

Relief Nurses

Barrandor Enterprises Pty Ltd



Supplying Quality Staff

Mail to:
PO Box 40 Bankstown
NSW 2200

Tel: (02) 9773 1533
Fax: (02) 9633 1408
Email: mail@reliefnurses.com.au
20/181 Church St Parramatta NSW 2150

I hereby nominate Relief Nurses/Relief Nursing Agency as an Agent to procure temporary nursing positions.

Relief Nurses/Relief Nursing Agency acts as an AGENT only and is NOT AN EMPLOYER.

Last Name: _____ Given Name: _____

Former name (if applicable) _____ (marriage certificate/proof required)

Are you an Australian Citizen? _____ IF NOT, what is your VISA STATUS? _____

Are you of Aboriginal or Torres Strait Islander descent? Yes () No ()

What employment restrictions are you under? _____

Passport No: _____ (country of origin of Passport): _____

Your Tax File Number _____

Your Current Address: _____ Postcode: _____

Previous Address (if at above address less than 12 months) _____

Postal Address: _____ Postcode: _____

Home Phone:(____) _____ Mobile number: _____

email: _____

Date of Birth: _____ Country of Birth: _____ Aus. Drive licence No: _____

Employment status: (circle) RN / EN / AN / Wards person / Other (state) _____

Year of service: 1 2 3 4 5 6 7 8 T/A (circle) (proof required)

NSW Registration number: _____ Expiry date: _____

BANKING details: Account name: _____

Bank/ Institution: _____ Branch (name of town): _____

Branch Number: _____ - _____ Account number: _____

Are you able to travel to work by car or do you travel by train? Specify _____

Please circle the areas you are able to travel to for work?

1. Penrith 2.Blacktown 3.Westmead 4.The Hills 5.Ryde/Hornsby 6.Central Coast 7.Liverpool

8. Campbelltown 9.Fairfield 10.Strathfield. 11.City 12.Sutherland 13.Other _____

Work preference: Hospitals / Nursing Homes / Community / Respite / Other (_____)

Specialty areas confident in: ED / ICU / High dependency / Paeds / Maternity / Psych /

Medical / Surgical / specify _____

Post Graduate Experience / certificates / degrees: _____

Certification: Current CPR Certificate No.: _____ Manual Handling: _____

Any previous agency work? (Include agency name) _____

YOUR present employer: _____ When started?: _____

Are you seeking: permanent / casual placement opportunities? _____

DAYS you are AVAILABLE for placement:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
--------	---------	-----------	----------	--------	----------	--------

Shifts available: 1.morning 2.afternoon 3.night

If the employer rings 'at last minute', can we ring you in the morning for an AM shift?

It is the applicant's responsibility to contact the agency on a weekly basis to book in and to check on work availability.

REFERENCES: ALL APPLICANTS ARE REQUIRED TO provide two work references as well as the names and contact details of two referees:

1. Name: _____ Employer: _____ Contact: _____

2. Name: _____ Employer: _____ Contact: _____

Signature: _____ Date: _____

MEDICAL HISTORY: (CONFIDENTIAL)

Surname _____ First Name _____
Address _____
Next of Kin _____ Relationship _____
Address _____
Contact Number _____
Medication condition requiring ongoing medication _____
Medication needed for ongoing condition _____

If you suffer from any of the below, please circle the condition and give details.

Anaemia _____	Arthritis _____
Rheumatism _____	Asthma _____
Bronchitis _____	Respiratory condition _____
Back Problems _____	Diabetes _____
Hyper/poglycmeia _____	Hear Problem _____
Eye Problem _____	Fits _____
Fainting _____	Blackouts _____
Giddiness _____	Foot Problems _____
Thyroid/Gland Problems _____	Allergies _____
Heart Conditions _____	Rheumatic Fever _____
Hepatitis/Jaundice _____	High Blood Pressure _____
Gastric Ulcer _____	Kidney Condition _____
Nail Infection _____	Skin Condition _____
Hernia _____	Psychiatric Condition _____
Depression _____	Tuberculosis _____
AIDS _____	

List any serious illnesses/operations/infections you have had (year/s) _____
Have you ever received Workers Compensation payments (give details?) _____
When was your last chest x-ray? _____ Was it normal? _____
What medications, tablets, mixtures, are you taking at present? _____

Declaration

I declare these statements to be true and correct. I am not aware that I have any medical illness/es or condition/s which may be aggravated by lifting or general nursing duties.

Signature _____ Date _____

Pregnancy

If you are pregnant, please provide the EDC: _____
With pregnancy please provide a medical certificate from your obstetrician to state that you are fit for nursing duties until a specified date. Please provide us with a copy of this certificate for our files. Thank you.

I understand that **RELIEF NURSES/RELIEF NURSING AGENCY** is not my employer and that it is my responsibility to supply time sheets / tax file number / proof of year of service/ banking details / General exemption forms to each individual employer in addition to any other information. The placement area is my employer, and wages paid to me will be as per relevant award for that client in relation to public hospital; private hospital; nursing home or hostel award status. I am aware that there may be a different rate of pay among the various groups of health care facilities. It is my own responsibility (and not that of RELIEF Nursing Agency) to contact the placement facility direct for all information relating to wages and in relation to any disputes. I shall be professional in all dealings with the facilities in word and correspondence in relation to disputes. (This is because any dispute may be due to inadvertent failure by the agency nurse to fill in forms correctly or provide full information details or simply an oversight on the employer's part. The facility cannot and will not pay wages if certain information was not provided e.g.: year of service proof).

NOTE: RELIEF NURSES/RELIEF NURSING AGENCY is **not** an **introduction agency** for permanent employment to our clients – otherwise there would be no work for agency nurses.

RELIEF NURSES/RELIEF NURSING AGENCY incurs considerable expense advertising / interviewing / screening / promoting / training applicants. Should members seek permanent or casual employment direct with the client within six months of their last placement through **RELIEF NURSING Agency then there is a nominal and fair placement fee payable to the agency.** SHOULD THE CLIENT SEEK TO NOT PAY this fee THEN I realize that I may become responsible for fees for loss of commission through normal placement.

The applicant hereby nominates Relief Nurses/Relief Nursing Agency as an Agent to procure temporary nursing positions.

Registered, enrolled and assistant nurses are aware that Occupational Health & Safety regulations and guidelines are to be obeyed and adhered to at all employer institutions. Nurses are required by law to adhere to SAFE PRACTICE policies.

In addition, all employees at placement areas are to be aware of the full responsibilities under NSW Health Department Circular Occupational Screening and Vaccination Against Infectious Diseases, which also requires employees to obtain proof of immunity status and/or be vaccinated against diphtheria, tetanus, pertussis, measles, rubella, chickenpox, hepatitis B, influenza and tuberculosis. Employees understand that they must provide proof of immunity or vaccination on request at placement areas in the facilities of NSW Health. An Adult Vaccination Card is available from Better Health Care – Publications Warehouse on (02) 9816 0452. All employees are responsible for obtaining record of immunity or vaccination from local doctor or current / previous employers.

APPLICANT DECLARATION

I hereby declare that there have been no claims made against me for malpractice or misconduct and that I am not aware of any circumstances that may give rise to a claim(s) made against me for malpractice or misconduct. I am not aware of any conduct or action which could give rise to any investigatory or disciplinary proceedings or actions in relation to my authority to practice as a registered / enrolled or assistant nurse, or to dispense or control drugs of addiction (where applicable). IT IS THE DUTY OF APPLICANTS TO NOTIFY THE AGENCY AND ANY EMPLOYER **IMMEDIATELY** OF **ANY** CHANGES IN ANY OF THE ABOVE INFORMATION.

I have never been removed from the Register of trained nurses in this or any other state or country, nor had recommendations made to remove my name from any such Register.

No application for membership with RELIEF NURSING AGENCY / RELIEF NURSES is to be deemed as complete until a CRIMINAL RECORD CHECK has been completed and screened by NSW HEALTH and the applicant been accepted by NSW HEALTH and allocated a screening number.

SIGNATURE: _____ **Name :** _____(please print)

Membership agreement between the member and Relief Nurses/Relief Nursing Agency

The member is not an employee of this agency / company i.e. Relief Nursing Agency also trading as Relief Nurses.

The member agrees to the following regulations in return for membership and its privileges:

- The identification badge provided by the Agency will be worn at all assignment areas and will be worn in a conspicuous position on the members' uniform.
- Current practicing certificate with the NSW Nurses Registration Board **is to be in the possession** of the member on assignments and may be requested to be shown by the authorities.
- RELIEF NURSING AGENCY requires that all applicants undertake a Criminal Records Check (CRC) at time of commencement. Employment may be prohibited by clients until such clearance has been obtained and verified by the employer/client
- The member agrees to comply with NSW Department of Health Policy Directorate 2005_338 "Occupational Screening & Vaccination of Health Care Workers Against Infectious Diseases", Roles and Responsibilities C. "Other Personnel ", copies of which have been provided.
- The member shall provide professional services directly to the client and must fill in the time sheets provided or leave and invoice detailing date, time of shift , hours of duty, allowances, designation, years of service and certificates, members address, bank account details and taxation declaration forms should also be provided. The member must provide copies of current registration and acceptable proof of service for all employers. The member is responsible for taxation in areas where the client pays wages via the agency.
- The member agrees to contact the agency each week to book in requests for the following Monday to Sunday. If the member has not heard from the agency by eight hours before the shift commences, then the member agrees to contact the agency to reconfirm the booking. The member must be able to be contacted two hours prior to shift commencement time in case of cancellation. **No cancellation fee is payable to the member by the employer if members were unable to be contacted.** Normally a two-hour cancellation fee will be paid if less than 2 hours notice of cancellation is made, but this is to be verified by the applicant with individual employers.
- The member agrees to immediately contact the agency for all changes in bookings.
- The member agrees to perform all assignments booked in for and distributed to the member.
- The member agrees to be available and contactable for work booked in for and agrees to leave a contact member or to contact the agency at an agreed time, if the member will be away from the usual contact number, within six hours before the shift commences, (for night and afternoon shift) and agrees to contact the agency by 9 pm the night before a morning shift booked in for.
- The member agrees to maintain a professional manner and appearance and abide by any dress codes deemed appropriate by Area Health Services or private health facilities and shall do nothing to bring Relief Nurses/Relief Nursing Agency into disrepute.
- The member agrees to comply with all Area Health Service policies and procedures on Privacy and Confidentiality.
- The member agrees to maintain a list of assignments and to supply this to the agency when requesting a service history.
- The member agrees to maintain safety standards, to report any hazards or incidents to the agency and to the client and to comply with OH&S legislation on manual handling. This includes an acceptance of the "NO-LIFT" policies by appropriate use of all mechanical devices and slide sheets. It is the member's responsibility to notify appropriate authorities of any breaches in policy.
- The member agrees to notify the agency and client placement centre of any accidents involving the member which may occur while the member travels to or from the client placement centre and whilst the member is on placement.

- The member agrees to be aware of and follow the medication and infection control policies and procedures of all hospitals and private health facilities that they may be assigned to.
- The member agrees to maintain educational standards and to continue education in the nursing field.
- The member agrees to maintain proficiency in CPR techniques and to regular (yearly) assessments of same by any Area Health facility with that requirement, in their own time, or by attending recognised CPR workshops.
- The member agrees to complete and master any required drug administration and calculation test as a prerequisite of employment in any health care facility. Such testing may need to be undertaken in the member's own time.
- The member is aware of the NSW Department of Health's Medication Handling in NSW Public Hospitals Policy Directive 2005_206 and is able to administer intravenous medications if qualified.
- The member agrees to complete all duties and forms as required by the client.
- The member agrees to contact the agency if his/her identification badge should be lost.
- The member shall return identification badges upon resignation, otherwise, payments may be withheld.
- The member is aware that employers may require the employee to complete individual application forms. 100-point identification and all service history proof are usually required on the first shift at employer placement.
- Any discussion or discharge of records or information concerning patients or staff is a serious breach of confidentiality and may result in disciplinary action which may lead to instant termination of membership/employment and may lead to criminal or civil action against the member/employee.
- The member acknowledges that they have read and understood the agreement and all provided documents.
- Applicants are responsible & liable if they overstate their seniority / years of service / qualifications. One year of 'service' equals 1976 hours per year. Proof must be supplied.
- The applicant IS REQUIRED to (and AGREES to) notify the employer AND the agency IMMEDIATELY of any "INCIDENT" / "ACCIDENT" to themselves or to any person in their care AND of ANY concern to SAFETY / SECURITY / or any HAZARD seen or perceived. This notice is to be made A.S.A.P. by phone and MUST be followed up IN WRITING within 48 hours. A photocopy of the employer INCIDENT/ACCIDENT form is acceptable. Note that the employer/client is responsible for all employer responsibilities including workers' compensation & rehabilitation.

Do you have an active workers' compensation claim lodged? With which insurance company is it lodged? _____

Do you have a disability arising from a workers' compensation claim? _____

Are you aware of any circumstances regarding your health which may interfere with the normal discharge of your duties in nursing?
This includes any condition which may be aggravated by any lifting or other nursing duties? (Please specify.)

Employees may be required to provide medical records / certificates of health or to attend a medical assessment or screening by any employer if there is a valid reason for concern.

Failure to disclose information or to give false or misleading information may make you liable to legal action.

If you are aware of having any serious medical condition/s, you are required to make this information available to the employer. You are also required to clearly display any appropriate "MEDI ALERT" identification/bracelets to indicate, as appropriate, any specific health conditions which you may have. (e.g. epilepsy, diabetes).

If you have a positive HIV or Hepatitis status you are required to protect the clients at all times by the appropriate contact precautions.

SIGNED by applicant: _____ DATE: _____

Print name of applicant: _____

Witness signature: _____ DATE: _____

NATIONAL CRIMINAL RECORD CHECK CONSENT FORM

Provide your full name as well as any other names / aliases by which you have been known. Employers are required to sight applicant's original identifying documents as per 100 point ID check and retain copies of identification documents.

	Family Name	First Given Name	Given Name 2	Given Name 3
Primary Name				
Maiden Name (if applicable)				
Complete Previous / Alias Name if any and circle the appropriate name type				
Previous/Alias Name 1				
Previous/Alias Name 2				
Previous/Alias Name 3				
Previous/Alias Name 4				
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	/ /	(dd/mm/yyyy)
Place of Birth	Suburb/Town:			
	State:		Country:	
Current Residential Address	No/Street:			
	Suburb/Town:			
	State:	Postcode:	Country:	
Postal Address (if same as Residential Address, write "As Above")				
Previous Address (if any)	No/Street:			
	Suburb/Town:			
	State:	Postcode:	Country:	
Email				
Telephone No	Mobile:	Business:	Private:	
Position Applied	Type of Position		<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer <input type="checkbox"/> Other	
If you have used one of these documents to verify your identity, please fill in these details:				
Driver's Licence	Number:	Issuing State:		
Firearms Licence	Number:	Issuing Agency:		
Passport details	Number:	Type: <input type="checkbox"/> Private <input type="checkbox"/> Government <input type="checkbox"/> UN Refugee	Issuing Country:	

- I acknowledge that I have read the Information sheet provided with this Form and understand that the position for which I am being considered is in a category for which NO exclusion has been granted from the application of the Spent Convictions Scheme, as described under the heading "Spent Convictions Schemes" in the Information sheet.
- I certify that I am the applicant herein and that all the details that I have provided are true and correct and that I have not omitted any Maiden Name, previous names or aliases that I have used in the past;
- I acknowledge that any information provided by me on this Form or by Australian Police Services as a result of the records check may be taken into account by NSW Health in assessing my suitability for the above position.
- I consent to: (i) my employer forwarding details obtained from this form to NSW Health;
(ii) NSW Health forwarding details obtained from this form to the CrimTrac Agency and/or to Australian police services or other relevant law enforcement agencies.
- I consent to:
 - the CrimTrac Agency making enquiries to Australian Police Services;
 - Australian Police Services obtaining and disclosing from their records personal information about me, including any outstanding charges, criminal convictions and findings of guilt recorded against me for any offences in any jurisdiction, that may be disclosed according to the laws of the jurisdiction and, in the absence of any laws governing the release of that information, according to the jurisdiction's information release policy, and forwarding relevant information to the CrimTrac Agency; and
 - the CrimTrac Agency providing relevant information to NSW Health for the purposes of allowing NSW Health to assess my suitability in relation to my employment.

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.

Name:

Signature:

Date: / /

GENERAL INFORMATION

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 of your suitability. You may be required to complete another consent form in the future in relation to employment in other positions.

CRIMINAL HISTORY RECORD CHECK

Criminal history record checks are an integral part of the assessment of your suitability. Information extracted from the Form will be forwarded to the CrimTrac Agency, other Australian police services or other law enforcement agencies for checking action. By signing the Form you are providing your consent to these agencies:

- a) disclosing criminal history information that pertains to you from their own records to NSW Health; and/or
- b) accessing their records to obtain criminal history information that in turn will be disclosed to NSW Health.

Such 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.

It is usual practice for an applicant's personal information to be disclosed to Australian police services for them to use for their respective law enforcement purposes including the investigation of any outstanding criminal offences.

SPENT CONVICTIONS SCHEMES

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 he/she was 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;
- convictions imposed against bodies corporate;
- convictions for sexual offences; and
- convictions prescribed by the regulations.

For more information on spent convictions in NSW contact NSW Privacy on phone (02) 9268 5588.

Other Australian Police Services

Where a criminal history record with another Australian police service has been obtained, any relevant legislation (and/or release policy) affecting that police service will be applied before that record is released. Under various pieces of Commonwealth, State and Territory legislation a person has the right, in particular circumstances or for a particular purpose, to not disclose certain convictions/findings of guilt over a certain age. Such convictions (widely referred to as "spent" or "rehabilitated" convictions) will not be released unless the records check is for the applicant's personal information only and provided that this is in accordance with relevant legislation (and/or release policy). Please contact individual police services directly for further information about their release policies and any legislation that affects them.

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.

You should note that the existence of a record does not mean that you will be assessed automatically as being unsuitable. Each case will be assessed on its merit, so it is in your interests to provide full and frank details in the form.

APPLICANT DECLARATION AND EMPLOYMENT SCREENING HEALTH CONSENT FOR CHILD RELATED EMPLOYMENT

Provide your full name as well as any other names / aliases by which you have been known. **Employers are required to sight applicant's original identifying documents as per 100 point ID check and retain copies of identification documents**

	Family Name	First Given Name	Given Name 2	Given Name 3
Primary Name				
Maiden Name (if applicable)				
Complete Previous / Alias Name if any and circle the appropriate name type				
Previous/Alias Name 1				
Previous/Alias Name 2				
Previous/Alias Name 3				
Previous/Alias Name 4				
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	/ /	(dd/mm/yyyy)
Place of Birth	Suburb/Town:			
	State:		Country:	
Current Residential Address	No/Street:			
	Suburb/Town:			
	State:		Postcode:	
Country:				
Postal Address (if same as Residential Address, write *As Above*)				
Previous Address (if any)	No/Street:			
	Suburb/Town:			
	State:		Postcode:	
Country:				
Email				
Telephone No	Mobile:	Business:	Private:	
Title of Child Related Position	(specify its child-related nature eg 'child care assistant', not 'assistant')			
Type of Position (Please tick)	<input type="checkbox"/> Paid Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Volunteer providing intimate personal care to disabled children <input type="checkbox"/> Volunteer providing mentoring to disadvantaged children <input type="checkbox"/> Minister, priest, rabbi, mufti or other like religious leader or spiritual officer of a religion or other member of a religious organisation <input type="checkbox"/> Licensee for prescribed children's services			
If you have used one of these documents to verify your identity, please fill in these details:				
Driver's Licence	Number:		Issuing State:	
Firearms Licence	Number:		Issuing Agency:	
Passport details	Number:		Type:	
			<input type="checkbox"/> Private <input type="checkbox"/> Government <input type="checkbox"/> UN Refugee	
Issuing Country:				

It is an offence for a prohibited person to apply for, attempt to obtain, undertake or remain in child-related employment, or to sign this declaration.

A prohibited person is a person who is convicted of the following (whether in NSW or elsewhere):

- murder of a child
- serious sex offence, including carnal knowledge
- child-related personal violence offence (an offence committed by an adult involving intentionally wounding or causing grievous bodily harm to a child)
- indecency offences punishable by imprisonment of 12 months or more
- kidnapping (unless the offender is or has been the child's parent or carer)
- offences connected with child prostitution
- possession, distribution or publication of child pornography; or
- attempt, conspiracy or incitement to commit the above offences.

A prohibited person includes a Registrable person under the [Child Protection \(Offenders Registration\) Act 2000](#).

A conviction includes a finding that the charge for an offence is proven, or that a person is guilty of an offence, even though the court does not proceed to a conviction.

Details of these offences and Employer Guidelines can be found online at <http://kids.nsw.gov.au/Guidelines/FactSheet 1>

DECLARATION

I am the applicant named in this form. All information in this form, and identification documents provided for this application, are true and correct. I understand that if I have provided false or misleading information it may result in a decision not to employ me, or, if already employed, may lead to my dismissal.

I have not omitted any names or aliases that I use or used in the past.

I have read and understood the contents of this form and the relevant information in the Working With Children Guidelines. **I declare that I am not a prohibited person under the *Commission for Children and Young People Act 1998* and I understand that it is an offence for a prohibited person to seek child-related employment.**

I am aware that if considered for child-related employment with NSW Health, several checks will be undertaken to ascertain my suitability, including checks directly related to child related employment and checks related to more general suitability for employment in the public sector.

1. In relation to checking for general public sector employment national criminal record check for all charges which have not been heard or finalised by the court and for all convictions vetted in accordance with the Criminal Records Act 1991 or, if a Commonwealth offence, the Commonwealth Crimes Act 1914.

2. In relation to undertaking a Working With Children Check:

- National criminal record check for charges and/or convictions (including spent convictions, convictions or charges that may have not been heard or finalised by a court; or are proven but have not led to a conviction; or have been dismissed, withdrawn or discharged by a court) for:
 - any sexual offence (including but not limited to, sexual assault, acts of indecency, child pornography, child prostitution and carnal knowledge);
 - any child-related personal violence offence;
 - any assault, ill treatment or neglect of, or psychological harm to a child and any registrable offence; punishable by imprisonment for 12 months or more.

In addition:

- Check for relevant Apprehended Violence Orders taken out by a police officer or other public official for the protection of a child or children; and
- Check for relevant employment proceedings notified to the Commission for Children and Young People under the *Commission for Children and Young People Act 1998*.

I understand that both checks will be undertaken by the Department of Health who is also an Approved Screening Agency.

CONSENT

I consent to these checks being conducted and consent to the Commission for Children and Young People or an Approved Screening Agency obtaining any relevant record identified by these checks and any additional information relating to that record from sources such as courts, police, prosecutors and past employers to enable a full and informed **estimate of risk and/or Employment Risk Assessment**. I consent to these sources disclosing information relating to the Working With Children Check relevant records to the Commission for Children and Young People and/or Approved Screening Agency.

I acknowledge that:

1. In relation to a Working With Children Check:

- the information obtained during the Working With Children Check, including this consent, may be collected and used by and/or disclosed to the Commission for Children and Young People or an Approved Screening Agency for relevant purposes of the Working With Children Check;
- the Commission for Children and Young People and Approved Screening Agencies may share the information obtained during the Working with Children Check for the purposes of the Working with Children Check;
- the outcome of an estimate of risk will be provided to my prospective employer or their employer-related body;
- the information provided may be referred to the Commission for Children and Young People and/or to NSW Police for law enforcement purposes and for monitoring and auditing compliance with the procedures and standards for the Working With Children Check in accordance with Section 36 (1)(f) of the *Commission for Children and Young People Act 1998*.
- my relevant records under the *Commission for Children and Young People Act 1998* will not be released to the Health agency through which I am seeking employment;

2. In relation to a National Criminal Record Check:

- the information provided will be used and/or disclosed by the Department of Health for the purposes of undertaking the check and in this context, the information obtained as part of the National Criminal Record Check may be provided to the Health agency through which I am seeking employment to ascertain my suitability;

3. Generally

- 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.

Name: _____

Signature: _____ Date: _____

NOTE: This form is to be kept by the employer.

100 Point Identification Check

Instructions:

1. The 100 point identification check **must** be completed prior to lodgement of a National Criminal Record Check or Working With Children Check or Aged Care Check.
2. Employers are required to sight original identifying documents, certify a photocopy which is to be retained on the applicant's **personnel** file, and ensure that an appropriately delegated officer completes the record of identifying documents below.
3. Identification must be current and should include at least one type of photographic ID and identification that contains a signature and date of birth.
4. The point score of documents produced must total at least 100 points.

Applicant's Name: _____

DOCUMENTS	POINTS
<p>Verify the name of the preferred applicant using one of:</p> <ul style="list-style-type: none"> - Birth Certificate - Birth Card issued by the NSW Registry of Births, Deaths and Marriages - Citizenship Certificate - Current Australian passport - Expired Australian passport which has not been cancelled and was current within the preceding 2 years - Current passport from another country or diplomatic documents 	70
<p>Verify the name and photograph/signature of preferred applicant from one or more of these (the first item used from this list is worth 40 points. Any additional items used are worth only 25 points each):</p> <ul style="list-style-type: none"> - Current driver photo licence issued by an Australian state or territory - Identification card issued to a public employee - Identification card issued by the Australian or any state government as evidence of a person's entitlement to a financial benefit - Identification card issued to a student at a tertiary education institution. - Name of preferred applicant verified in writing, signed by both the person giving it and the applicant, from one of the following: <ul style="list-style-type: none"> - A financial body certifying that the applicant is a known customer. - An acceptable referee under AUSTRAC Guideline No. 3 (www.austrac.gov.au/files/guideline_3.pdf) 	40
<p>Verify name and address of preferred applicant from one or more of these:</p> <ul style="list-style-type: none"> - Document held by a cash dealer giving security over property - A mortgage or other instrument of security held by a financial body - Council rates notice - Document from current employer or previous employer within the last two years - Land Titles Office record - Document from the Credit Reference Association of Australia. 	35

DOCUMENTS	POINTS
<p>Verify name of preferred applicant from one or more of these:</p> <ul style="list-style-type: none"> - Current credit card or account card from a bank, building society or credit union - Current telephone, water, gas or electricity bill - Foreign driver's licence - Medicare Card - Electoral roll compiled by the Australian Electoral Commission - Lease/rent agreement - Current rent receipt from a licensed real estate agent - Records of a primary, secondary, or tertiary educational institution attended by the applicant within the last 10 years - Records of a professional or trade association of which the applicant is a member. 	25
<p>Verify name of preferred applicant using:</p> <ul style="list-style-type: none"> - one document from the 70 point list above or - a student card or a letter signed by the principal, deputy principal, head teacher, deputy head teacher or enrolment officer, confirming that the applicant currently attends the institution. 	Applicants under 18

Employers to note: if an applicant is unable to provide documents to meet the identification requirements due to their personal circumstances or special needs, the employer should contact his or her Approved Screening Agency for assistance.

Record of identifying documents:

Please record relevant details in the table below:

Description of document	Date of Issue	Place/ Office of issue/ issuing organisation	Expiry date	Ref. or doc. number	Points
Total points					

Name and position title of officer sighting documents		Date:
--	--	--------------

NOTE: This 100 point identification is adapted to accord with the Commonwealth *Financial Transaction Reports Act 1988* as required by the CrimTrac Agency and NSW Commission for Children and Young People – Working with Children Check Guidelines February 2010

Relief Nurses

Barrandor Enterprises Pty Ltd



Mail to:
PO Box 40 Bankstown
NSW 2200

Tel: (02) 9773 1533
Fax: (02) 9633 1408
Email: mail@reliefnurses.com.au
20/181 Church St Parramatta NSW 2150

OFFICE USE ONLY:

Identification checked? Yes / no _____

Type? (Passport / drivers licence? Other (state which)? _____

Service history provided? Yes / No

Checked? Yes / No

Statutory declaration provided? Yes / No

Criminal Record check completed? Yes / No

All forms completed? Yes / No

All certificates checked/ sighted? Yes / No

Registration checked? Yes / No (originals only to be accepted)

Registration photocopied? Yes/ No (must be copied)

Above checked by: _____

Date _____

I.D. badge mailed out to applicant? Yes / No