

**Information required to apply for a position at  
St Vincent's Private Hospital, St Joseph's Nursing Home  
or Friends Childcare Centre**

**Name:** \_\_\_\_\_

**Entity:** \_\_\_\_\_

**Position applying for:** \_\_\_\_\_

		Applicant	SVH Admin
1.	Covering letter	<input type="checkbox"/>	<input type="checkbox"/>
2.	Completed application form	<input type="checkbox"/>	<input type="checkbox"/>
3.	Curriculum Vitae that includes: 3.1 Details of education qualifications relevant to the position 3.2 Comprehensive details of your employment history – period of employment, employer and title of the job with a brief description of the job 3.3 Referees – please provide <b>email</b> and <b>phone</b> details of recent professional referees. Students are required to provide an academic referee. Please note that by supplying these referees, you consent to St Vincent's Private Hospital contacting them.	<input type="checkbox"/>	<input type="checkbox"/>
4.	Copies of all qualifications – the originals must be sighted at the time of interview	<input type="checkbox"/>	<input type="checkbox"/>
5.	Completed Information Sheet 2 - Checklist (required of Category A applicants - Not required of Category B applicants but preferred)	<input type="checkbox"/>	<input type="checkbox"/>
6.	Evidence of vaccinations i.e. copies of pathology reports / vaccination card	<input type="checkbox"/>	<input type="checkbox"/>
6a	Form 1 – New Recruit Undertaking/Declaration to be completed and signed	<input type="checkbox"/>	<input type="checkbox"/>
6b	Form 2 - Tuberculosis (TB) Assessment Tool to be completed and signed	<input type="checkbox"/>	<input type="checkbox"/>
7.	100 Point Document Identity Check – copies to be provided – originals to be sighted at interview	<input type="checkbox"/>	<input type="checkbox"/>
8.	Working with Children Check clearance number to be provided	<input type="checkbox"/>	<input type="checkbox"/>
9.	Copy of current National Criminal History Check (valid for 3 years)	<input type="checkbox"/>	<input type="checkbox"/>
10.	Statutory Declaration Form to be completed and signed	<input type="checkbox"/>	<input type="checkbox"/>

**Your cooperation will expedite the process. Applications that are incomplete are unlikely to be considered. Please return completed check list with your application.**

**Mission Statement:**

St Vincent's Private Hospital, established by the Catholic Diocese of Lismore in 1921, is a community working together in faith, hope & charity, providing quality health care marked by compassion and respect for the human person in the spirit of Jesus Christ.

**Values Statement:**

We believe in & cherish COMPASSION as the core value within our services. We are committed to RESPECT & TEAMWORK. These values empower our actions in the spirit of St Vincent's and enable healing.

Our staff are our greatest resource. We all come with differing values and beliefs, but we all share a common commitment to serve others while working within the philosophy and ethical teachings of the Catholic Church.

# APPLICATION FOR EMPLOYMENT

Please forward this application to:  
St Vincent's Private Hospital  
PO Box 572, LISMORE NSW 2480  
Tel: 02 6627 9600  
Fax: 02 6622 4298

**(Please note that where "St Vincent's Private Hospital" is referenced, all others entities are deemed to be included)  
Please fill in all required sections of this form in CAPITAL letters.**

**Your driver's licence (or other suitable identification) and qualifications need to be sighted by St Vincent's Private Hospital and photocopies of both should be attached to your application.**

**If you have any difficulties in filling in this form please phone St Vincent's Private Hospital on 02 6627 9561 for assistance**

<b>Title:</b>	Mr    Ms    Mrs    Miss    Dr    Other			
<b>Given Name:</b>				
<b>Family Name:</b>				
<b>Address:</b>	<b>Street</b>			
	<b>Suburb</b>			
	<b>State</b>		<b>Postcode</b>	
<b>Contact Details:</b>	<b>Home Phone</b>	(    )		
	<b>Mobile Phone</b>	(    )		
	<b>Email</b>			
<b>Identification:</b>	<b>Do you hold a current drivers licence?</b>		Yes / No	<b>Licence No:</b>
	<b>State of Issue:</b>		<b>Class:</b>	<b>Expiry:</b>
	<b>(for non-licence holders) Are you able to provide another form of photo ID?</b>		Yes / No	<b>Please describe:</b>
<b>Residency Status:</b>	Australian Citizen	Permanent Resident	Work Visa	Other*
	* Please provide/attach details and proof of right to work in Australia			
<b>Criminal History and Working with Children Check</b>	<b>If successful in your application, a current CLEARED National Criminal History Check and Working with Children Check will be required to be produced prior to any offer of employment being made.</b>			

*Please note: While the National Criminal History Check & Working with Children Check is a requirement of employment of St Vincent's Private Hospital, the cost of these checks are the responsibility of the applicant and unsuccessful applicants will not be reimbursed for costs incurred in obtaining the check.*

## Declaration: Criminal Record

I, \_\_\_\_\_ hereby declare: (insert full legal name)

- I) that the information provided herein relates to me and is true and correct;
- II) I am not subject of any traffic violations, criminal or traffic charge(s) still pending before a court;
- III) I do not have any conviction(s) or findings of guilt which are less than 10 years old, or any juvenile conviction(s) or findings of guilt which are less than 5 years old;
- IV) I do not have any conviction(s) or findings of guilt which are over 10 years old, or any juvenile conviction(s) or findings of guilt which are over 5 years old where the sentence imposed was greater than 30 months

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*This declaration will be verified with a criminal record check conducted through the NSW Police Department for convictions which may render the individual unsuitable for employment in a designated position within St Vincent's Private Hospital. You should obtain legal advice if you are unsure of your record, and contact the HR Manager if you have any queries regarding this matter.*

## Declaration

I understand that if, at some future date, information supplied in this application is found to be false or misleading, this would constitute sufficient grounds for the cancellation of my application or, if I am employed as a consequence of this application, the termination of my employment with St Vincent's Private Hospital. I understand that the information supplied in this application will be kept on file for a period of up to 6 months by St Vincent's Private Hospital so that I may be considered for positions that arise. This application shall then be destroyed after 6 months if I am unsuccessful. If I am successful in being employed by St Vincent's Private Hospital I understand that this application shall become part of my personnel file.

<b>Previous employment history:</b>	Are you transferring from another Facility within the Diocese? Yes / No	
	If yes, please provide details of the Facility name and the date you ceased employment at this Facility.	
	Facility Name:	
	Exit Date:	
<b>Long Service Leave</b>	<p>The NSW/ACT Catholic Diocesan Employers' Long Service Leave Portability Agreement allows eligible employees of Parties to have their previous service recognised for the purposes of future long service leave accrual, in recognition of employees' contribution to advancing the mission of the Catholic Church.</p> <p>For an employee to be eligible to have their previous service recognised by an employer of a party to this Agreement, they must meet all of the following requirements:</p> <ul style="list-style-type: none"> <li>- Current employer and past employer are Party to the Agreement</li> <li>- completed at least 12 months continuous service with an employer of a Party to this Agreement; and</li> <li>- must commence employment with another employer of a party to this Agreement within 2 months of the termination of employment at the former employer; and</li> <li>- they must not have been terminated by the former employer for reason of serious misconduct.</li> </ul> <p style="text-align: center;"><b>Note – please contact your previous payroll office who will provide you with the full Long Service Leave Portability Agreement and documentation for you to complete.</b></p>	
	Are you eligible to have LSL transferred? Yes / No	

<b>Employment History</b>	<b>EMPLOYER (S)</b>	<b>PERIOD FROM</b>	<b>PERIOD TO</b>	<b>POSITION TITLE</b>	<b>REASON FOR LEAVING</b>
Please begin with most recent experience  Do not complete if CV is attached  <i>(Please indicate whether the employment was full time, part time or casual. If you held more than one position with any employer, please list each position separately.)</i>					

<b>Statements of Service</b>	<b>Original documents regarding proof of service must be sighted by Human Resources.</b> Employees appointed with previous experience in the Hospital/Health industry may have their previous service counted towards their incremental years of service and rate of pay.
	<b>Original documentation to be provided:</b> <ol style="list-style-type: none"> <li>1. Relevant degree or Diploma</li> <li>2. Nurses Service Record Book</li> <li>3. Original Certificate of Service (detailing hours, grade &amp; classification)</li> <li>4. Certificate of Registration (nursing &amp; professional classification)</li> <li>5. Statutory Declaration</li> </ol>

<b>Professional Referees</b>	<b>NAME</b>	<b>OCCUPATION, EMPLOYER</b>	<b>CONTACT PHONE/EMAIL</b>
Do not complete if provided in CV			

Please supply the name, phone number and email address of at least two referees (must be previous supervisors) that may be contacted after you are interviewed. Students should provide an academic referee.

Note that by supplying these referees, you consent to St Vincent's Private Hospital contacting them to discuss your work or academic performance.

<b>Does the position you are applying for require qualifications or current membership of a professional body in order to fulfil the requirements of the position? e.g. a Doctor, Nurse, Physiotherapist etc.</b>			Yes / No
<b>Qualification:</b>		<b>Qualification:</b>	
<b>Institution:</b>		<b>Institution:</b>	
<b>Country:</b>		<b>Country:</b>	
<b>Year Completed:</b>		<b>Year Completed:</b>	
<b>Qualification:</b>		<b>Qualification:</b>	
<b>Institution:</b>		<b>Institution:</b>	
<b>Country:</b>		<b>Country:</b>	
<b>Year Completed:</b>		<b>Year Completed:</b>	

<b>Professional or Trade Body:</b>		<b>Professional or Trade Body:</b>	
<b>Professional or Trade Registration Number:</b>		<b>Professional or Trade Registration Number:</b>	
<b>Expiry Date:</b>		<b>Expiry Date:</b>	

**\*Please provide copies of all listed qualifications and associated academic transcripts**

**Declaration: Qualification and Professional Membership Verification**

I, \_\_\_\_\_; (insert name)

- I) certify that the information provided on this Form relates to me and is true and correct;
- II) consent to St Vincent's Private Hospital forwarding this form to the institutions and membership bodies written above and providing relevant information to the above organisation.
- III) consent to the institutions and membership bodies written above disclosing any information or records relating to me.
- IV) acknowledge that any information provided by me on this Form or by the institutions and membership bodies as a result of the records check

may be taken into account by St Vincent's Private Hospital in assessing the suitability of my application for employment. I understand that if, at some future date, information supplied in this application is found to be false or misleading, this would constitute sufficient grounds for the cancellation of my application or, if I am employed as a consequence of this application, the termination of my employment with St Vincent's Private Hospital.

Signature of Applicant

Date

*Privacy Statement: The information you provide on this form will only be used for the purposes for which you have provided it. It will not be disclosed without your consent unless legally required to do so*

<b>Have you ever been <u>employed</u> or had work experience with St Vincent's Private Hospital Lismore before?</b> <i>*If yes please give details of position, location, dates, referees etc.</i>	Yes / No
<b>Have you ever <u>applied</u> for a position with St Vincent's Private Hospital Lismore before?</b> <i>*If yes please give details of position, location, dates, referees etc.</i>	Yes / No
<b>Do you currently have, or have you had, any medical or physical condition which could affect your ability to safely meet the full demands of the position for which you have applied?</b> <i>*If yes please give details and what alterations to the position or workplace may be required.</i>	Yes / No
<b>Does the position you are applying for have significant financial responsibilities? e.g. accountant, bursar, business manager etc.</b> <i>*If yes, have you ever been declared bankrupt?</i>	Yes / No

<b>DOCUMENT</b>	<b>POINT RATING</b>
Drivers Licence	40
Passport (in current name)	70
Birth Certificate	70
Medicare Card	25
Documentation from Banking Institutions e.g. Credit Card, Statements etc Note: only one document from each Banking Institution	25
Council Rates Notice	25
Telephone Account	25
Electricity Account	25

**100 POINT DOCUMENT IDENTITY CHECK**

## **National Criminal History Check**

All positions within St Vincent's Private Hospital and St Joseph's Nursing Home require a current National Criminal History Check (valid 3 years from date of issue). It is requested that applicants obtain a National Criminal History Check prior to applying for a position.

Please submit a copy of your National Criminal History Check with your application. Should your application progress to an interview, you will be asked to bring along the original documentation along with 100 points of ID.

For information on how to apply for a National Criminal History Check please visit:

[www.nationalcrimecheck.com.au](http://www.nationalcrimecheck.com.au)

or phone: 1800 080 095

*Please note: While the National Criminal History Check is a requirement of employment of St Vincents Private Hospital & St Joseph's Nursing Home, the cost of the National Criminal History Check is the responsibility of the applicant and unsuccessful applicants will not be reimbursed for costs incurred in obtaining the check.*

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## **Working with Children Check**

Under the new Child Protection (Working with Children) Regulation 2013, it is now the responsibility of the employee to obtain a Working with Children Check before commencing child-related work.

Child-related positions at St Vincent's Private Hospital include:

- All nursing positions
- Wardsperson
- Childcare worker
- Volunteers

If you are applying for any of the above positions, please ensure you submit a Working with Children Check application number along with your application.

For information on how to apply for a Working with Children Check application number visit:

<https://wwccheck.cyp.nsw.gov.au/Applicants/Application#>

or phone: 02 9286 7219

*Please note: While the Working with Children Check is a requirement of employment at St Vincent's Private Hospital & St Joseph's Nursing Home, the Working with Children Check is the responsibility of the applicant and unsuccessful applicants will not be reimbursed for costs incurred in obtaining the check.*

# Statutory Declaration

## OATHS ACT 1900, NSW, NINTH SCHEDULE

I ..... of .....  
[Name of declarant] [Residence]

do hereby solemnly declare and affirm that: [Please tick or cross in applicable box]

- 1.
- Since turning 16 years of age, I have been a citizen or permanent resident of a country/countries other than Australia.
  - Since turning 16 years of age, I have never been a citizen or permanent resident of a country /countries other than Australia.

2. 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.

[the facts to be stated according to the declarant's knowledge, belief, or information, severally]

And I make this solemn declaration, as to the matter (or matters) aforesaid, according to the law in this behalf made – and subject to the punishment by law provided for any wilfully false statement in any such declaration.

Declared at: ..... on .....  
[Place] [Date]

.....  
[Signature of declarant]

in the presence of an authorised witness, who states:

I, ..... , a ..... ,  
[Name of authorised witness] [Qualification of authorised witness]

certify the following matters concerning the making of this statutory declaration by the person who made it: [\* please cross out any text that does not apply]

1. \*I saw the face of the person OR \*I did not see the face of the person because the person was wearing a face covering, but I am satisfied that the person had a special justification for not removing the covering, and
2. \*I have known the person for at least 12 months OR \*I have not known the person for at least 12 months, but I have confirmed the person's identity using an identification document and the document I relied on was.....  
[Describe identification document relied on]

.....  
[Signature of authorised witness]



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	Trademarks 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

## INFORMATION SHEET 1 – Risk categorisation guidelines

### Category A

Protection against the specified infectious diseases is required

**Direct physical contact** with:

- patients/clients
- deceased persons, body parts
- blood, body substances, infectious material or surfaces or equipment that might contain these (eg soiled linen, surgical equipment, syringes)

**Contact** that would allow the acquisition or transmission of diseases that are spread by **respiratory means**.

Includes persons:

- whose work requires frequent/prolonged face-to-face contact with patients or clients eg interviewing or counselling individual clients or small groups; performing reception duties in an emergency/outpatients department;
- whose 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, eg food services staff who deliver meals.

All persons working with the following high risk client groups or in the following high risk clinical areas are automatically considered to be **Category A**, regardless of duties.

#### High risk client groups

- Children less than 2 years of age including neonates and premature infants
- Pregnant women
- Immunocompromised clients

#### High risk clinical areas

- Ante-natal, peri-natal and post-natal areas including labour wards and recovery rooms
- Neonatal Intensive Care Units and Special Care Units
- Paediatric wards
- Transplant and oncology wards
- Intensive Care Units
- Emergency Departments
- Operating theatres, and recovery rooms treating restricted client groups
- Ambulance and paramedic care services
- Laboratories

**All health care students are Category A.**

### Category B

**Does not require protection against the specified infectious diseases as level of risk is no greater than that of the general community**

- Does not work with the high risk client groups or in the high risk clinical areas listed above.
- No direct physical contact with patients/clients, deceased persons, blood, body substances or infectious material or surfaces/equipment that might contain these.
- Normal work location is not in a clinical area, eg administrative staff not working in a ward environment, food services staff in kitchens.
- Only attends clinical areas infrequently and for short periods of time eg visits a ward occasionally on administrative duties; is a maintenance contractor undertaking work in a clinical area.
- Although such persons may come into incidental contact with patients (eg in elevators, cafeteria, etc) this would not normally constitute a greater level of risk than for the general community.

## INFORMATION SHEET 2 – Checklist: Evidence required from Category A applicants

### Evidence required to demonstrate protection against the specified infectious diseases

1. Acceptable evidence of protection against specified infectious diseases includes:
  - a written record of vaccination signed by the medical practitioner, and/or
  - serological confirmation of protection, and/or
  - other evidence, as specified in the table below.
  - **NB:** the health facility may require further evidence of protection, eg serology, if the vaccination record does not contain vaccine brand and batch or official certification from vaccination provider (eg clinic/practice stamp)
2. **TST screening is required if the person was born in a country with a high incidence of TB, or has resided for a cumulative time of 3 months or longer in a country with a high incidence of TB.**
3. In certain specialised clinical settings, for example, in transplant, oncology or neonatal wards, the health facility *may* require serological evidence of protection (in addition to evidence of vaccination or other evidence) to ensure that the risk to vulnerable patients is minimised.

Disease	Evidence of vaccination	Documented serology results	Other acceptable evidence
<b>Diphtheria, tetanus, pertussis (whooping cough)</b>	<input type="checkbox"/> One <u>adult</u> dose of diphtheria/ tetanus/ pertussis vaccine (dTpa). <b><u>Not ADT.</u></b>	<b>Serology will not be accepted</b>	<b>Not applicable</b>
<b>Hepatitis B</b>	<input type="checkbox"/> History of completed age-appropriate course of hepatitis B vaccine. <b>Not “accelerated” course.</b>	<input type="checkbox"/> Anti-HBs greater than or equal to 10mIU/mL	<input type="checkbox"/> Documented evidence of anti-HBc, indicating past hepatitis B infection
<b>Measles, mumps, rubella (MMR)</b>	<input type="checkbox"/> 2 doses of MMR vaccine at least one month apart	<input type="checkbox"/> Positive IgG for measles, mumps and rubella	<input type="checkbox"/> Birth date before 1966
<b>Varicella (chickenpox)</b>	<input type="checkbox"/> 2 doses of varicella vaccine at least one month apart (evidence of one dose is sufficient if the person was vaccinated before 14 years of age)	<input type="checkbox"/> Positive IgG for varicella	<input type="checkbox"/> History of chickenpox or physician-diagnosed shingles (serotest if uncertain)
<b>Tuberculosis (TB)</b>		<b>Not applicable</b>	<input type="checkbox"/> Tuberculin skin test (TST)
<b>See note 2 above for list of persons requiring TST screening</b>	<b>Not applicable</b>	Note: interferon-gamma release immunoassay (IGRA) is not generally accepted. In the event that an IGRA has been performed, screening by TST will be required if the IGRA result is negative or equivocal.  Persons with positive TST/IGRA must be fully assessed by a TB service within 3 months of commencement of clinical duties or clinical placement and must be asymptomatic when commencing clinical duties or clinical placement.	

## INFORMATION SHEET 3 – Specified infectious diseases: risks, consequences of exposure and protective measures

The following table provides a brief description of the infectious diseases specified in this policy directive and links to further information, including risks of infection, consequences of infection and, where relevant, management in the event of exposure.

Fact sheets on each of the listed diseases are available in an A-Z list on the NSW Health website at:

<http://www.health.nsw.gov.au/factsheets/infectious/index.asp>

The *Australian Immunisation Handbook (current edition)* is available online at:

<http://www.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook-home>

### Hepatitis B (HBV)

Blood-borne viral disease. Can lead to a range of diseases including 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/needlestick, unprotected sex or from HBV positive mother to child during birth. Specific at risk groups include: health care workers, sex partners of infected people, injecting drug users, haemodialysis patients. Management in the event of exposure: see <http://www.health.nsw.gov.au/factsheets/guideline/hepb.html>.

### Diphtheria

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. Management in the event of exposure: see <http://www.health.nsw.gov.au/factsheets/guideline/diphtheria.html>.

### Tetanus

Infection from a bacterium usually found in soil, dust and animal faeces. Toxin from the bacterium can attack the nervous system. Although the disease is now fairly uncommon, it can be fatal. Not spread from person to person. Generally occurs through injury. Neonatal tetanus can occur in babies of inadequately immunised mothers. Mostly older adults who were never adequately immunised. Management in the event of exposure: see <http://www.health.nsw.gov.au/factsheets/guideline/tetanus.html>.

### Pertussis (Whooping cough)

Highly infectious bacterial infection, spread by respiratory droplets through coughing or sneezing. Cough that persists for more than 3 weeks and, in children, may be accompanied by paroxysms, resulting in a “whoop” sound or vomiting. Anyone not immune through vaccination is at risk of infection and/or transmission. Can be fatal, especially in babies under 12 months of age. Management in the event of exposure: see <http://www.health.nsw.gov.au/factsheets/guideline/pertusis.html>.

### Measles

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 1st dose and children over 4 years of age who have not had a 2nd dose. Management in the event of exposure: see <http://www.health.nsw.gov.au/factsheets/guideline/measles.html>.

### Mumps

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 serious complications, eg swelling of testes or ovaries; encephalitis or meningitis may occur rarely. Management in the event of exposure: see <http://www.health.nsw.gov.au/factsheets/guideline/mumps.html>.

### Rubella (German Measles)

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. In early pregnancy, can cause birth defects or miscarriage. Management in the event of exposure: see <http://www.health.nsw.gov.au/factsheets/guideline/rubella.html>.

### Varicella (Chicken pox)

Viral disease, relatively minor in children, but can be severe in adults and immunosuppressed persons, leading to pneumonia or inflammation of the brain. In pregnancy, can cause foetal 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. Management in the event of exposure: see <http://www.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook-varicella>.

### Tuberculosis (TB)

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. Management in the event of exposure: see <http://www.health.nsw.gov.au/factsheets/guideline/tuberculosis.html>.

### Seasonal influenza (Flu)

Viral infection, with the virus regularly changing. 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, eg handshake. Spreads most easily in confined and crowded spaces. Anyone not immune through annual vaccination is at risk, but the elderly and small children are at most risk of infection. Management in the event of exposure: see <http://www.health.nsw.gov.au/factsheets/guideline/influenza.html>.

## FORM 1 – New Recruit Undertaking/Declaration (Category A)

- All new recruits must **complete each part of this *New Recruit Undertaking/Declaration Form*** and the ***Tuberculosis (TB) Screening Assessment Tool*** and return these forms to the employing health facility as soon as possible. The health service will assess these forms along with evidence of protection against the infectious diseases specified in this policy directive.
- New recruits will not be permitted to commence duties if they have not submitted a *New Recruit Undertaking/ Declaration Form* and a *Form 2: Tuberculosis Assessment Tool*.
- Failure to complete outstanding hepatitis B or TB requirements within the appropriate timeframe(s) will result in serious consequences and may affect the new recruit's employment status.

**Part 1**       I have read and understand the requirements of the NSW Health Occupational Assessment, Screening and Vaccination against Specified Infectious Diseases Policy Directive.

**Part 2**       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**

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.

**Part 3**      I have evidence of protection for:

pertussis       diphtheria       tetanus  
 varicella       measles       mumps       rubella

**Part 4**       I have evidence of protection for hepatitis B

**OR**

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 the *Australian Immunisation Handbook*, current edition) and provide a post-vaccination serology result within six months of appointment/commencement of duties.

**Part 5**       I have been informed of, and understand, the risks of infection, the consequences of infection and management in the event of exposure (*refer Information Sheet 3: Specified Infectious Diseases: Risks, consequences of exposure and protective measures*) and agree to comply with the protective measures required by the health service.

**I declare that the information I have provided is correct**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ or Email: \_\_\_\_\_

Department: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## FORM 2 – Tuberculosis (TB) assessment tool (Category A)

- A New Recruit/Student will require TST screening if he/she was born in a country with a high incidence of TB, or has resided for a cumulative time of 3 months or longer in a country with a high incidence of TB.
- The Hospital will assess this form and decide whether clinical review/testing for TB is required. Indicate if you would prefer to provide this information in private consultation with a clinician.
- **New recruits** will not be permitted to commence duties if they have not submitted this *Form* and *Form 1: New Recruit Undertaking/Declaration* to the employing health facility. Failure to complete outstanding TB requirements within the appropriate timeframe(s) may affect the new recruit's employment status

<p><b><u>Clinical History</u></b></p> <p>Cough for longer than 2 weeks                      Yes <input type="checkbox"/>    No <input type="checkbox"/></p> <p><b><i>Please provide information below if you have any of the following symptoms:</i></b></p> <p>Haemoptysis (coughing blood)                      Yes <input type="checkbox"/>    No <input type="checkbox"/></p> <p>Fevers / Chills / Temperatures                      Yes <input type="checkbox"/>    No <input type="checkbox"/></p> <p>Night Sweats    Yes <input type="checkbox"/>    No <input type="checkbox"/></p> <p>Fatigue / Weakness                                      Yes <input type="checkbox"/>    No <input type="checkbox"/></p> <p>Anorexia (loss of appetite)                              Yes <input type="checkbox"/>    No <input type="checkbox"/></p> <p>Unexplained Weight Loss                              Yes <input type="checkbox"/>    No <input type="checkbox"/></p>	<p><b><u>Assessment of risk of TB infection</u></b></p> <p><b>Were you born outside Australia?</b>                      Yes <input type="checkbox"/>    No <input type="checkbox"/></p> <p>If yes, where were you born?          .....          .....</p> <p><b>Have you lived or travelled overseas?</b>                      Yes <input type="checkbox"/>    No <input type="checkbox"/></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Country</td> <td style="width: 50%; border: none;">Amount of time lived/ travelled in country</td> </tr> <tr> <td style="border: none;">.....</td> <td style="border: none;">.....</td> </tr> <tr> <td style="border: none;">.....</td> <td style="border: none;">.....</td> </tr> <tr> <td style="border: none;">.....</td> <td style="border: none;">.....</td> </tr> </table>	Country	Amount of time lived/ travelled in country	.....	.....	.....	.....	.....	.....
Country	Amount of time lived/ travelled in country								
.....	.....								
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.....	.....								

<p><b><i>Have you ever had:</i></b></p> <p><b>Contact with a person known to have TB?</b></p> <p>If yes, provide details below                      Yes <input type="checkbox"/>    No <input type="checkbox"/></p>	<p><b><i>Have you ever had:</i></b></p> <p><b>TB Screening</b>                      Yes <input type="checkbox"/>    No <input type="checkbox"/></p> <p>If yes, provide details below and attach documentation</p>
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If you answered **YES** to any of the questions above, please provide details (attach extra pages if required).

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**I declare that the information I have provided is correct**

Name: \_\_\_\_\_

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Phone: \_\_\_\_\_ or Email: \_\_\_\_\_

Department: \_\_\_\_\_