



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 comprise 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 team), 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 the Uniting PageUp system (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

ABN 78722 539 923
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, 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 employees 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 employees, 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 PageUp system: [Uniting Careers](#)

LATE APPLICATIONS

Late applications are not normally considered, so please ensure your application reaches us via the Uniting PageUp 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 Undertaking/Declaration Form (page 7), NSW Health Tuberculosis (TB) Assessment Tool (pages 8, 9 & 10), Statutory Declaration (page 19), Model Health Declaration (page 21), Employment Related Checks (page 22), UWMH Confidentiality Agreement (page 23) and SESLHD Code of Conduct (page 24).

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. 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 PD2024_015*.

- **All interviewees must bring the following ‘Occupational Assessment, Screening and Vaccination against Specified Infectious Diseases’ forms to interview:**
 1. Undertaking/Declaration Form - 1 page > Parts 1 & 2 and the Declaration to be completed at a minimum
 2. Tuberculosis (TB) Assessment Tool – all 3 pages

- 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 Undertaking/Declaration Form & Tuberculosis (TB) Assessment Tool Forms and provide all vaccination evidence prior to commencement.

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

All Category A NSW Health workers are required to have received an annual seasonal Influenza vaccination or have an approved medical contraindication certificate. COVID-19 vaccinations are strongly recommended for all NSW Health workers.

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 PageUp system in order to complete the employee onboarding process.

Undertaking/Declaration Form

Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases

1. This form must be completed by all new workers, students and existing staff applying for new positions or undergoing vaccination and screening requirements outlined in the NSW Health *Occupational Assessment, Screening and Vaccination against Specified Infectious Diseases Policy Directive* (the "policy directive"). This includes volunteers/facilitators/ contractors (including visiting medical officers and agency staff) who provide services for or on behalf of NSW Health.
2. Category A workers as defined in the policy directive must complete:
 - each part of this document; and
 - each part of the *Tuberculosis (TB) Assessment Tool*; and
 - provide evidence of protection which may include a *NSW Health Vaccination Record Card for Category A Workers and Students*; and
 - provide evidence of protection for COVID-19 as specified in Appendix 1 of the policy directive *Evidence of protection*; and
 - provide evidence of protection (serological and/or vaccination) for other requirements as specified in Appendix 1 *Evidence of protection*; and
 - return these forms to the health facility with their application/enrolment or before attending their first clinical placement. (Parent/guardian to sign if student is under 18 years of age).

Category A workers will only be permitted to commence employment/attend clinical placements if they have submitted this form, have evidence of protection as specified in Appendix 1 *Evidence of protection* and submitted the *Tuberculosis (TB) Assessment Tool*.

Failure to complete outstanding hepatitis B, TB or COVID-19 vaccination requirements within the appropriate timeframe(s) will result in suspension from further clinical placements/duties and may jeopardise their course of study/ work/ employment.

3. Category B workers as defined in the policy directive must complete:
 - each part of this document; and
 - provide evidence of protection for COVID-19 as specified in Appendix 1 of the policy directive *Evidence of protection*; and
 - return this form to the health facility with your application/enrolment. (Parent/guardian to sign if student is under 18 years of age).

Category B workers will only be permitted to commence employment/attend placements if they have submitted this form and have evidence of COVID-19 protection as specified in Appendix 1 of the policy directive *Evidence of protection*.

Failure to complete outstanding COVID-19 vaccination requirements within the appropriate timeframe(s) will result in suspension from further placements/duties and may jeopardise their course of study/ work/ employment.

4. The recruitment agency/education provider 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.
5. The NSW Health agency must assess these forms along with evidence of protection specified in this policy directive.

Undertaking/Declaration Form

Occupational Assessment, Screening and Vaccination
Against Specified Infectious Diseases



Part	Undertaking/Declaration (tick the applicable option)	✓
1	I have read, understand and agree to abide by the requirements of the NSW Health <i>Occupational Assessment, Screening and Vaccination against Specified Infectious Diseases Policy</i>	<input type="checkbox"/>
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)	<input type="checkbox"/>
	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.	<input type="checkbox"/>
3	I have provided evidence of protection for hepatitis B as follows (Category A workers only):	<input type="checkbox"/>
	a. history of an age-appropriate vaccination course, <u>and</u> serology result Anti-HBs ≥ 10 mIU/mL OR	<input type="checkbox"/>
	b. history of an age-appropriate vaccination course and additional hepatitis B vaccine doses, however my serology result Anti- HBs is < 10 mIU/mL (non-responder to hepatitis B vaccination) OR	<input type="checkbox"/>
	c. documented evidence of anti-HBc (indicating past hepatitis B infection) or HBsAg+ OR	<input type="checkbox"/>
	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 OR.	<input type="checkbox"/>
	e. I have provided evidence of a medical contraindication to hepatitis B vaccine (e.g. letter from a doctor); AND.	<input type="checkbox"/>
4	f. I have been informed of, and understand, the risks of infection, the consequences of infection and management in the event of exposure (refer Appendix 6 Specified Infectious Diseases: Risks and Consequences of Exposure) and agree to comply with the protective measures required by the health service and as defined by PD2017_013 Infection Prevention and Control Policy.	<input type="checkbox"/>
	I have provided COVID-19 vaccination evidence as follows (Category A workers only):	<input type="checkbox"/>
	a. Evidence of 3 doses of a Therapeutic Goods Administration (TGA) approved or recognised COVID-19 vaccine (in accordance with ATAGI minimum intervals); OR	<input type="checkbox"/>
5	b. Evidence that I have received at least two doses of a TGA approved or a recognised COVID-19 vaccine and will complete the required 3 dose schedule with a TGA approved COVID-19 vaccine, within the dosing time frame stipulated by the Australian Technical Advisory Group on Immunisation (ATAGI) and will provide evidence of completed vaccines within 6 weeks of the dose 3 due date; OR	<input type="checkbox"/>
	c. I have provided evidence of a temporary or permanent medical contraindication to all the available TGA approved COVID-19 vaccines, in the form of an Australian Immunisation Register (AIR) - immunisation medical exemption form (IM011). I understand that if the medical contraindication is temporary, I must be reviewed by the date specified on the Medical Contraindication Form; OR	<input type="checkbox"/>
5	I have provided COVID-19 vaccination evidence as follows (Category B workers only):	<input type="checkbox"/>
	a. Evidence of 2 doses of a Therapeutic Goods Administration (TGA) approved or recognised COVID-19 vaccine (in accordance with ATAGI minimum intervals); OR	<input type="checkbox"/>
5	b. I have provided evidence of a temporary or permanent medical contraindication to all the available TGA approved COVID-19 vaccines, in the form of an Australian Immunisation Register (AIR) - immunisation medical exemption form (IM011). I understand that if the medical contraindication is temporary, I must be reviewed by the date specified on the Medical Contraindication Form.	<input type="checkbox"/>

Declaration: I, declare that the information provided is correct

Full name Worker cost centre (if available)

Parent/guardian name Parent/guardian signature

(for workers/students under 18 years)

D.O.B Worker/Student ID (if available):

Medicare number Position on card Expiry date

Email

NSW Health agency / Education provider

Signature Date

Tuberculosis (TB) Assessment Tool

Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases

[Clear Form](#)

Your Personal Information

Family Name

Given Name(s)

Date of Birth

Phone Number

Medicare Number *[if eligible]*Position on card *[number next to your name]*

Expiry Date

Address (street number and name, suburb and postcode)

Email

Employer/Education Provider

Stafflink/Student/Other ID

Course/Module of Study OR Place of Work

Signature

Date completed

Please complete all questions in Parts A, B and C.

Part A: Symptoms requiring investigation to exclude active TB disease

<i>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?</i>	Yes	No
1. Cough for more than 2 weeks?	<input type="radio"/>	<input type="radio"/>
2. Episodes of haemoptysis (coughing blood) in the past month?	<input type="radio"/>	<input type="radio"/>
3. Unexplained fevers, chills or night sweats in the past month?	<input type="radio"/>	<input type="radio"/>
4. Significant* unexpected weight loss over the past 3 months? <small>*loss of more than 5% of body weight</small>	<input type="radio"/>	<input type="radio"/>

Tuberculosis (TB) Assessment Tool



Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases

Family Name

Given Name(s)

Stafflink/Student/Other ID

Part B: Previous TB treatment or TB screening or increased susceptibility	Yes	No
<p>Have you ever been treated for active TB disease or latent TB infection (LTBI)? If Yes, please state the year and country where you were treated and provide documentation (if available)</p> <p>Year <input type="text"/> Country <input type="text"/></p>	<input type="radio"/>	<input type="radio"/>
<p>Have you ever had a positive TB skin test (TST) or blood test (IGRA or QuantiFERON TB Gold+)? If Yes, please provide copies of TB test results.</p>	<input type="radio"/>	<input type="radio"/>
<p>Have you ever had a chest X-ray that was reported as abnormal?</p>	<input type="radio"/>	<input type="radio"/>
<p>Have you ever been referred to or reviewed in a TB service/chest clinic in Australia?</p>	<input type="radio"/>	<input type="radio"/>
<p>Do you have any medical conditions that affect your immune system? e.g. cancer, HIV, auto-immune conditions such as rheumatoid arthritis, renal disease</p>	<input type="radio"/>	<input type="radio"/>
<p>Are you on any regular medications that suppress your immune system? e.g. TNF alpha inhibitors, high dose prednisone Please provide details here: <input type="text"/></p>	<input type="radio"/>	<input type="radio"/>

Part C: TB exposure risk history					
The following questions explore possible exposure to TB at any time in your life (or since last TB Assessment)					
1. Have you had direct contact with a person with infectious pulmonary TB and did not complete contact screening?	Yes	No			
	<input type="radio"/>	<input type="radio"/>			
2. In what country were you born?	<input type="text"/>				
If born overseas, when did you migrate to Australia?	<input type="text"/>				
3. Is your country of birth on the list of high-TB-incidence countries? <small>For the up-to-date list of high TB incidence countries, please go to https://www.health.nsw.gov.au/Infectious/tuberculosis/Pages/high-incidence-countries.aspx</small>	Yes	No			
	<input type="radio"/>	<input type="radio"/>			
3a. If Yes, as part of your visa medical assessment, did you have a negative TB skin test (TST) or blood test (IGRA or QuantiFERON TB Gold+)? <small>*If yes, please provide a copy of the result</small>	<input type="radio"/>	<input type="radio"/>			
4. Have you ever visited or lived in any country/ies with a high TB incidence? <small>If Yes, please list below the countries you have visited, the year of travel and duration of stay</small>	<input type="radio"/>	<input type="radio"/>			
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)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Tuberculosis (TB) Assessment Tool



Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases

Family Name

Given Name(s)

Stafflink/Student/Other ID

Other relevant information to assist with determining TB risk

E.g. pre-migration TB screening - CXR reported as normal and negative IGRA on

Date

All workers and students need to submit this form to their NSW health agency or education provider.

Education providers must forward this form to the NSW Health agency for assessment.

The NSW Health agency will assess this form and determine whether TB screening or TB clinical review is required. NSW TB Services

contact details:

<https://www.health.nsw.gov.au/Infectious/tuberculosis/Pages/accessing-your-local-TB-service.aspx>

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

For Official Use of NSW Health Agency or NSW TB Service

Please refer to Appendix 3 - TB Assessment Decision Support Tool for guidance on documenting outcomes from this

TB Assessment:

- TB Compliant
- Advice sought from local TB service/chest clinic
- TB Screening required – referred to GP or local TB service/chest clinic TB
- Clinical Review required – referred to local TB service/chest clinic Other
-

Name of assessor and role

Contact Number

Health Agency/District/Network

Date of assessment

Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases

Summary To provide a framework for the assessment, screening and vaccination of all workers and students to minimise the risk of transmission of diseases.

Document type Policy Directive

Document number PD2022_030

Publication date 28 July 2022

Author branch Communicable Diseases

Branch contact (02) 9391 9195

Replaces PD2022_029

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Policy manual Not applicable

File number H22/57652

Status Active

Functional group Personnel/Workforce - Employment Screening, Industrial and Employee Relations, Occupational Health and Safety
Population Health - Communicable Diseases, Health Promotion, Infection Control

Applies to Ministry of Health, Public Health Units, Local Health Districts, Board Governed Statutory Health Corporations, Chief Executive Governed Statutory Health Corporations, Specialty Network Governed Statutory Health Corporations, Affiliated Health Organisations, NSW Health Pathology, Public Health System Support Division, Cancer Institute, Government Medical Officers, Community Health Centres, NSW Ambulance Service, Dental Schools and Clinics, Public Hospitals

Distributed to Ministry of Health, Public Health System, Government Medical Officers, NSW Ambulance Service, Health Associations Unions

Audience All Staff of NSW Health

**Occupational Assessment Screening and Vaccination
Against Specified Infectious Diseases**

Table 1: Vaccination/TB assessment requirements by position risk category

Infectious Disease	Category A	Category B
SARS-CoV-2 (COVID-19) 2 doses	Required	Required
SARS-CoV-2 (COVID-19) 3 doses	Required	Recommended
Measles	Required	Recommended
Mumps	Required	Recommended
Rubella	Required	Recommended
Hepatitis B	Required	Recommended
Varicella (Chickenpox)	Required	Recommended
Diphtheria	Required	Recommended
Tetanus	Required	Recommended
Pertussis (Whooping Cough)	Required	Recommended
Influenza	Required	Recommended
Tuberculosis assessment	Required	Recommended

New and existing laboratory and post-mortem personnel may also have additional vaccination requirements as determined by the scope of their laboratory practice (laboratories must have documented local protocols in place to assess the risks and provide appropriate vaccination programs to at-risk personnel, as additional vaccines may be required as specified in the current online edition of *The Australian Immunisation Handbook*).

Resources must be provided by NSW Health agencies to support and facilitate the assessment, screening and vaccination of existing workers, with priority given to Category A Workers.

NSW Health agencies are responsible for meeting the full cost of assessment, screening and vaccination for workers (including volunteers) employed in existing positions (at the time this Policy is issued).

New recruits (except those employed in an existing position who are successfully appointed to a new position within a NSW Health agency and volunteers), and students must undertake any necessary serological tests, vaccinations and TB screening at their own cost, prior to their appointment, or prior to the commencement of a student's first clinical placement, in a NSW Health facility.

2.3. Evidence of protection against infectious disease

Acceptable evidence of protection may include but not limited to:

Occupational Assessment Screening and Vaccination Against Specified Infectious Diseases

- A written record of vaccination signed, dated and stamped by a medical practitioner/nurse immuniser or pharmacist vaccinator (for authorised vaccines only) on the NSW Health Vaccination Record Card for Category A Workers and Students
- Serological confirmation of protection
- An Australian Immunisation Register (AIR) History Statement.

Appendix 1 *Evidence of protection* provides the acceptable form of evidence of protection for each infectious disease.

Evidence of COVID-19 vaccination is only accepted in the form of an AIR immunisation history statement or AIR COVID-19 digital certificate (evidence of COVID-19 vaccination). For COVID-19 vaccines administered overseas, these can be recorded on the AIR by a recognised vaccination provider if the vaccine is approved for use or recognised in Australia and it was received on or after 1 March 2020.

The assessor must be satisfied that the evidence is from a legitimate source. Should a worker present a vaccination record in a foreign language, it may be translated using the free translating service [website](#) provided by the Department of Home Affairs, or using a local translation service.

2.4. COVID-19 vaccination requirements

All workers are required to provide evidence of having received two doses of a Therapeutic Goods Administration (TGA) approved or recognised COVID-19 vaccine (in accordance with the Australian Technical Advisory Group on Immunisation (ATAGI) minimum intervals) to work or be employed in NSW Health.

A worker will be considered compliant if they have a medical contraindication to all available TGA approved COVID-19 vaccines and provide medical contraindication evidence as defined in Section 5.5 *Contraindication to COVID-19 vaccination*.

2.4.1. Category A Workers

All Category A Workers are required to provide evidence of an 'up-to-date' COVID-19 vaccination status, aligned with the guidance produced by ATAGI as at the date of the publication of this Policy:

- (1) Three doses of a TGA approved or recognised COVID-19 vaccine (in accordance with ATAGI minimum intervals) *; or
- (2)
 - (a) Two doses of a TGA approved or recognised COVID-19 vaccine (in accordance with ATAGI minimum intervals), and the third dose:
 - (i) Within eight (8) weeks from the date of issue of this Policy if it is more than thirteen (13) weeks since they received their second dose; or
 - (ii) Within six (6) weeks from the due date for the worker's third dose of a TGA approved or recognised COVID-19 vaccine,

Occupational Assessment Screening and Vaccination Against Specified Infectious Diseases

whichever is later.

**A worker or student aged less than 16 years of age must have received the recommended doses in accordance with ATAGI advice.*

New recruits, medical graduates attending a 'clinical observership' and Category A Students in their first enrolment year of their course (who have a clinical placement early in their first year) may be granted temporary compliance and commence employment/placement provided they have:

- Provided documentary evidence that they have received (two (2) doses) of a TGA approved or recognised COVID-19 vaccine; and
- Completed all other vaccination requirements; and
- Submitted a written undertaking to complete the COVID-19 vaccination requirements for dose three (refer to the [Undertaking/Declaration Form](#)) within six (6) weeks of the dose due date.

See Section 6.1 *Non-compliance with, or refusal of COVID-19 vaccination requirements* for information on the management of non-compliance with COVID-19 vaccination requirements.

2.4.2. Category B Workers

All Category B Workers are required to provide evidence of two doses of a TGA approved or recognised COVID-19 vaccine (in accordance with ATAGI minimum intervals). A third dose three months after completion of the primary course (generally two (2) doses) is highly recommended.

See Section 6.1 *Non-compliance with, or refusal of COVID-19 vaccination requirements* for information on the management of non-compliance with COVID-19 vaccination requirements.

2.5. Tuberculosis assessment

All new recruits, volunteers and Category A Students must undergo a TB assessment, by completing and submitting the [Tuberculosis \(TB\) Assessment Tool](#).

All workers, volunteers and students are required to submit a new [Tuberculosis \(TB\) Assessment Tool](#) if they have:

- Had known TB exposure since their last TB assessment and did not complete contact screening
- Travelled for a cumulative time of three months or longer in a [country or countries with a high incidence of TB](#)
- Commenced employment at a new health agency (excluding rotational positions).

The [Tuberculosis \(TB\) Assessment Tool](#) will be reviewed by an appropriately trained assessor to identify those workers who require TB screening and/or TB clinical review before TB compliance can be granted. Additional guidance is available in Appendix 3 *TB Assessment Decision Support Tool*.

Occupational Assessment Screening and Vaccination Against Specified Infectious Diseases

TB compliance will be granted by an appropriately trained assessor where the TB assessment indicates that TB screening is not required, i.e., answers 'no' to all questions in parts A, B and C of the [Tuberculosis \(TB\) Assessment Tool](#).

- Workers that answer 'yes' to any questions in Part A of the [Tuberculosis \(TB\) Assessment Tool](#) need to be referred immediately to the local TB service/chest clinic for a TB clinical review to rule out active TB disease.
- Workers who answer 'yes' to any question in Part B of the [Tuberculosis \(TB\) Assessment Tool](#) need to be referred to the local TB service/chest clinic to determine whether advice and/or clinical review are required to meet TB compliance.
- Workers that answer 'yes' to any question in Part C of the [Tuberculosis \(TB\) Assessment Tool](#) are required to undergo TB screening (Refer to Section 2.6.1 *TB screening following migration screening for latent TB infection* re acceptance of migration screening results).

2.6. Tuberculosis screening

TB screening is to identify evidence of latent (or active) TB infection. Accepted tests for latent TB infection are an interferon gamma release assay (IGRA), or tuberculin skin test (TST, also known as Mantoux test). TB screening is required if the person:

- Is a new recruit or Category A Student who:
 - has been advised they were in contact with a person known to have infectious TB disease and who did not complete contact screening
 - was born in a [country with a high incidence of TB](#)
 - has resided or travelled for a cumulative time of three months or longer in a [country or countries with a high incidence of TB](#)
- Is an existing worker or Category A Student, who may have been previously assessed as compliant for TB, but who has subsequently:
 - been advised they were in contact with a person known to have infectious TB disease and who did not complete contact screening or
 - travelled for a cumulative time of three months or longer in a [country or countries with a high incidence of TB](#) since their last TB assessment.
- is an existing worker who has no documented evidence of prior TB screening and they were born in or have travelled for a cumulative period of three months or longer in a [country or countries with a high incidence of TB](#).

A TB screening test will be valid if the following criteria are met:

- The person has no known TB exposure and has stayed/travelled for a cumulative period of less than three months in a country or countries with a high incidence of TB since the test was undertaken
- The test was performed prior to, or at least four weeks after, a live parenteral vaccine

Occupational Assessment Screening and Vaccination Against Specified Infectious Diseases

- A TST that was administered and read by an Australian state or territory TB clinic, or collaborating service endorsed by the Local Health District or Specialty Health Network TB service/chest clinic; or
- An IGRA test was performed and the results are reported in English.

Workers who have a positive TST or IGRA need to be referred to the local TB service/chest clinic).

TB compliance will be granted by an appropriately trained assessors where documentation of a negative TST or IGRA that meets the criteria above who did not also require referral to a local TB service/chest clinic for Part A or B of the [Tuberculosis \(TB\) Assessment Tool](#).

2.6.1. Tuberculosis screening following migration screening for latent tuberculosis infection

All Category A Students or new recruits who were tested for latent TB infection as a migration screening requirement are required to complete the [Tuberculosis \(TB\) Assessment Tool](#) and provide a copy of the result of their latent TB screening test.

Workers with a positive TST or IGRA on migration screening must answer 'yes' to having ever had a positive TB skin test (TST) or blood test (IGRA or QuantiFERON TB Gold+ in Part B of the [Tuberculosis \(TB\) Assessment Tool](#). These workers must be referred to a TB service/chest clinic for clinical review unless the worker provides a summary of TB clinical review from a NSW TB service or the TB clinical review has been updated in VaxLink.

A negative IGRA on migration screening performed within 3 months of arrival in Australia constitutes a valid TB screening test and these workers do not require further latent TB infection testing.

Re-screening is required where the result of migration screening was:

- a negative IGRA result tested more than 3 months prior to arrival in Australia
- a negative TST (also known as Mantoux test).

2.6.2. Tuberculosis clinical review

Workers employed in existing positions, new recruits, volunteers and Category A Students who have symptoms of TB disease and/or evidence of TB infection (a positive TB screening test), are to be referred to the local TB service/chest clinic for TB clinical review to exclude TB disease and/or for consideration of TB preventive treatment.

TB clinical review is required if the person:

- answered yes to any question within part A of the [Tuberculosis \(TB\) Assessment Tool](#), or;
- has undertaken TB Screening and has a positive test for latent TB infection.

TB clinical review is to be undertaken only within designated TB services/chest clinics by clinicians experienced in the management of TB. TB services/chest clinics will provide a summary of TB clinical review to document compliance or temporary compliance back to the referrer and/or the Worker, or VaxLink may be updated directly.

Occupational Assessment Screening and Vaccination Against Specified Infectious Diseases

TB compliance may be revoked in the event of diagnosis of active pulmonary TB where the worker does not follow treatment recommendations, fails to undertake recommended contact screening following a TB exposure, or fails to comply with surveillance requirements. TB temporary compliance or compliance will be reinstated once the worker completes the required screening or follow-up, or in the case of active TB disease where the person is on treatment and is deemed non-infectious.

2.7. Temporary compliance

Temporary compliance may be granted to complete the course of hepatitis B vaccination, or to meet the TB clinical review and any follow-up requirements. 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 the course of study/duties.

2.7.1. Hepatitis B

New recruits, medical graduates attending a 'clinical observership' and Category A Students in their first enrolment year of their course (who have a clinical placement early in their first year) may be granted temporary compliance and commence employment/placement provided they have:

- Provided documentary evidence that they have received at least the first dose of hepatitis B vaccine; and
- Completed all other vaccination requirements; and
- submitted a written undertaking to complete the hepatitis B vaccination course and provide a post-vaccination serology result within 6 months as appropriate (refer to the [Undertaking/Declaration Form](#)). Those who fail to provide the required evidence within 6 months will be terminated (as per Section 8 *Termination of Employment/Engagement of Vaccine Non-Compliance and Refusers*); unless there are extenuating circumstances to be considered by the NSW Health agency, and
- First year Category A Students/new recruits may only be granted temporary compliance once, and from the date of their initial assessment, unless there are extenuating circumstances (as determined by the assessor) that warrant a one-off further extension.

New recruits (except those employed in an existing position who are successfully appointed to a new position within the NSW Health agency) and Category A Students who have been granted temporary compliance must pay for the costs of screening and vaccinations that are required to complete their compliance after they have commenced employment/clinical placement.

2.7.2. Tuberculosis

Workers who have been exposed to TB, may be granted temporary compliance and commence/continue employment/placement provided they:

- Have completed the requirements for TB assessment and screening (if required), and if they require a TB clinical review, they:

Occupational Assessment Screening and Vaccination Against Specified Infectious Diseases

- have had a chest X-ray reporting no evidence of active TB disease; and
- have booked an appointment for TB clinical review. A letter or email of the appointment details from a NSW TB service/chest clinic is considered acceptable evidence of booking, or
- Have had a TB clinical review and are recommended for ongoing management which may include:
 - Treatment of active TB once deemed non-infectious
 - To undertake TB preventive treatment or a period of chest X-ray surveillance for latent TB infection.

A NSW TB service/chest clinic will provide documentation on the next review date for extension of temporary compliance or grant full TB compliance once discharged from the TB service/chest clinic.

2.8. Additional information for the assessment, screening and vaccination of Category A students

All Category A Students must comply with this Policy and it is expected that they are made aware by their education provider of the requirements of this Policy prior to enrolment in their university, TAFE or other education provider.

It is each Category A Student's responsibility to complete all compliance requirements and provide evidence of compliance as part of the ClinConnect verification process before commencing a clinical placement in a NSW Health facility. Category A Students must only attend a clinical placement if they are assessed as being compliant or temporarily compliant. ClinConnect will cancel their placements 7 days before commencement if they are not compliant, or if their full compliance or temporary compliance will expire before the start date of the placement.

Category A Students whose temporary compliance expires during their placements must show evidence of meeting the full compliance requirements of this Policy before their temporary compliance expires. If the Category A Student cannot be assessed as fully compliant upon temporary compliance expiry, then the Category A Student is to be removed from the placement.

Secondary school students, including those undertaking TAFE-delivered vocational education and training (TVET) for schools, must be compliant with the requirements of this Policy. Students who are under 18 years of age must have their documentation co-signed by their parents/guardians.

Category A Students who attend their first clinical placements in the later years of their courses (i.e. not during their first year) must be assessed in the first year. This is to identify compliance issues early in a student's candidature as those who are non-compliant will not be able to attend their placements which may impact on the completion of their course.

Annual influenza vaccine is mandatory for all Category A Students (at their own cost) if attending a placement between 1 June and 30 September each year or as specified by the Chief Health Officer. Category A Students must receive the current southern hemisphere influenza vaccine registered for use by the TGA.

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: _____

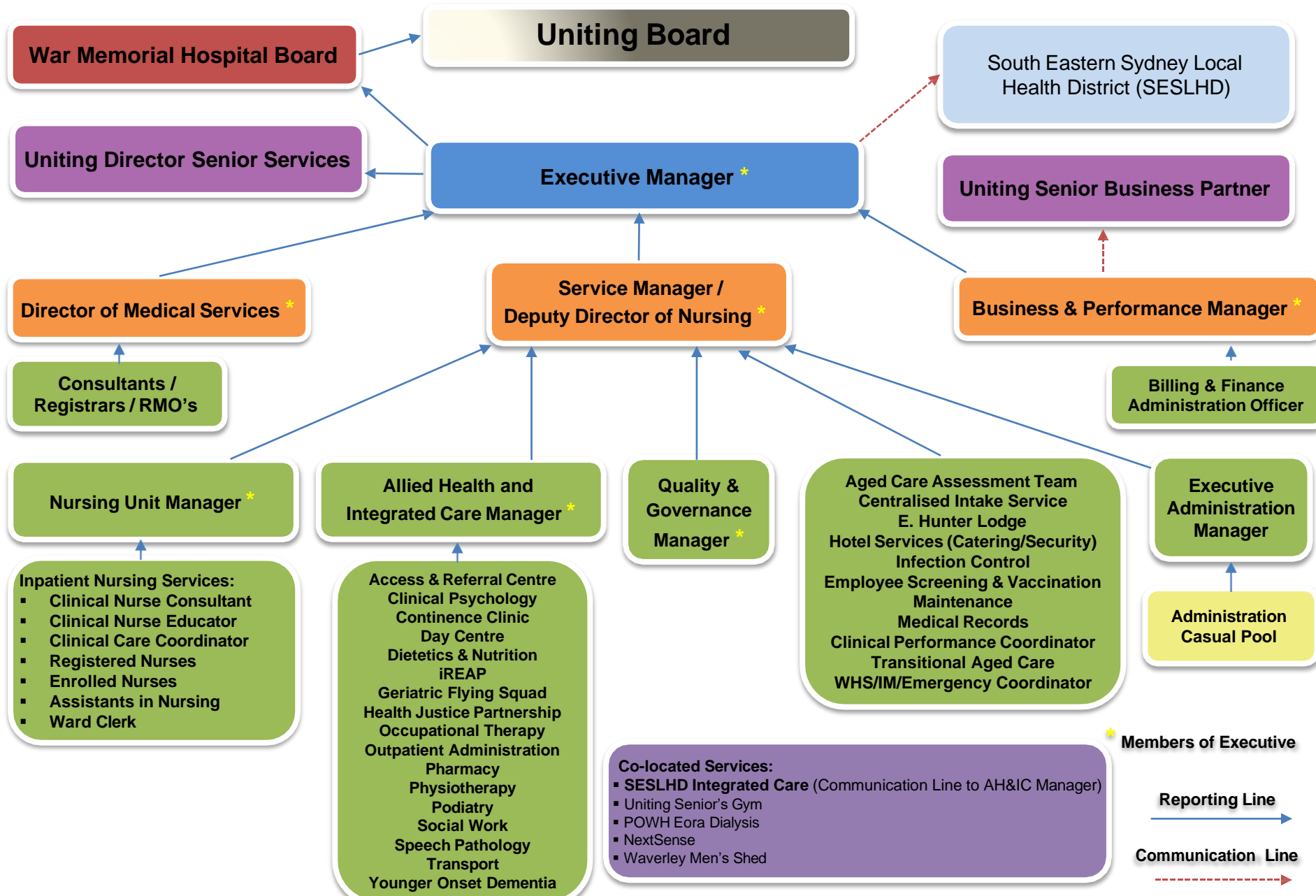
SESLHD EXPECTED STANDARDS

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.		

CLINICAL GOVERNANCE

EXPECTED STANDARDS	CLINICIANS	LINE MANAGERS AND SUPERVISORS	GOVERNING BODY
<p>CLINICAL GOVERNANCE</p>	<p>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</p>	<p>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</p>	<p>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.</p>

2022 War Memorial Hospital Organisational Chart



War Memorial Hospital Board

Uniting Board

South Eastern Sydney Local Health District (SESLHD)

Uniting Director Senior Services

Executive Manager *

Uniting Senior Business Partner

Director of Medical Services *

Service Manager / Deputy Director of Nursing *

Business & Performance Manager *

Consultants / Registrars / RMO's

Billing & Finance Administration Officer

Nursing Unit Manager *

Allied Health and Integrated Care Manager *

Quality & Governance Manager *

**Aged Care Assessment Team
Centralised Intake Service
E. Hunter Lodge
Hotel Services (Catering/Security)
Infection Control
Maintenance
Medical Records
Clinical Performance Coordinator
Transitional Aged Care
WHS/IM/Emergency Coordinator**

Executive Administration Manager

Inpatient Nursing Services:

- Clinical Nurse Consultant
- Clinical Nurse Educator
- Clinical Care Coordinator
- Registered Nurses
- Enrolled Nurses
- Assistants in Nursing
- Ward Clerk

**Access & Referral Centre
Clinical Psychology
Continence Clinic
Day Centre
Dietetics & Nutrition
iREAP
Geriatric Flying Squad
Health Justice Partnership
Occupational Therapy
Outpatient Administration
Pharmacy
Physiotherapy
Podiatry
Social Work
Speech Pathology
Transport
Younger Onset Dementia**

Co-located Services:

- **SESLHD Integrated Care** (Communication Line to AH&IC Manager)
- Uniting Senior's Gym
- POWH Eora Dialysis
- NextSense
- Waverley Men's Shed

* **Members of Executive**

Reporting Line →

Communication Line - - - - - →

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.

Better Together

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.

Be the Change

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.

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.

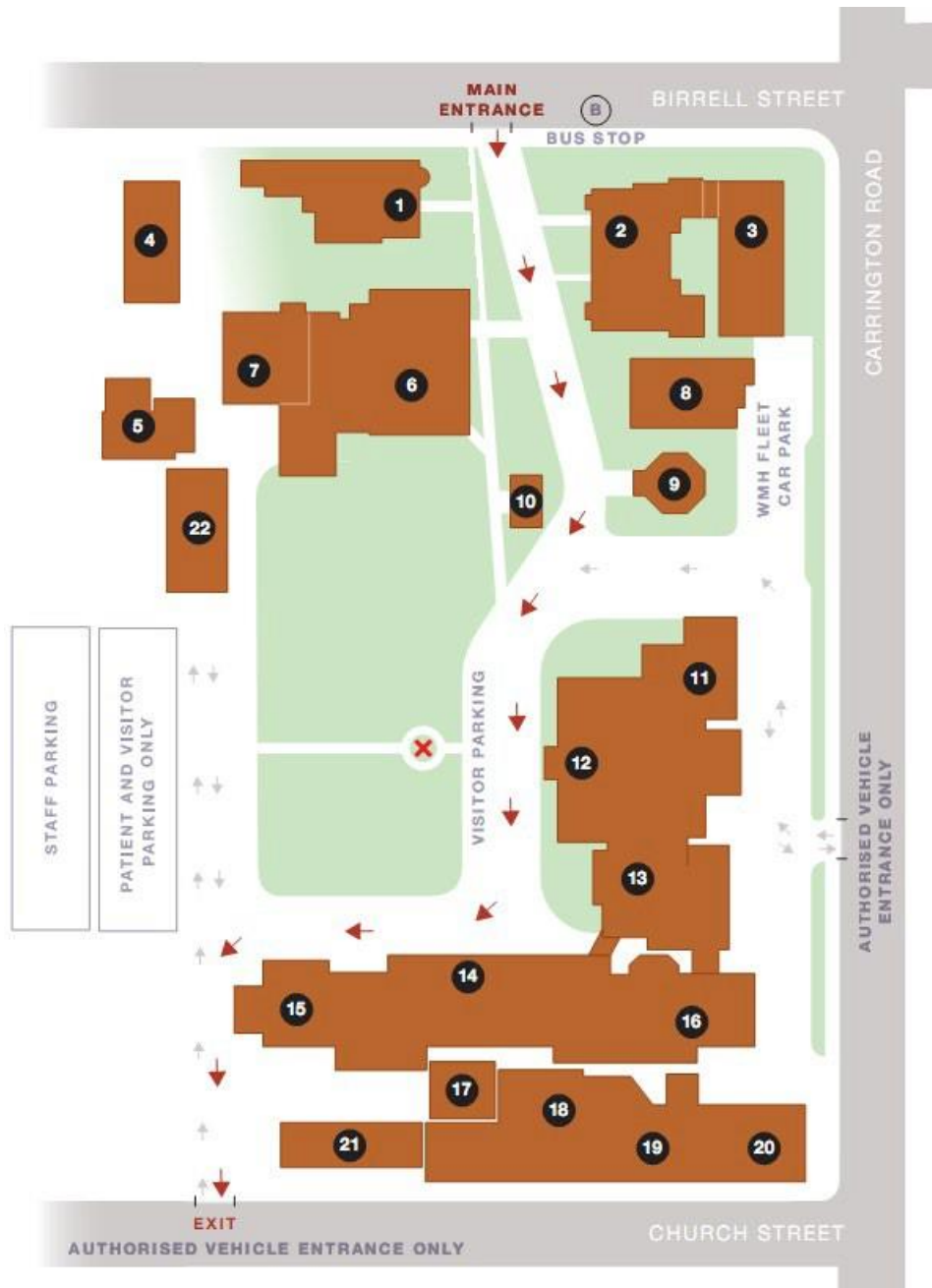
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We face injustice head on and stand up for what is right and true with confidence and strength.

Our Foundation

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

War Memorial Hospital Site Map 2022



X Assembly Point for Evacuation

1	Winston O'Reilly Building	NNARC Call Centre, Waverley ACAT
2	L.E. King Building	Ground – NextSense Matilda Rose Centre Level 1 – SESLHD ACAP
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	Uniting Seniors Gym	
8	Cadi Cottage	Young Onset Dementia Program
9	Nellie Vickery Chapel	
10	Café Manos (Kiosk)	
11	Vickery Building	Ground – Computer kiosk training room, SESLHD I.T. office, Wellness Space & Volunteers hub, PPE storage Level 1 – TACP, OT
12	Vickery Building	Ground – Clinical Performance Coordinator, PPE storage, POWH Eora Dialysis Unit, Social Work Manager, Vickery Group Meeting Room, Vickery Safe Room Level 1 – Health Promotion, HR, OT, Social Work, Vickery Conference Room, WHS
13	Vickery Building	Level 1 – Executive Unit offices, Executive Unit Conference Room
14	Morgan Building	Ground – Main Hospital Reception , Administration, ESVS clinic, iREAP, iREADi, Geriatric Flying Squad, Geriatric Medicine, OT, Outpatient Gym, Outpatients, Pharmacy, Physiotherapy, Security Level 1 – In-patient Rehabilitation Unit, Conference Room 1 Level 2 – In-patient Rehabilitation Unit, Nursing Unit Manager, Conference Room 2, Infection Control, Senior Nurses Hub
15	Morgan Building	Ground – Clinical Psychology, Dietetics, 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, PPE storage
19	Hydrotherapy Pool	22 Waverley Men's Shed