



### Headspace Brookvale and Chatswood GP Application

Dear General Practitioner

Thank you for your interest in being a part of the headspace initiative in Northern Sydney. As lead agent for headspace Brookvale and Chatswood, NSLHD has developed a recruitment process for applications for GP's.

The following application form has been developed. We ask that you complete this form and also attach:

1. A covering letter addressing the selection criteria of the attached position description;
2. Your Resume;
3. NSW Medical Board Registration

Once completed, please return the forms to:

Ms Hema Setty  
Medical Workforce Manager  
Mental Health Drug and Alcohol  
[Hema.setty@health.nsw.gov.au](mailto:Hema.setty@health.nsw.gov.au)

Ph: 9887 5563 Fax: 9887 5678

Yours Sincerely

Hema Setty  
Medical Workforce Manager  
MHDA

# Application for Appointment – Senior Medical Officers and Dentists (GP headspace Chatswood & Brookvale)

## PLEASE NOTE:

- The information you provide is confidential.
- Equality of Employment Opportunity is NSW Health Policy.
- Appointment is subject to proof of eligibility to work in Australia.
- Any statement on this form which is found to be deliberately misleading will make you, if appointed, liable for dismissal.

## SECTION A – CONTACT DETAILS

**SURNAME:** \_\_\_\_\_ **GIVEN NAME/S:** \_\_\_\_\_  
*(Preferred title: Mr / Mrs / Ms / Miss / Dr / Prof / A/Prof (Circle whichever applicable))*

**POSTAL ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_ **POSTCODE:** \_\_\_\_\_

**TELEPHONE / FAX / EMAIL:**

Business: \_\_\_\_\_ Private: \_\_\_\_\_ Fax: \_\_\_\_\_  
Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

## SECTION B – APPLICANT DETAILS

### WORK HISTORY & QUALIFICATIONS

**You must attach a current CV which includes current and historical employment and qualifications information.**

**MEDICAL /DENTAL REGISTRATION (AHPRA) NUMBER:** \_\_\_\_\_  
*(Note NSLHD will verify your registration via the AHPRA public registration database)*

**MEDICAL/DENTAL INDEMNITY INSURANCE:** \_\_\_\_\_  
*(Attach current evidence)*

**MEDICARE PROVIDER NUMBERS AND LOCATIONS:** \_\_\_\_\_

- Would you require a 19AB exemption from Medicare Australia to obtain a provider number for the location of this position? Yes  No

### RESIDENCY STATUS

Australian Citizens and Permanent Residents:

- **Are you a citizen or permanent resident of Australia?** Yes  No   
*You must provide evidence of your Citizenship or Permanent Residency with this application (e.g. copy of passport front page or permanent residency visa if applicable).*

Temporary Residents

- **Are you a temporary resident of Australia?** Yes  No   
*You must provide evidence of your visa with this application.*

Overseas Applicants

Overseas applicants (i.e. applicants who do not hold a current visa to Australia at the time of application, including citizens and permanent residents of New Zealand) must provide the following documents prior to commencing in the position (if appointed):

- A police clearance from your home country and any country you have resided in/or been employed in (incorporating any charges you may have against your name).

- If unable to provide Police clearances, you must complete a Statutory Declaration stating you have no pending criminal charges or convictions from any country in which you have resided or been employed. If you do have such records, you must list date of offence, type of offence and court outcome. Note that this does not preclude an offer of appointment. A Statutory Declaration form is available on request.
- Certified copies of 100-points of identification in English, or a certified English translation must be provided. Once you arrive in Australia the original documents must be sighted by the employer and copied for the Area's file.

**Attach (overseas applicants only):** Police Clearances  OR Statutory Declaration  OR  
 I will submit Police Clearances or Statutory Declaration prior to commencement (if appointed)

**NEXT OF KIN / CONTACT PERSON IN CASE OF EMERGENCY:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Telephone Numbers: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

**SECTION C – REGISTRATION, PRIVILEGING ACTION & LEGAL HISTORY**

- **Have you ever had any clinical privileges refused, withdrawn or reduced, or appointments terminated at other health care organisations?**

If yes, please give details: Yes  No   
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- **Has your registration in any jurisdiction ever been revoked or restricted?** Yes  No

If yes, please give details:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- **Have you ever been declined or had any reduction placed on medical/dental indemnity insurance?** Yes  No  If yes, please give details:

\_\_\_\_\_

**DECLARATION**

I, \_\_\_\_\_ certify that the information supplied with this application is true and correct.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

**SECTION D – APPROVALS TO OBTAIN INFORMATION**

I give authority for an authorised representative of NSLHD to obtain relevant information from:-

1. The Medical Board of Australia, the Dental Board of Australia, the NSW Medical Council, and any equivalent overseas registration organisations in relation to any conditions placed on my practice, the nature of any outstanding complaints, whether there is any pending disciplinary action against me, and any information about my past performance as a medical practitioner.
2. The Medical/Dental Defence Organisation in relation to any conditions placed on my indemnity and/or my insurance arrangements, the nature of any outstanding complaints and whether there are any pending or actual claims against me, and any information about my past performance as a medical practitioner.
3. The Health Care Complaints Commission in relation to the nature of any complaints and investigations and whether there is any pending disciplinary action against me, and any information about my past performance as a medical practitioner.
4. Northern Sydney Local Health District is authorised to obtain information as to any past performance as a medical/dental practitioner, as to any performance and disciplinary matters (resolved or unresolved), and any conditions placed on practice.

NSLHD recognises that this information is confidential and will not release it to any person who is not involved in the management of my appointment or contractual arrangements.

PRINTED NAME

SIGNATURE

DATE

**SECTION E – APPROVAL TO SOLICIT COLLEGE FOR CURRENT STANDING**

**CONFIDENTIAL**

**Re: Approval to Solicit for Status within the  
Relevant Specialist College**

It is a requirement for Northern Sydney Local health District to be informed of your current standing with the relevant specialist college. Due to privacy laws within some of the colleges, authorisation by the applicant is required.

Would you please sign the authorisation below and return it with your application.

I hereby authorise NSLHD to request my status with the relevant specialist college.<sup>1</sup>

Name of Specialist College:

(e.g. RACP, RACS)

NSLHD recognises that this information is confidential and will not release it to any person who is not involved in the management of my appointment or contractual arrangements.

PRINTED NAME

SIGNATURE

DATE

<sup>1</sup> This may include overseas specialist colleges

## SECTION F – EXPOSURE PRONE PROCEDURES (EPP), NSW POISONS LIST and HEALTH DECLARATIONS

### 1. Exposure Prone Procedures

As a Health Care Worker who performs Exposure Prone Procedures you have a professional responsibility to take appropriate steps to know your infective status in relation to HIV, Hepatitis B and C. (Department of Health Policy PD2005\_162). You are also required to check your serology status every 12 months.

If you perform EPP, Northern Sydney Local Health District expects you to follow the above requirements, and where your status is positive, remove yourself from EPP.

If you perform EPP, you must provide the Occupational Staff Health Service with documented evidence of your Hepatitis B immunity status.

A Health Care Worker who is either HIV positive or HCV PCR positive or HBeAg positive or HBV DNA positive **must not** perform EPP.

#### Declaration:

As a Health Care Worker who performs EPP, I have taken appropriate steps to know my HIV, Hepatitis B and C infective status and will follow the requirements of PD2005\_162 and NSLHD as outlined in the above.

### 2. NSW Poisons List

Under the provisions of the Poisons and Therapeutic Goods Regulation 1994, I declare that my authority as a medical practitioner/dentist to be in possession of, prescribe, supply, dispense or administer drugs of addiction (Schedule 8 of the NSW Poisons List), as the case may be, has not been withdrawn by the Director-General, NSW Health Department.

*(If the above statement is not correct, please cross out paragraph and attach relevant information.)*

### 3. Health Declaration

I hereby declare that the statements and answers are true and correct to the best of my knowledge. I am aware of the inherent job requirements for the position. I understand the requirements of the position and make the following declaration. **(Please tick the relevant statement):**

I am not aware of any health condition/s (physical or mental) which may prevent me from performing the inherent requirements of this position or which might lead to foreseeable injury to myself or others in the course of my work; I am aware that any false or misleading statements may impact on my appointment or continued employment with Northern Sydney Local Health District.

OR

I have a health condition that may require the employer to provide me with services or workplace adjustments so that I can adequately perform the inherent job requirements of this position. I am aware that any false or misleading statements may impact on my appointment or continued employment with Northern Sydney Local Health District.

I agree to the release of medical information to my employer that directly relates to my ability to carry out the tasks adequately and safely in this position.

I, \_\_\_\_\_ certify that this information is true and correct.

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

# 100 Point Identification Checklist

**Instructions**

- (a) The 100 point identification check **must** be completed and checked against the applicant’s completed *NSW Health National Criminal Record Check Consent Form* prior to lodgement of a National Criminal Record Check (or National Criminal Record Check for Aged Care purposes). \*
- (b) Employers are required to sight **original** identifying documents (scanned or photocopied certified copies are not acceptable), as listed on page 2, and ensure that an appropriately delegated officer checks the details and completes the record of identifying documents below. There is no requirement to retain copies of the identifying documents.
- (c) Identification **must** be current and **must** include at least one type of photographic ID and identification that contains a signature and date of birth. Passport and/or Driver’s License are preferred.
- (d) The point score of documents produced must total at least 100 points (refer to page 2).
- (e) **The applicant must provide evidence of ability to work in Australia:** If their documents do not include an Australian or New Zealand passport or an Australian birth or citizenship certificate, an appropriate visa or work permit allowing the person to work in Australia must be sighted.

Applicant’s Full Name: \_\_\_\_\_

Mandatory record of identifying documents sighted:						
Description of document	Full name on document	Date issued	Place/ Office of issue/ issuing organisation	Expiry date	Checked Against Consent Form *	Points
Mandatory record of document sighted that confirm person’s ability to work in Australia						
<b>Total points</b>						

I have checked the details provided above against the applicant’s National Criminal Record Check consent form as required at point (a) above, and I confirm:  
 The names in the ID documents are included in the consent form, and  
 Any reference numbers for documents detailed in the consent form match those I have sighted today, and  
 The applicant has provided evidence that they are allowed to work in Australia, as required at point (e) above.

I have also confirmed with the applicant that all aliases / former / middle names are included in the consent form. (Note: Failure to include all names may warrant the check invalid).

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

Position: \_\_\_\_\_

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

DOCUMENTS		POINTS
<b>Primary - Only one form of identification accepted from this category:</b> <ul style="list-style-type: none"> <li>- Birth Certificate /Birth Extract</li> <li>- Australian Citizenship Certificate</li> <li>- Australian passport (current or expired within the past two years but not cancelled)</li> <li>- International passport (current or expired within the past two years but not cancelled)</li> <li>- Other document of identity having same characteristics as a passport e.g. diplomatic /refugee (Photo or signature)</li> </ul>		70
<b>Secondary – the initial secondary document will score 40 points, any additional documents will be awarded 25 points each:</b> <ul style="list-style-type: none"> <li>- Current Licence or Permit (Government Issued)</li> <li>- Current driver photo licence issued by an Australian state or territory</li> <li>- ASIC/MSIC Card</li> <li>- Working with Children /Teachers Registration Card</li> <li>- Public Employee Photo ID (Government Issued)</li> <li>- Department of Veterans Affairs Card</li> <li>- Centrelink Pensioner Concession Card or Health Care Card</li> <li>- Current Tertiary Education Institution Photo ID.</li> <li>- Reference from a Doctor (must have known the applicant for a period of at least 12 months)</li> </ul>		40 or 25
<ul style="list-style-type: none"> <li>- Foreign driver's licence</li> <li>- Proof of aged card (Government issued)</li> <li>- Medicare Card / private Health Care Card</li> <li>- Council rates notice</li> <li>- Property Lease/rent agreement</li> <li>- Property Insurance Papers</li> <li>- Tax Declaration</li> <li>- Superannuation Statement</li> <li>- Seniors Card</li> <li>- Electoral roll compiled by the Australian Electoral Commission</li> <li>- Motor Vehicle Registration or Insurance Documents</li> <li>- Professional or Trade Association Card</li> </ul>		25
<b>If more than one of these documents are used, they must be from different organisations:</b> <ul style="list-style-type: none"> <li>- Current Utility bills (e.g. telephone, water, gas or electricity)</li> <li>- Credit / Debit card</li> <li>- Bank Statement /Passbook</li> </ul>		25
SPECIAL PROVISIONS ONLY TO BE USED IF 100 POINT CHECK ABOVE CANNOT BE MET		
The full 100 point check is required when the applicant has been in Australia for longer than 6 weeks	For recent arrivals in Australia (6 weeks or less – proof of arrival date required) current passport	100
Aboriginal person or Torres Strait Islander resident in a remote area /community	Identity of applicant ordinarily resident in an isolated area verified by <b>TWO</b> persons recognised as ' <b>Community Leaders</b> ' of the community to which the applicant belongs	100
Child under 18 years of age	<ul style="list-style-type: none"> <li>- Birth Certificate /Birth Extract</li> <li>- Australian Citizenship Certificate</li> <li>- Australian passport (current or expired within the past two years but not cancelled)</li> <li>- International passport (current or expired within the past two years but not cancelled)</li> <li>- Other document of identity having same characteristics as a passport e.g. diplomatic /refugee (Photo or signature)</li> </ul> <b>Or</b> Statement from an educational institution, signed by the principal or deputy principal, confirming that the child attends the institution (statement must be on the institution's letterhead)	100

National Criminal Record Check Consent Form

## NATIONAL CRIMINAL RECORD CHECK CONSENT FORM

Please read the General Information sheet attached and complete all sections of this Form. Provide all names which you are currently known by, or have ever been known by, including aliases and any name changes, including by Marriage or by Deed Poll. NSW Health is required to sight your original identifying documents as per NSW Health's 100 point ID Checklist.

Is this a renewal check (Aged Care Only)  Yes  No

		Family Name		Given Name (Primary)	Given Name 2	Given Name 3
<b>Primary Name</b>						
<b>Maiden Name</b>						
<b>Previous/Alias Name 1</b>						
<b>Previous/Alias Name 2</b>						
<b>Previous/Alias Name 3</b>						
<b>Previous/Alias Name 4</b>		<input type="checkbox"/>	<input type="checkbox"/>			
<b>Gender</b>	Male	Female	Other	<b>Date of Birth</b>	/ /	(dd/mm/yyyy)
<b>Place of Birth</b>		<b>Suburb/Town:</b>				
		<b>State:</b>		<b>Country:</b>		
<b>Current Residential Address</b>		<b>No/Street:</b>				
		<b>Suburb/Town:</b>				
		<b>State:</b>		<b>Postcode:</b>		<b>Country:</b>
<b>Postal Address</b> (if same as Residential Address, write "As Above")						
<b>Previous Address (over the last 5 years) - If full details of previous addresses are unavailable, names of towns and States/Territories of residence will suffice.</b>						
<b>Previous Address</b> (if any)	<b>No/Street:</b>		<b>Period of Residence: Provide year only if full date unknown</b>			
	<b>Suburb/Town:</b>				<b>From:</b>	<b>To:</b>
	<b>State:</b>	<b>Postcode:</b>	<b>Country:</b>			
<b>Previous Address</b> (if any)	<b>No/Street:</b>		<b>Period of Residence</b>			
	<b>Suburb/Town:</b>				<b>From:</b>	<b>To:</b>
	<b>State:</b>	<b>Postcode:</b>	<b>Country:</b>			
<b>Previous Address</b> (if any)	<b>No/Street:</b>		<b>Period of Residence</b>			
	<b>Suburb/Town:</b>				<b>From:</b>	<b>To:</b>
	<b>State:</b>	<b>Postcode:</b>	<b>Country:</b>			
<b>Email</b>						
<b>Telephone No</b>	<b>Mobile:</b>		<b>Business:</b>		<b>Private:</b>	
<b>Position</b>				<b>Type of Position</b>	<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer <input type="checkbox"/> Other	
<b>If you have used one of these documents to verify your identity, please fill in these details:</b>						
<b>Driver's Licence</b> (Number)					<b>Issuing State:</b>	
<b>Firearms Licence</b> (Number)					<b>Issuing Agency:</b>	
<b>Passport Details</b> (Number)		<b>Type:</b> <input type="checkbox"/> Private <input type="checkbox"/> Government <input type="checkbox"/> UN Refugee			<b>Issuing Country:</b>	

1. I acknowledge that I have read the General Information sheet and understand that Spent Convictions Legislation, in the Criminal Records Act 1991 in the Commonwealth and many States and Territories protects "spent convictions" from disclosure and understand that the position for which I am being considered may be in a category for which exclusions from Spent Convictions legislation apply.
2. I have fully completed this Form, and the personal information I have provided in it relates to me, contains my full name and all names currently and previously used by me, and is correct;
3. I acknowledge that the provision of false or misleading information is a serious offence and acknowledge NSW Health is collecting information in this Form to provide to CrimTrac Agency (an Agency of the Commonwealth of Australia) and the Australian Police Agencies.
4. I consent to:
  - i. NSW Health forwarding details obtained from this form to the CrimTrac Agency and to Australian police agencies or other relevant law enforcement agencies, if required.



National Criminal Record Check Consent Form

5. I consent to:
- i. The CrimTrac Agency disclosing personal information about me to the Australian police agencies;
  - ii. The Australian police agencies disclosing to CrimTrac Agency, from their records, details of convictions and outstanding charges, including findings of guilt or the acceptance of a plea of guilty by a court, that can be disclosed in accordance with the laws of the Commonwealth and States and Territories and, in the absence of any laws governing disclosure of this information, disclosing in accordance with the policies of the police agency concerned; and
  - iii. The CrimTrac Agency providing the information disclosed by the Australian police agencies, to NSW Health in accordance with the laws of the Commonwealth so that NSW Health may assess my suitability in relation to my employment
  - iv. ; and
6. I acknowledge that any information provided by me on this form and information provided by the Australian police agencies or the CrimTrac Agency relates specifically .to the position detailed above.
7. ; and
8. I acknowledge that it is usual practice for an applicant's personal information to be disclosed to the Australian police agencies for them to use for their respective law enforcement purposes including the investigation of any outstanding criminal offences.

I am aware that if any such records are identified, NSW Health may seek additional information relating to that record from sources such as courts, police, prosecutors and past employers. I understand that the purpose of seeking this information is to enable a full and informed employment risk assessment and that where other information is available, NSW Health will obtain that information for employment risk assessment purposes only. I acknowledge that any information obtained as part of this process may be used by Australian Police Services for law enforcement purposes including the investigation of any outstanding criminal offences.

**Note: The information you provide on this form, and which the CrimTrac Agency provides to NSW Health on receipt of this Form, will only be used for the purposes stated above, unless statutory obligations require otherwise.**

Applicant's  
Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Guardian Consent** - If you are under 18 years of age, a parent or guardian must provide consent.

Parent / Guardian Details

Name  
(printed  
in full): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## GENERAL INFORMATION - National Criminal Record Check Consent Form

This Form is used by NSW Health as part of the assessment process to determine whether a person is suitable for employment or other engagement for work.

Unless statutory obligations require otherwise, the information provided on this Form will not be used without your prior consent for any purpose other than in relation to the assessment by NSW Health of your suitability for the position identified in the consent form. You may be required to complete another consent form in the future in relation to employment in other positions.

### NATIONAL CRIMINAL RECORD CHECK

- a) National criminal record checks are an integral part of the assessment of your suitability. You should note that the existence of a record does not mean you will be assessed automatically as being unsuitable. Each case will be assessed on its merit, so it is in your interest to provide full and frank details on this form. Information extracted from the Form will be forwarded to the CrimTrac Agency and to the Australian State and Territory police agencies for checking action. By signing this Form you are consenting to these agencies accessing their records to obtain and to disclose criminal history information that relates to you to NSW Health .

Criminal history information may include outstanding charges, and criminal convictions/findings of guilt recorded against you that may be disclosed according to the laws of the relevant jurisdiction and, in the absence of any laws governing the release of that information, according to the relevant jurisdiction's information release policy.

### SPENT CONVICTION SCHEMES

The aim of Spent Convictions legislation is to prevent discrimination on the basis of certain previous convictions. Spent conviction legislation limits the use and disclosure of older, less serious convictions and findings of guilt.

Spent convictions of specific offences will be released where the check is required for certain purposes regardless of how old the convictions are. Each Australian police agency will apply the relevant Spent Convictions legislation/information release policy prior to disclosure. If further information or clarification is required please contact the individual police agency directly for further information about their release policies and any legislation that affects them.

### COMMONWEALTH

Part VIIC of the Crimes Act 1914 (Cth) deals with aspects of the collection, use and disclosure of old conviction information. The main element of this law is a "Spent Convictions Scheme." The aim of the Scheme is to prevent discrimination on the basis of certain previous convictions, once a waiting period (usually 10 years) has passed and provided the individual has not reoffended during this period. The Scheme also covers situations where an individual has had a conviction "quashed" or has been "pardoned." A "spent conviction" is a conviction of a Commonwealth, Territory, State or foreign offence that satisfies all of the following conditions:

- It is 10 years since the date of the conviction (or 5 years for juvenile offenders); AND
- the individual was not sentenced to imprisonment or was not sentenced to imprisonment for more than 30 months; AND
- the individual has not re-offended during the 10 years (5 years for juvenile offenders) waiting period; AND
- a statutory or prescribed exclusion does not apply. (A full list of exclusions is available from the Office of the Australian Information Commissioner).

### NEW SOUTH WALES

In New South Wales the *Criminal Records Act 1991* (NSW) governs the effect of a person's conviction for a relatively minor offence if the person completes a period of crime-free behaviour, and makes provision with respect to quashed convictions and pardons.

A "quashed" conviction is a conviction that has been set aside by the Court. A "pardon" means a free and absolute pardon that has been granted to a person because they were wrongly convicted of a Commonwealth, Territory, State or foreign offence.

In relation to NSW convictions, a conviction generally becomes a "spent conviction" if a person has had a ten year crime-free period from the date of the conviction. However, certain convictions may not become spent convictions. These include:

- where a prison sentence of more than 6 months has been imposed (periodic or home detention is not considered a prison sentence);
- convictions imposed against companies and other corporate bodies;
- sexual offences pursuant to the *Criminal Records Act 1991*; and
- convictions prescribed by the Regulations.

## GENERAL INFORMATION - National Criminal Record Check Consent Form

### Queensland

Under the Criminal Law (Rehabilitation of Offenders) Act 1986 (Qld) a conviction automatically becomes spent upon completion of the prescribed (rehabilitation) period. This period is:

- 10 years for convictions of indictable offences where the offender was an adult at the time of conviction; and
- 5 years for other convictions (summary offences or where the offender was a juvenile).

Where a person is convicted of a subsequent offence (an offence other than a simple or regulatory offence) during the rehabilitation period, the period runs from the date of the subsequent conviction.

Convictions where the offender is sentenced to more than 30 months imprisonment (whether or not that sentence is suspended) are excluded from the regime.

Once the rehabilitation period has expired, it is lawful for a person to deny (including under oath) that the person has been convicted of the offence, and the conviction must be disregarded for occupational licensing purposes (subject to certain exceptions, see below). It is unlawful for any person to disclose the conviction unless:

- the convicted person consents;
- the Minister has granted a permit authorising disclosure (where there is a legitimate and sufficient purpose for disclosing);
- the disclosure is subject to an exemption.

### South Australia

Release of information on a National Police Check is governed by the Spent Convictions Act 2009 (SA). It is an offence to release information regarding the convictions of a person if those convictions are deemed to be 'spent' under the Act.

A spent conviction is one that cannot be disclosed or taken into consideration for any purpose. Eligible convictions become spent following a 10-year conviction and proven offence-free period for adults, and a 5-year conviction and proven offence-free period for juveniles. The Act defines a conviction as:

- a formal finding of guilt by a Court;
- a finding by a Court that an offence has been proved.

Certain convictions can never be spent. These include but are not limited to:

- convictions of sex offences;
- convictions where a sentence is imposed of more than 12 months
- imprisonment for an adult, or 24 months imprisonment for a juvenile.

Schedule 1 of the Act sets out a number of exceptions to the rule where spent convictions can be released. Some examples of this include: the care of children; the care of vulnerable people (including the aged and persons with a disability, illness or impairment); activities associated with statutory character tests for licensing.

Interstate offences are released in accordance with that State or Territory's spent conviction / rehabilitation legislation and policy. Intelligence-type information is not released.

### Victoria Police

For the purposes of employment, voluntary work or occupational licensing/ registration, police may restrict the release of a person's police record according to the Victoria Police "Information Release Policy." If you have a police record, the "Information Release Policy" may take into account the age of the police record and the purpose for which the information is being released. If 10 years have elapsed since you were last found guilty of an offence, police will, in most instances, advise that you have no disclosable court outcomes. However, a record over 10 years may be released if:

- it includes a term of imprisonment longer than 30 months;
- it includes a serious, violent or sexual offence and the check is for the purpose of working with children, elderly people or disabled people;
- it is in the interests of crime prevention or public safety.

Findings of guilt without conviction and good behaviour bonds may be released. Recent charges or outstanding matters under investigation that have not yet gone to court may also be released.

### Western Australia

Under Section 7(1) of the Spent Convictions Act 1988 (WA) only "lesser convictions" can be spent by Western Australia Police, after a time period of 10 years plus any term of imprisonment that may have been imposed. A lesser conviction is one for which imprisonment of 12 months or less, or a fine of less than \$15,000 was imposed.

All other convictions, such as "serious convictions" applicable under Section 6 of the Act can only be spent by applying to the District Court. At the time of sentencing, the Court may make a "spent conviction order" under the Sentencing Act 1995 (WA) that the conviction is a spent conviction for the purposes of the Spent Convictions Act 1988 (WA).

## Northern Territory

Under the Criminal Records (Spent Convictions) Act 1992 (NT), a conviction becomes spent automatically (in the case of an adult or juvenile offender convicted in a Juvenile Court) and by application to the Police Commissioner (in the case of a juvenile convicted in an adult court) upon completion of the prescribed period. The prescribed period is:

- 10 years for offences committed while an adult; and
- 5 years for offences committed as a juvenile.

The period starts on completion of any sentence of imprisonment. A subsequent traffic conviction is only taken into account for prior traffic offences (except more serious traffic offences which cause injury or death).

Once a conviction becomes spent:

- a person is not required to disclose the existence of the conviction;
- questions relating to convictions and a person's criminal record will be taken only to apply to unspent convictions;
- it is unlawful for another person to disclose the existence of a spent conviction except as authorised by the Act;
- spent convictions are not to be taken account in making decisions about the convicted person's character or fitness.

## Australian Capital Territory

Generally, under the Spent Convictions Act 2000 (ACT), a conviction becomes spent automatically at the completion of the prescribed (crime-free) period.

This period is:

- 10 years for convictions recorded as an adult; or
- 5 years for convictions recorded as a juvenile

The period begins to run from the date a sentence of imprisonment is completed, or, where no sentence of imprisonment is imposed, from the date of conviction. A person must not be subject to a control order or convicted of an offence punishable by imprisonment during this period. If a person is convicted of an offence, which was committed in the crime-free period, but the conviction is not incurred until after the crime-free period, the spent conviction may be revived and will not become spent again until the offender has achieved the relevant crime-free period in respect of the later offence.

The effect of conviction becoming spent is that:

- the convicted person is not required to disclose any information concerning the spent conviction;
- any question concerning criminal history is taken only to apply to unspent convictions;
- references in Acts or statutory instruments to convictions or character or fitness does not include spent convictions, and it is an offence to disclose information regarding spent convictions; it is unlawful for a person who has access to a person's criminal record held by a public authority to disclose a spent conviction; it is unlawful for a person to fraudulently or dishonestly obtains information about a spent conviction from records kept by a public authority.

## Tasmania

Under the Annulled Convictions Act 2003 (Tas) a conviction is annulled upon completion of the prescribed period of good behaviour. This period is:

- 10 years where the offender was an adult at the time of conviction; or
- 5 years where the offender was a juvenile at the time of conviction.

A person is taken to be of good behaviour for the required period if, during that period, he or she is not convicted of an offence punishable by a term of imprisonment. If the person is so convicted, the qualifying period (for the original offence) starts to run from the date of the subsequent conviction. A subsequent traffic conviction is only taken into account for prior traffic offences (except more serious traffic offences which cause injury or death).

Only "minor" convictions can become annulled. A minor conviction is a conviction other than one for which a sentence of imprisonment of more than 6 months is imposed, a conviction for a sexual offence or a prescribed conviction.

A minor conviction is also annulled if the offence ceases to be an offence. Once an offence is annulled the convicted person is not required to disclose any information concerning the spent conviction. Any question concerning criminal history is taken only to apply to unspent convictions, and references in Acts or statutory instruments to convictions or character or fitness do not include spent convictions. An annulled conviction or the non-disclosure of the annulled conviction is not grounds for refusing the person any appointment, post, status or privilege or revoking any appointment, post, status or privilege.

- a person is not required to disclose the existence of the conviction;
- questions relating to convictions and a person's criminal record will be taken only to apply to unspent convictions;
- it is unlawful for another person to disclose the existence of a spent conviction except as authorised by the Act;
- spent convictions are not to be taken account in

## PROVISION OF FALSE OR MISLEADING INFORMATION

You are asked to certify that the personal information you have provided on this form is correct. If it is subsequently discovered, for example as a result of a check of police records, that you have provided false or misleading information, you may be assessed as unsuitable or, if already employed, may lead to your dismissal.

It is a serious offence to provide false or misleading information.

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

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

- 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)
- 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, as listed at:**  
<http://www.health.nsw.gov.au/publichealth/Infectious/a-z.asp#T>.
- 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>Not ADT.</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.	
<b>Influenza</b>	<b>Annual influenza vaccination is not a requirement, but is strongly recommended</b>		

## FORM 1. – New Recruit Undertaking/Declaration

- 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 \_\_\_\_\_

Health Service/Facility \_\_\_\_\_

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

**FORM 2. – Tuberculosis (TB) assessment tool**

- 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, as listed at: <http://www.health.nsw.gov.au/publichealth/Infectious/a-z.asp#T>.
- The **Health Service** 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
- **Students** will not be permitted to attend clinical placements if they have not submitted this *Form* and the *Form 3: Student Undertaking/Declaration* to their educational institution’s clinical placement coordinator as soon as possible after enrolment. Failure to complete outstanding TB requirements within the appropriate timeframe(s) will result in suspension from further clinical placements. **The educational institution** will forward the original or a copy of these forms to the health service for assessment.

**Clinical History**

Cough for longer than 2 weeks                      Yes     No

**Please provide information below if you have any of the following symptoms:**

Haemoptysis (coughing blood)                      Yes     No

Fevers / Chills / Temperatures                      Yes     No

Night Sweats    Yes     No

Fatigue / Weakness                                      Yes     No

Anorexia (loss of appetite)                              Yes     No

Unexplained Weight Loss                              Yes     No

**Assessment of risk of TB infection**

**Were you born outside Australia?**

Yes     No

If yes, where were you born?

.....

**Have you lived or travelled overseas?**

Yes     No

Country	Amount of time lived/ travelled in country
.....	.....
.....	.....
.....	.....

**Have you ever had:**

**Contact with a person known to have TB?**

If yes, provide details below                      Yes     No

**Have you ever had:**

**TB Screening**

Yes     No

If yes, provide details below and attach documentation

If you answered **YES** to any of the questions above, please provide details (attach extra pages if required).

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

Name \_\_\_\_\_

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

Student ID (or date of birth) \_\_\_\_\_

Educational institution (student) \_\_\_\_\_

Health Service/Facility (new recruit) \_\_\_\_\_

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



## **Occupational Staff Health Clinic Times For Employment Health Assessment**

<b>Site</b>	<b>Clinic Days</b>	<b>Contact Details</b>
Royal North Shore	Monday to Friday (closed public holidays)	02 94629430
Hornsby	Monday – Thursday (closed public holidays)	02 94779128
Ryde	Wednesday – Friday (closed public holidays)	02 98587643
Macquarie	Tuesday & Wednesday (closed public holidays)	02 98875653
Manly	Monday – Wednesday (closed public holidays)	02 99769798
Mona Vale	Thursday & Friday (closed public holidays)	02 99980543



# new the working with children check

## FACT SHEET 16

June 2013

### How do I apply?

**PLEASE NOTE! You do not need to apply in 2013 unless:**

- a) you are starting a new paid job in child-related work
- b) you work or volunteer in one of the following industry sectors:
  - child protection
  - disability services
  - religious services (work as a minister, priest, rabbi, mufti or similar religious leader or spiritual officer of the organisation)
  - youth workers
  - authorised carers (foster carers and other authorised carers of children in statutory and supported out-of-home care)
  - adult household members of
    - an authorised carer (as defined above)
    - a family day care service provider
    - a home-based education and care service provider

If you do not fit either of these categories, you will be phased in. Refer to the [FACT SHEET: Phase in schedule](#) to find out when you should apply.

Applications open on 15 June 2013. You cannot apply before this date.

### STEP 1: Fill in an application form online

- Go to [www.newcheck.kids.nsw.gov.au](http://www.newcheck.kids.nsw.gov.au) and fill in the online application form. You will be asked whether your child-related work is paid or unpaid.
- If you cannot access the online system, call a Customer Support Officer on (02) 9286 7219 for assistance with your application.

Once you have submitted the form, you will receive an application number that looks like this: APP1234567E (the 'E' means it is for paid work) or APP1234567V (the 'V' means it is only valid for unpaid work).

### STEP 2: Present proof of your identity

- Go to a [NSW motor registry or NSW Council Agency](#) that offers RMS services with:
  - **your application number AND**
  - **proof of your identity** (same as for a NSW driver's license).

**You must have BOTH of these items for your application to proceed.**

- If you are in paid work, you will also be required to pay an \$80 fee for a five year clearance (see [FACT SHEET: Fee information](#)).

You will not be required to prove that you are a volunteer or paid worker. The Customer Service Operator at the NSW motor registry or Council Agency will know which type of Check you have applied for by the letter at the end of your application number. 'E' means your Check is for paid work, 'V' means it is for unpaid work only.

You will receive your outcome and Working With Children Check number by email (or post if you do not have an email address). Most applications will be processed within 48 hours.

**PLEASE NOTE! Before you go to a NSW motor registry or Council Agency that offers RMS Services:**

- **You MUST take your application number with you.** Customer Service Operators cannot look it up on their system. If you do not have your application number, you cannot proceed with your proof of identity requirement.
- **You cannot submit proof of identity for someone else.** To prove your identity, you must appear in person with your own documentation
- **Proof of identity cannot be performed outside of NSW.** It MUST be completed at a NSW motor registry or Council Agency
- Check the opening hours before you go.

## FIND A NSW MOTOR REGISTRY

There are [126 motor registries in NSW](#). To find the one nearest you, go to [www.rta.nsw.gov.au](http://www.rta.nsw.gov.au) and click *Find a motor registry* in the list of quick links.

## NSW COUNCIL AGENCIES THAT OFFER RMS SERVICES

*\*Information correct at time of publication. You are advised to check the opening times before attending in person.*

<b>Name</b>	<b>Address</b>	<b>Operating Hours*</b>
Balranald Council Agency	70 Market Street Balranald 2715	Tues to Fri 9.30 to 4.00 Closed for lunch 1.00 to 1.45
Barham Council Agency/GAC	15 Murray Street Barham 2732	Mon to Fri 9.00 to 4.00
Barraba Council Agency	27 Alice Street Barraba 2347	Mon to Fri 8.30 to 4.30 Closed for lunch 12.00 to 1.00
Bingara Council Agency	24 Maitland Street Bingara 2404	Mon Wed & Fri 9.00 to 4.00 Closed for lunch 1.00 to 2.00
Blue Mountains City Council Agency	2-6 Civic Place Katoomba 2780	Mon to Fri 8.30 to 5.00
Bombala Council Agency	71 Caveat Street Bombala 2632	Mon to Fri 9.00 to 4.00

Bourke Council Agency	29 Mitchell Street Bourke 2840	Mon to Fri 8.30 to 4.00 Closed for lunch 1.00 to 2.00
Brewarrina Council Agency	57 Bathurst Street Brewarrina 2839	Fri 10.00 to 3.00 Closed for lunch 1.00 to 2.00
Cobar Council Agency	Linsley Street Cobar 2835	Mon to Fri 8.00 to 4.00
Condobolin Council Agency	58-64 Molong Street Condobolin 2877	Mon to Fri 8.30 to 4.30
Coolah Council Agency	59 Binnia Street Coolah 2843	Mon Wed & Fri 9.00 to 4.00
Coonamble Council Agency	Shop 4, 26-30 Castlereagh Street Coonamble 2829	Mon to Fri 9.00 to 4.00 Closed for lunch 12.30 to 1.30
Corowa Council Agency	100 Edward Street Corowa 2646	Mon to Fri 9.30 to 4.30 Closed for lunch 1.30 to 2.00
Crookwell Council Agency	44 Spring Street Crookwell 2583	Mon to Fri 9.00 to 4.00
Dungog Council Agency	Dowling Street Dungog 2420	Mon to Fri 8.45 to 4.30 Closed for lunch 12.00 to 1.00
Gilgandra Council Agency/GAC	20 Miller Street Gilgandra 2827	Mon to Fri 8.30 to 4.00
Gloucester Council Agency	89 King Street Gloucester 2422	Mon to Fri 10.00 to 4.00
Junee Council Agency	Belmore Street Junee 2663	Mon to Fri 9.00 to 4.30
Lake Cargelligo Council Agency	35A Foster Street Lake Cargelligo 2672	Mon Wed & Fri 9.00 to 4.30 Closed for lunch 12.30 to 1.30
Merriwa Council Agency/GAC	34-40 Vennacher Street Merriwa 2329	Mon to Fri 9.00 to 4.00
Moama Council Agency	6 Meninya Street Moama 2731	Mon to Fri 9.00 to 4.00
Moulamein Council Agency/GAC	21 Morago Street Moulamein 2733	Mon to Fri 9.30 to 1.00
Quirindi Council Agency	52A Station Street Quirindi 2343	Mon to Fri 8.30 to 3.00
Temora Council Agency	105 Loftus Street Temora 2666	Mon to Fri 9.00 to 4.00 Closed for lunch 12.30 to 1.30
Tumbarumba Council Agency/GAC	Bridge Street Tumbarumba 2653	Mon to Fri 9.00 to 4.00
Walcha Council Agency	2 Hamilton Street Walcha 2354	Mon to Fri 8.30 to 4.15
Warialda Council Agency	52 Hope Street Warialda 2402	Tues to Fri 9.00 to 4.00 Closed for lunch 12.00 to 1.00
Warren Council Agency	115 Dubbo Street Warren 2824	Mon to Fri 8.30 to 4.30
Wilcannia Council Agency	32-35 Reid Street Wilcannia 2836	Mon to Fri 9.30 to 4.00 Closed for lunch 12.30-1.30

See also:

[Child Protection \(Working With Children\) Act 2012](#)

[Child Protection \(Working With Children\) Regulation 2013](#)

Disclaimer: The material provided in this Fact Sheet is an information source for the guidance of users only. Every effort has been made to ensure that the information is accurate, current and not misleading. However, this cannot always be guaranteed and no warranty is given that the information is free from error or omission. Users should exercise their own skill and care with respect to the use of the material. The information is also not a substitute for independent legal or other professional advice and users should obtain appropriate professional advice relevant to their particular circumstances. The Office of the Guardian does not guarantee, and accepts no legal liability whatsoever for any act done, omission made, loss, damage, cost or inconvenience arising from, connected to, or as a consequence of, using or relying on the material contained in this Fact Sheet