitis B	History of age-appropriate hepatitis B vaccination course	AND Anti-HBs \geq 10mIU/mL	OR Documented evidence of anti-HBc, indicating past hepatitis B infection, or HBsAg+	<ul style="list-style-type: none"> A completed <i>Hepatitis B Vaccination Declaration</i> (Appendix 9) are acceptable if all attempts fail to obtain the vaccination record. The assessor must be satisfied that a reliable history has been provided and the risks of providing a false declaration or providing a verbal vaccination history based on recall must be explained Positive HBcAb and/or HBsAg result indicate compliance with this policy A further specialist assessment is required for HBsAg+ workers who perform Exposure Prone Procedures
Measles, Mumps & Rubella (MMR)	2 doses of MMR vaccine at least one month apart	OR Positive IgG for measles, mumps and rubella (Rubella immunity is provided as a numerical value with immunity status as per lab report)	OR Birth date before 1966	<ul style="list-style-type: none"> Two doses of MMR vaccine, given at least 4 weeks apart, should be accepted as compliance with this policy. Do <u>not</u> compare the numeric levels reported from different laboratories. The interpretation of the result given in the laboratory's report must be

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				<p>followed i.e. the report may include additional clinical advice e.g. consideration of a booster vaccination for low levels of rubella IgG detected.</p> <ul style="list-style-type: none"> DO NOT use MMRV vaccine (not licensed for use in persons ≥ 14 years). If a dose of MMRV vaccine is inadvertently given to an older person, this dose does not need to be repeated Serology is <u>not required</u> following completion of a documented two dose MMR course. Those born before 1966 do <u>not</u> require serology
Varicella	2 doses of varicella vaccine at least one month apart (or evidence of 1 dose if the person was vaccinated before 14 years of age).	OR Positive IgG for varicella	Australian Immunisation Register (AIR) History Statement that records natural immunity to chickenpox	<ul style="list-style-type: none"> Evidence of one dose of varicella vaccine is sufficient in persons vaccinated before 14 years of age; two doses administered at least one month apart is required when aged 14 years or more when vaccinated. DO NOT use MMRV vaccine (not licensed for use in persons ≥ 14 years) Evidence of one dose of Zostavax in persons vaccinated over 50 years of age
Influenza	One dose of current southern hemisphere seasonal influenza vaccine by 1 June each year	N/A Serology will not be accepted	NIL	<ul style="list-style-type: none"> Influenza vaccination is required annually for workers in Category A High Risk positions, as specified in Appendix 1 <i>Risk Categorisation Guidelines</i> (see Section 4) Influenza vaccination is strongly recommended for all workers, other clinical personnel in Category A positions and for all students.
Tuberculosis	N/A	Refer to Section 3.5	Refer to Section 3.5	<ul style="list-style-type: none"> Refer to Section 1.2 <i>Key Definitions</i> Refer to Section 3 <i>TB Assessment and Screening</i>

Appendix 5: Specified Infectious Diseases: Risks and Consequences of Exposure

Hepatitis B Virus (HBV)	<p>Blood-borne viral disease. Infection can lead to chronic hepatitis B infection, cirrhosis and liver cancer. Anyone not immune through vaccination or previous infection is at risk of infection via blood or other body fluids entering through broken skin, mucous membrane, injection/needle-stick, or unprotected sex. Specific at-risk groups include health care workers, sex partners of infected people, injecting drug users, haemodialysis patients.</p> <p>For more information: http://www.health.nsw.gov.au/Infectious/factsheets/Pages/hepatitis_b.aspx</p>
Diphtheria	<p>Contagious, potentially life-threatening bacterial infection, now rare in Australia because of immunisation. Spread via respiratory droplets and discharges from the nose, mouth or skin. Infectious for up to 4 weeks from onset of symptoms. Anyone not immune through vaccination or previous infection is at risk. Diphtheria toxin (produced by the bacteria) can cause inflammation of the heart muscle, leading to death.</p> <p>For more information: http://www.health.nsw.gov.au/Infectious/factsheets/Pages/diphtheria.aspx</p>
Tetanus	<p>Infection from a bacterium usually found in soil, dust and animal faeces, generally occurs through injury. Toxin from the bacterium can attack the nervous system. Although the disease is now fairly uncommon, it can be fatal and is seen mostly in older adults who were never adequately immunised. Not spread from person to person. Neonatal tetanus can occur in babies of inadequately immunised mothers.</p> <p>For more information: http://www.health.nsw.gov.au/Infectious/factsheets/Pages/tetanus.aspx</p>
Pertussis (Whooping cough)	<p>Highly infectious bacterial infection spread by respiratory droplets through coughing or sneezing. Cough that persists for more than 3 weeks and may be accompanied by paroxysms, resulting in a “whoop” sound or vomiting. Can be fatal, especially in babies under 12 months of age. Neither infection nor vaccination provide long-lasting immunity, however vaccinated people have less severe disease.</p> <p>For more information: http://www.health.nsw.gov.au/Infectious/factsheets/Pages/pertussis.aspx</p>
Measles	<p>Highly infectious viral disease spread by respiratory droplets. Infectious before symptoms appear and for several days afterwards. Serious complications such as ear infection, pneumonia, or encephalitis can occur in up to 1/3 of cases. At risk are persons born during or after 1966 who haven't had 2 doses of MMR vaccine, babies under 12 months of age, before they have had a first dose and children over 18 months of age who have not had a second dose.</p> <p>For more information: http://www.health.nsw.gov.au/Infectious/factsheets/Pages/measles_factsheet.aspx</p>
Mumps	<p>Viral disease spread by respiratory droplets. Now relatively uncommon in Australia because of immunisation. Anyone not immune through vaccination or previous infection is at risk. Persons who have the infection after puberty can have complications, e.g. swelling of testes or ovaries; encephalitis or meningitis may occur rarely.</p> <p>For more information: http://www.health.nsw.gov.au/Infectious/factsheets/Pages/mumps.aspx</p>
Rubella	<p>Viral disease spread by respiratory droplets and direct contact. Infectious before symptoms appear and for several days afterwards. Anyone not immune through vaccination or previous infection is at risk. Infection in pregnancy can cause birth defects or miscarriage.</p> <p>For more information: http://www.health.nsw.gov.au/Infectious/factsheets/Pages/rubella-german-measles.aspx</p>

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Varicella (chickenpox)	<p>Viral disease, usually mild, but can be severe, especially in immunosuppressed persons. Complications include pneumonia and encephalitis. In pregnancy, can cause fetal malformations. Early in the infection, varicella can be spread through coughing and respiratory droplets; later in the infection, it is spread through contact with fluid in the blisters. Anyone not immune through vaccination or previous infection is at risk.</p> <p>For more information: http://www.health.nsw.gov.au/Infectious/factsheets/Pages/chickenpox.aspx</p>
Influenza (flu)	<p>Viral infection caused by A or B strains. Mainly affects the lungs, but can affect the heart or other body systems, particularly in people with other health problems, leading to pneumonia and/or heart failure. Spread via respiratory droplets when an infected person sneezes or coughs, or through touch, e.g. handshake. Spreads most easily in confined and crowded spaces. Annual vaccination reduces the risk of infection, however this is less effective in the elderly. Small children are at high risk of infection unless vaccinated.</p> <p>For more information: http://www.health.nsw.gov.au/Infectious/factsheets/Pages/influenza_factsheet.aspx</p>
Tuberculosis (TB)	<p>A bacterial infection that can attack any part of the body, but the lungs are the most common site. Spread via respiratory droplets when an infected person sneezes, coughs or speaks. At risk are those who spend time with a person with TB infection of the lung or respiratory tract or anyone who was born in, or has lived or travelled for more than 3 months in, a high TB incidence country.</p> <p>For more information: http://www.health.nsw.gov.au/Infectious/factsheets/Pages/tuberculosis.aspx</p>

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Appendix 6: Undertaking/Declaration Form

All new recruits/other clinical personnel/ students /volunteers / facilitators must complete each part of this document and Appendix 7 *Tuberculosis (TB) Assessment Tool* and provide a NSW Health Vaccination Record Card for Health Care Workers and Students and serological evidence of protection as specified in Appendix 4 *Checklist: Evidence required from Category A Applicants* and return these forms to the health facility as soon as possible after acceptance of position/enrolment or before attending their first clinical placement. (Parent/guardian to sign if student is under 18 years of age).

New recruits/other clinical personnel/ students /volunteers / facilitators will only be permitted to commence employment/attend clinical placements if they have submitted this form, have evidence of protection as specified in Appendix 4 *Checklist: Evidence required from Category A Applicants* and submitted Appendix 7 *Tuberculosis (TB) Assessment Tool*. Failure to complete outstanding hepatitis B or TB requirements within the appropriate timeframe(s) will result in suspension from further clinical placements/duties and may jeopardise their course of study/duties.

The education provider/recruitment agency must ensure that all persons whom they refer to a NSW Health agency for employment/clinical placement have completed these forms, and forward the original or a copy of these forms to the NSW Health agency for assessment. **The NSW Health agency** must assess these forms along with evidence of protection against the infectious diseases specified in this policy directive.

Part	Undertaking/Declaration (tick the applicable option)	✓
1	I have read and understand the requirements of the NSW Health <i>Occupational Assessment, Screening and Vaccination against Specified Infectious Diseases Policy</i>	
2	a. I consent to assessment and I undertake to participate in the assessment, screening and vaccination process and I am not aware of any personal circumstances that would prevent me from completing these requirements. OR	
	b. (For existing workers only) I consent to assessment and I undertake to participate in the assessment, screening and vaccination process; however I am aware of medical contraindications that may prevent me from fully completing these requirements and am able to provide documentation of these medical contraindications. I request consideration of my circumstances.	
3	I have provided evidence of protection for hepatitis B as follows:	
	a. history of an age-appropriate vaccination course, <u>and</u> serology result Anti-HBs $\geq 10\text{mIU/mL}$ OR	
	b. history of an age-appropriate vaccination course and additional hepatitis B vaccine doses, however my serology result Anti-HBs is $< 10\text{mIU/mL}$ (non-responder to hepatitis B vaccination) OR	
	c. documented evidence of anti-HBc (indicating past hepatitis B infection) or HBsAg+ OR	
	d. I have received at least the first dose of hepatitis B vaccine (documentation provided) and undertake to complete the hepatitis B vaccine course (as recommended in <i>The Australian Immunisation Handbook</i> , current edition) and provide a post-vaccination serology result within six months of my initial verification process.	
4	I have been informed of, and understand, the risks of infection, the consequences of infection and management in the event of exposure (refer Appendix 5 <i>Specified Infectious Diseases: Risks and Consequences of Exposure</i>) and agree to comply with the protective measures required by the health service and as defined by PD2017_013 Infection Prevention and Control Policy.	
Declaration: I, _____, declare that the information provided is correct		
Full name:		Worker cost centre (if available):
D.O.B:		Worker/Student ID (if available):
Medicare Number:	Position on card:	NSW Health agency / Education provider:
Email:		
Signature:		Date:

Appendix 7: Tuberculosis (TB) Assessment Tool

All new recruits, other clinical personnel, volunteers and students are required to complete this Tuberculosis Assessment Tool along with a *NSW Health Record of Vaccination for Health Care Workers and Students* and *Appendix 6: Undertaking/Declaration Form*. The healthcare worker/student should advise the NSW Health agency if they prefer to provide this information in private consultation with a clinician.

The **education provider** must forward a copy of this form to the health service for assessment. The **NSW Health agency** will assess this form and decide whether TB screening or TB clinical review is required.

New recruits, other clinical personnel, volunteers and students can commence duties once they have submitted this form to the employing NSW Health agency **and** have been cleared of active TB disease **and** have completed TB testing when it is indicated by the information in this TB assessment tool. When employment commences prior to completing TB clinical review, failure to complete outstanding TB requirements within the appropriate timeframe may affect employment status.

Existing Category A staff, clinical personnel, volunteers and students who have spent more than 3 months in a country with high incidence of TB or have had known TB exposure since last TB assessment must complete a new TB Assessment Tool and re-submit this to their manager/education provider.

Please complete Part A, Part B and Part C

Part A: Symptoms requiring investigation to exclude active TB disease			Yes	No
Do you currently have any of the following symptoms that are not related to an existing diagnosis or condition that is being managed with a doctor?				
1.	Cough for more than 2 weeks?			
2.	Episodes of haemoptysis (coughing blood) in the past month?			
3.	Unexplained fevers, chills or night sweats in the past month?			
4.	Significant* unexpected weight loss over the past 3 months? *loss of more than 5% of body weight			
<i>If Yes to any of the questions in Part A:</i>				
<i>Urgent TB Clinical Review required. Contact the TB Service/Chest Clinic recommended by the Health Agency undertaking this TB assessment See link to list of NSW clinics and contact numbers on Page 2.</i>				
<i>Clearance from TB Service/Chest Clinic is required before commencing clinical placement/employment</i>				
Part B: Previous TB treatment or TB screening or increased susceptibility			Yes	No
1.	Have you ever been treated for active TB disease or latent TB infection (LTBI)?			
<i>If Yes, please state the year and country where you were treated and provide documentation (if available) to the TB Service/Chest Clinic</i>		Year:	Country:	
2.	Have you ever been tested for LTBI with Tuberculin skin test or Quantiferon blood test?			
<i>If Yes, please provide copies of TB test results to the TB Service/Chest Clinic.</i>				
3.	Have you ever had a chest X-ray that was reported as abnormal?			
4.	Have you ever been referred to or reviewed in a TB Service/Chest Clinic in Australia?			
5.	Do you have any medical conditions that affect your immune system? e.g. cancer, HIV, auto-immune conditions such as rheumatoid arthritis, renal disease, diabetes			
6.	Are you on any regular medications that suppress your immune system?			
<i>If Yes to any of the questions in Part B:</i>				
<i>Contact the TB Service/Chest Clinic recommended by the Health Agency undertaking this TB assessment for advice regarding TB screening or clinical review requirements to obtain TB compliance. See link to list of clinics and contact numbers on Page 2 of this form.</i>				

Privacy Notice: Personal information about students and employees collected by NSW Health is handled in accordance with the Health Records and Information Privacy Act 2002. NSW Health is collecting your personal information to meet its obligations to protect the public and to provide a safe workplace as per the current Occupational Assessment Screening and Vaccination Against Specified Infectious Diseases Policy Directive. All personal information will be securely stored and reasonable steps will be taken to keep it accurate, complete and up-to-date. Personal information recorded on this form will not be disclosed to NSW Health officers or third parties unless the disclosure is authorised or required by or under law. If you choose not to provide your personal information, you will not meet the condition of placement. For further information about how NSW Health protects your personal information, or to learn about your right to access your own personal information, please see our website at www.health.nsw.gov.au

Part C: TB exposure risk history

The following questions explore possible exposure to TB

1.	In what country were you born?					
If born overseas, in what year did you migrate to Australia?						
2.	Is your country of birth on the list of high TB incidence countries? For a list of high TB incidence countries, please go to https://www.health.nsw.gov.au/Infectious/tuberculosis/Pages/high-incidence-countries.aspx	Yes	No			
3.	Have you spent a total of three (3) months or more visiting or living in any country/ies with a high TB incidence? e.g. 2 months in country A + 1 month in country B = 3 months cumulative					
If Yes, please list below the countries you have visited, the year of travel and duration of stay						
	Country visited	Year of travel	Duration of stay (please specify d/w/m)	Country visited	Year of travel	Duration of stay (please specify d/w/m)
4.	Have you had direct contact with a person with pulmonary TB whilst infectious and where you were not wearing a P2/N95 mask?	Yes	No			

If Yes to any of the questions in Part C, a record of TB infection status after the latest TB exposure risk is required.

The accepted tests are:

- Interferon Gamma Release Assay (IGRA) blood test. This test can be ordered by your doctor – pathology fees will apply. Blood draw for IGRA must be prior to or at least 4 weeks after a live vaccine, for example MMR or Varicella vaccination; or
- Tuberculin Skin Test (TST) performed at a specialist TB Service/Chest Clinic - requires 2-4 visits and there may be a cost involved. TST must be prior to or at least 4 weeks after a live vaccine, e.g. MMR or Varicella vaccination.

If the TB screening test is negative and there are no additional steps indicated by Part B of this assessment, TB compliance can be granted and clinical placement/employment can be attended.

If the TB screening test is positive, a chest X-ray and TB Clinical Review is required – please contact the TB Service/Chest Clinic recommended by the Health Agency undertaking this TB assessment. **Clearance from TB Service/Chest Clinic is required before commencing clinical placement/employment** See link to list of clinics and contact numbers below. There is no out-of-pocket expense for treatment of TB disease or LTBI in public health facilities in New South Wales

NOTE that any possible exposure to TB after this screening i.e. via overseas travel or workplace exposure, must be declared and another TB self-assessment tool must be re-submitted to your manager / education provider.

Your Personal Information

Family Name		Given Name(s)	
Date of Birth	/ /	Phone number	
Address			
Email			
Education Provider OR Employer		Student/Employee ID	
Course/Module of Study OR Place of Work			
Signature and Date			

NSW TB Services/Chest Clinics & contact numbers: <https://www.health.nsw.gov.au/Infectious/tuberculosis/Pages/chest-clinics>

PLEASE COMPLETE IN BLOCK LETTERS.

I,
Family Name (Current) Given Names (Current) Employee No

Make the following declaration under the *Statutory Declarations Act 1959*:

1. I declare that (place a tick or cross in the appropriate box):
 Since turning 16 years of age, I **have been** a citizen or permanent resident of a country/countries **other than** Australia.

OR

 Since turning 16 years of age, I **have never been** a citizen or permanent resident of a country/countries **other than** Australia.
2. I declare that I have **never been**:
 - a. Convicted of murder or sexual assault; or
 - b. Convicted of, and sentenced to imprisonment for, any other form of assault.
3. I declare that I **have not** committed any indictable offence that is likely to mean that I am not suitable for aged care work.

I understand that a person who intentionally makes a false statement in a Statutory Declaration is guilty of an offence under section 11 of the *Statutory Declarations Act 1959*, and I believe that the statements in this declaration are true in every particular.

Signature of Person Making the Declaration

Declared at:

on of
Place Where Declaration is Made Day Month Year

Before me,

Signature of Person Before Whom the Declaration is Made (See over)

Full Name (In printed letters) Qualification

Address

Note 1: A person who intentionally makes a false statement in a statutory declaration is guilty of an offence, the punishment for which is imprisonment for a term of 4 years – see section 11 of the *Statutory Declarations Act 1959*.
Note 2: Chapter 2 of the Criminal Code applies to all offences against the *Statutory Declarations Act 1959* – see section 5A of the *Statutory Declarations Act 1959*.

A statutory declaration under the *Statutory Declarations Act 1959* may be made before—

- (1) a person who is currently licensed or registered under a law to practise in one of the following occupations:
Chiropractor Dentist Legal practitioner
Medical practitioner Nurse Optometrist Patent attorney Pharmacist **Physiotherapist** Psychologist
Trade marks attorney Veterinary surgeon
- (2) a person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described); or
- (3) a person who is in the following list:
Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the *Consular Fees Act 1955*)
Bailiff
Bank officer with 5 or more continuous years of service
Building society officer with 5 or more years of continuous service
Chief executive officer of a Commonwealth court
Clerk of a court
Commissioner for Affidavits
Commissioner for Declarations
Credit union officer with 5 or more years of continuous service
Employee of the Australian Trade Commission who is:
(a) in a country or place outside Australia; and
(b) authorised under paragraph 3 (d) of the *Consular Fees Act 1955*; and
(c) exercising his or her function in that place
Employee of the Commonwealth who is:
(a) in a country or place outside Australia; and
(b) authorised under paragraph 3 (c) of the *Consular Fees Act 1955*; and
(c) exercising his or her function in that place
Fellow of the National Tax Accountants' Association
Finance company officer with 5 or more years of continuous service
Holder of a statutory office not specified in another item in this list
Judge of a court
Justice of the Peace
Magistrate
Marriage celebrant registered under Subdivision C of Division 1 of Part IV of the *Marriage Act 1961*
Master of a court
Member of Chartered Secretaries Australia
Member of Engineers Australia, other than at the grade of student
Member of the Association of Taxation and Management Accountants
Member of the Australasian Institute of Mining and Metallurgy Member of the Australian Defence Force who is:
(a) an officer; or
(b) a non-commissioned officer within the meaning of the *Defence Force Discipline Act 1982* with 5 or more years of continuous service; or
(c) a warrant officer within the meaning of that Act
Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants
Member of:
(a) the Parliament of the Commonwealth; or
(b) the Parliament of a State; or
(c) a Territory legislature; or
(d) a local government authority of a State or Territory
Minister of religion registered under Subdivision A of Division 1 of Part IV of the *Marriage Act 1961*
Notary public
Permanent employee of the Australian Postal Corporation with 5 or more years of continuous service who is employed in an office supplying postal services to the public
Permanent employee of:
(a) the Commonwealth or a Commonwealth authority; or
(b) a State or Territory or a State or Territory authority; or
(c) a local government authority;
with 5 or more years of continuous service who is not specified in another item in this list
Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made
Police officer
Registrar, or Deputy Registrar, of a court
Senior Executive Service employee of:
(a) the Commonwealth or a Commonwealth authority; or
(b) a State or Territory or a State or Territory authority
Sheriff
Sheriff's officer
Teacher employed on a full-time basis at a school or tertiary education institution

Model Health Declaration form

Name:

Address:

Position:

Duties of the Position:

I have read the inherent job requirements and job demands for the position and these requirements have been explained to me. I have ticked the appropriate statement below:

- I am not aware of any health condition which might interfere with my ability to perform the inherent job requirements and job demands of this position.

- I have a health condition that may require the employer to provide me with services or facilities (adjustments) so that I can successfully carry out the inherent job requirements and job demands of the position.

- I understand that adjustments to the workplace can be made to assist employees with disabilities in carrying out the inherent job requirements and job demands of the position. Any adjustments I need have been discussed with the organisation prior to completing this health declaration.

- I no longer wish to be considered for this position.

I am aware that any false or misleading statements may threaten my appointment or continued employment.

Signature: _____

Date: _____

Recruitment, Selection and Appointment in the NSW Public Health System
Web Tool 1.6

Standard consent form: employment related checks

I give authority for the following employment related checks to be undertaken, in line with the requirements of NSW Health policy:

- Obtain relevant information from the NSW Health Care Complaints Commissions and/or registration/licensing authorities relating to any conditions placed on practice, the nature of any outstanding complaints and whether there is any pending disciplinary action
- Referee checks, including a referee check with my current supervisor
- Additional past performance checks (for medical appointments)
- Obtain confirmation of membership of professional association (where required)

I understand that my consent to the above checks is required for my application to be considered by an employer in the NSW Health Service.

In addition I have completed the necessary consent forms for employment screening (national criminal record check/working with children check).

.....
Signature

.....
Date

CONFIDENTIALITY UNDERTAKING

I, (name), understand that while I am an employee, volunteer or authorised party (e.g. contractor, researcher, religious practitioner) at **Uniting War Memorial Hospital, Waverley**, I may have access to personal information collected for the purposes of client/patient care or for administrative, statistical or other purposes, including staff management. Such information includes the identity of, and personal and health information about, individual persons.

I undertake not to knowingly access any personal information unless such information is essential for me to properly and efficiently perform my duties or fulfil my role at **Uniting War Memorial Hospital, Waverley**.

I recognise and accept that my access to, holding and use of this information is subject to the Health Privacy Principles contained in the *Health Records and Information Privacy Act 2002 No. 71* (a copy of Health Privacy Principles are available) and undertake to comply with those Principles and relevant NSW Ministry of Health Policies affecting collection, holding, use or disclosure of the information.

I undertake strictly to preserve the confidentiality of this information and I understand that a breach of this undertaking may, if I am an employee, result in disciplinary action. In order to fulfil this undertaking, I will not divulge any identifying, personal or health information regarding individual persons, except as allowed by the Health Privacy Principles.

I also undertake to follow other information privacy and security procedures as stipulated by NSW Ministry of Health Policies in relation to any personal information which I access in the course of my duties. In order to fulfil this undertaking I will ensure that, so far as is within my control, such information, whether in the form of paper documents, computerised data or in any other form, cannot be viewed by unauthorised persons and that the information is stored in a secure and orderly manner which prevents unauthorised access.

I further undertake to inform my supervisor immediately if I become aware of any breach of privacy or security relating to the information which I access in the course of my duties.

Signed

Witnessed

Name

Name

Position

Date



Declaration for Staff, Volunteers and Contractors

All staff, volunteers and contractors within the New South Wales Ministry of Health are expected to behave and practice in a manner consistent with the NSW Health Code of Conduct:

http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2015_049.pdf

Clinicians are also expected to abide by the Codes of Conduct of their profession and the standards / competencies detailed within. In the absence of a Code of Conduct for a specific professional group, the NSW Health Code of Conduct will serve as a reference to expected standards of behaviour.

I acknowledge that I have received a copy of the Relevant Code/s of Conduct and have been advised how this document relates to me. I also have been informed of related policy documents that can be accessed via the intranet at;

www.health.nsw.gov.au/policies/index.asp

Name: _____

Signature: _____

Date: _____

SESLHD EXPECTED STANDARDS

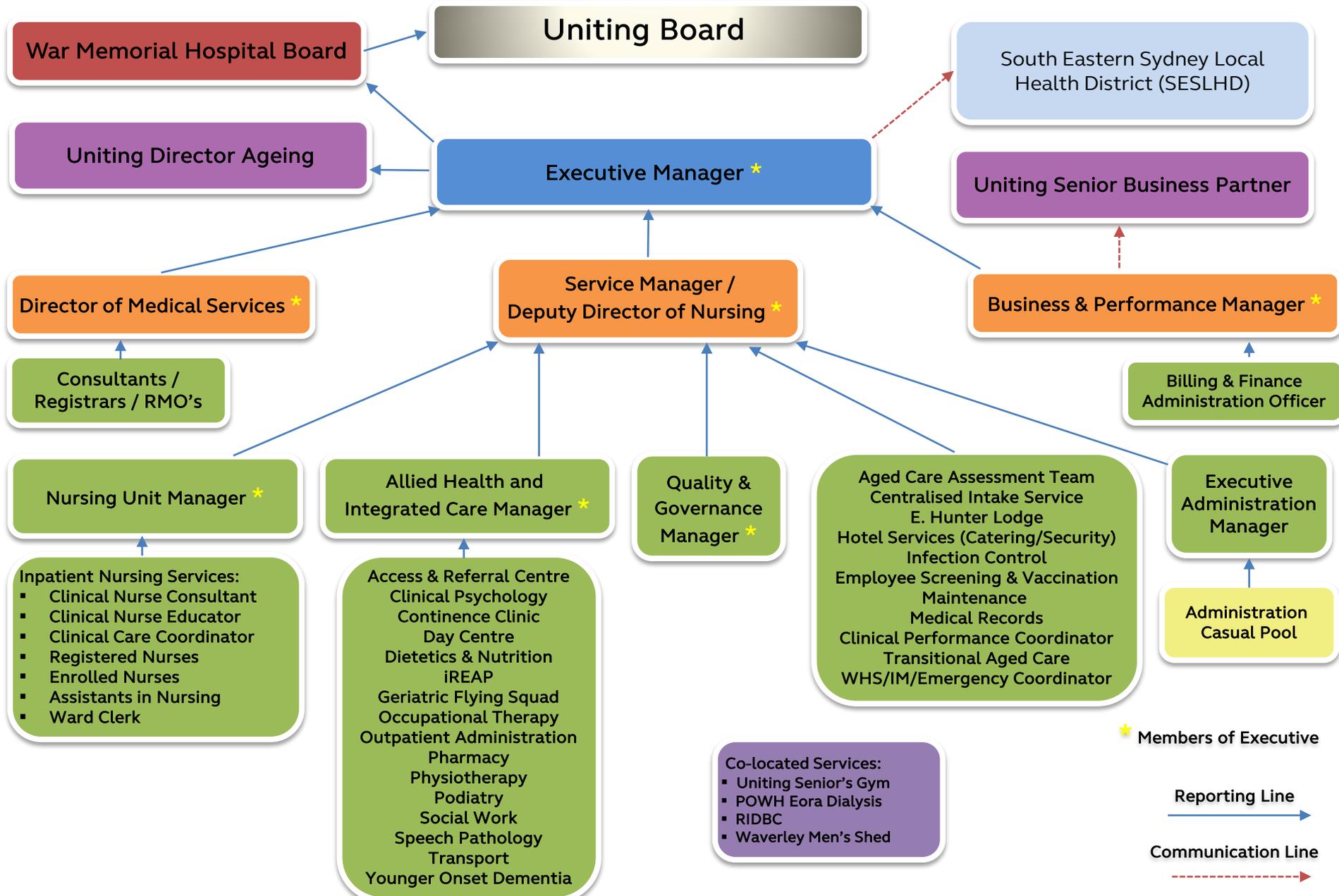
EXPECTED STANDARDS	ALL STAFF	LINE MANAGERS AND SUPERVISORS	SENIOR MANAGERS
PATIENT SAFETY, RISK MANAGEMENT, QUALITY IMPROVEMENT AND RESEARCH	Actively participate in patient safety, quality improvement, innovation and research programs and practices that promote the best possible health outcomes for patients/clients.	Identify, develop, lead and monitor patient safety, risk management, quality improvement, innovation and research programs to promote the best possible health outcomes for patients/clients. Ensure that National Safety and Quality Health Service Standards are met.	Provide governance and strategic direction for the development, implementation and evaluation of patient safety, quality improvement, innovation and research programs that promote the best possible experience and health outcomes for patients/clients. Ensure that National Safety and Quality Health Service Standards are met.
NSW HEALTH CORE VALUES	Act as an appropriate and effective role model and promote a culture and supporting practices that reflect the NSW Health core values of Collaboration, Openness, Respect, and Empowerment , through demonstrated behaviours and interactions with patients, clients and employees.	Assist workers to identify and model specific behaviours and actions that reflect the NSW Health core values of Collaboration, Openness, Respect, and Empowerment , in the workplace.	Uphold the highest standards of professionalism at all times by performing the functions of the role efficiently, economically, fairly, impartially and with integrity and by actively advocating the NSW Health core values of Collaboration, Openness, Respect, and Empowerment , to ensure that Local Health District and Government expectations are met.
NSW HEALTH CODE OF CONDUCT	Read and acknowledge individual responsibilities as determined in the Code of Conduct. Acknowledge the Code of Conduct as a framework for professional behaviour, ethical practice and decision-making. Acknowledge and accept a shared responsibility for ensuring that their own behaviour and the behaviour of colleagues meets the standards outlined in the Code of Conduct. Report and express any workplace concerns fairly, honestly and respectfully.	Ensure workers are provided with a copy of the Code of Conduct upon appointment or reappointment. Provide advice to each worker to ensure they understand their responsibilities under the Code of Conduct. Maintain a record of when this occurred.	Model and encourage behavioural expectations as outlined in the Code of Conduct.
HEALTH AND SAFETY	Comply with SESLHD WHS and IM processes and any measures put in place to protect their health and safety at work. Contribute to and participate in WHS consultation and training initiatives. Contribute to workplace safety planning, including the review and continual improvement processes at a local level via the WHS consultation arrangements.	Implement all elements of the SESLHD health and safety management system. Monitor and evaluate the department's WHS and Injury Management (IM) performance. Actively develop workers' WHS performance. Report progress toward and barriers to the achievement of Service WHS and IM targets to senior management.	Apply due diligence to known and emergent WHS risks. Actively engage in service WHS planning and reporting. Set WHS and IM performance targets for the Service. Monitor and measure individual departments' WHS performance against targets.
REGISTRATION AND LICENCES	Maintain registration and licences required for position held.		

SESLHD EXPECTED STANDARDS

CLINICAL GOVERNANCE

EXPECTED STANDARDS	CLINICIANS	LINE MANAGERS AND SUPERVISORS	GOVERNING BODY
CLINICAL GOVERNANCE	Clinicians work within, and are supported by, well-designed clinical systems to deliver safe, high-quality clinical care. Clinicians are responsible for the safety and quality of their own professional practice, and professional codes of conduct include requirements that align with the Clinical Governance Framework	Managers (including clinical managers) advise and inform the governing body, and operate the organisation within the strategic and policy parameters endorsed by the governing body. They are primarily responsible for ensuring that the systems that support the delivery of care are well designed and perform well	The governing body is ultimately responsible for ensuring that the organisation is run well and delivers safe, high-quality care. It does this by establishing a strong safety culture through an effective clinical governance system, satisfying itself that this system operates effectively, and ensuring that there is an ongoing focus on quality improvement.

2021 War Memorial Hospital Organisational Chart



To inspire people, enliven communities & confront injustice.

Our Purpose

Uniting

Our Promise

Courageous Action

Our Pillars

Community & Innovation

Responsive to opportunities for growth and innovation.

Working in new, creative ways to better serve individuals and communities.

Strengthening communities of hope and happiness.

Synergy through diversity.

Social Justice & Advocacy

We are the Uniting Church.

Speaking out with one voice.

Uniting to create impact and change.

Thought Leadership that challenges convention.

Action and change based on knowledge and experience.

Empowering People

Valuing all people for their unique gifts and strengths.

Serving people who are marginalised, disadvantaged and vulnerable.

People and relationships are at the centre of all that we do.

Enabling people to be who they truly are without judgement.

Better Together

Be the Change

Be Yourself

Our Values

Imaginative

We challenge convention, explore new possibilities and dare to dream for a better future.

Respectful

We act with honesty and integrity, and open our hearts to all people without exception.

Compassionate

We are nurturing, generous and thoughtful in our words and deeds.

Bold

We face injustice head on and stand up for what is right and true with confidence and strength.

Our Foundation

Christ invites us to serve humanity by creating an inclusive, connected and just world.

Uniting



X Assembly Point for Evacuation

War Memorial Hospital

1	Winston O'Reilly Building	NNARC Call Centre, Waverley ACAT
2	L.E. King Building	Ground – R.I.D.B.C. Matilda Rose Centre Level 1 – Primary Health Network
3	Elizabeth Hunter Lodge	EHL reception, Lodge accommodation
4	Elizabeth Hunter Lodge	Cottage accommodation
5	Elizabeth Hunter Lodge	Apartments accommodation
6	Day Centre & Transport	
7	Centre for Healthy Ageing	
8	Cadi Cottage	Alzheimers Australia Counselling, Parkinsons NSW Counselling, Younger Onset Dementia Program
9	Nellie Vickery Chapel	
10	Café Manos (Kiosk)	
11	Vickery Building	Ground – Chaplains, Computer kiosk training room, SESLHD I.T. office, Volunteers hub Level 1 – TACP, WHS
12	Vickery Building	Ground – Infection Control, POWH Eora Dialysis Unit, SNAP, Vickery Group Meeting Room Level 1 – Day Rehab, HR, Health Promotions, OT, Social Work, Volunteer Coordination, Vickery Conference Room
13	Vickery Building	Level 1 – Executive Unit, Executive Unit Conference Room
14	Morgan Building	Ground – Main Hospital Reception , Administration, Clinical Psychology, ESVS clinic, Geriatric Flying Squad, Outpatients, Pharmacy, Physiotherapy, Physio Gym, Security, Social Work Level 1 – In-patient Rehabilitation Unit, Conference Rm 1 Level 2 – In-patient Rehabilitation Unit, Nursing Unit Manager, Conference Room 2
15	Morgan Building	Ground – Dietetics, Geriatric Medicine, Social Work, Speech Pathology, clinic, therapy and meeting rooms
16	Morgan Building	Level 1 – Catering, Hotel Services, Medical Records
17	Podiatry	
20	Education Centre	
18	Therapy Gym	
21	Maintenance	
19	Hydrotherapy Pool	
22	Waverley Men's Shed	