

A Guide
for the use of
Recruitment and Selection Forms

This Guide has been developed to assist Panel members who are involved in the recruitment and selection of staff to complete the various forms used as part of the recruitment and selection process - including advertising the vacancy, the selection process and the appointment of staff.

A new suite of recruitment and selection forms have been developed in conjunction with Queensland Health Shared Services Partner (SSP) to provide a standardised format to be used for recruitment and selection processes across Queensland Health.

The use of standardised forms reflects the requirements of the new Recruitment and Selection HR policy (B1).

All recruitment and selection exercises are to use the new suite of forms.

The standard set of forms include:

- Request to Fill a Vacancy (Form 1)
- Shortlisting Sheet (Form 2a)
- Shortlisting Sheet (Form 2b)
- Assessment Sheet (Form 2c)
- Referee Report (Form 3)
- Selection Report (Form 4)

In addition to these forms, the “post-recruitment” forms are included with this Guide – and information on the details to be completed when using these post-selection forms.

Recruitment and Selection Forms are located at the HR Branch intranet website:

<http://qheps.health.qld.gov.au/hrbranch/>

Payroll & Establishment Forms are located at:

http://qheps.health.qld.gov.au/qhhrmisp/lattice_assist/index.htm

Criminal History Checking Procedures and Forms (including Aged Care Police Certificates) are located at:

http://qheps.health.qld.gov.au/sspd/recruitment/crim_hist.htm

Role Descriptions

The standard QH Role Description template and information on the development of role descriptions is outlined in the Role Description Template and Guide for the Development of Role Descriptions available in the Recruitment section of the HR Branch intranet site.

Note – Always use forms accessed from the above intranet sites.

Changes are made to forms; therefore never save forms to ‘local’ or ‘common’ drives.

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SECTION 1 - Filling a Vacancy process checklist

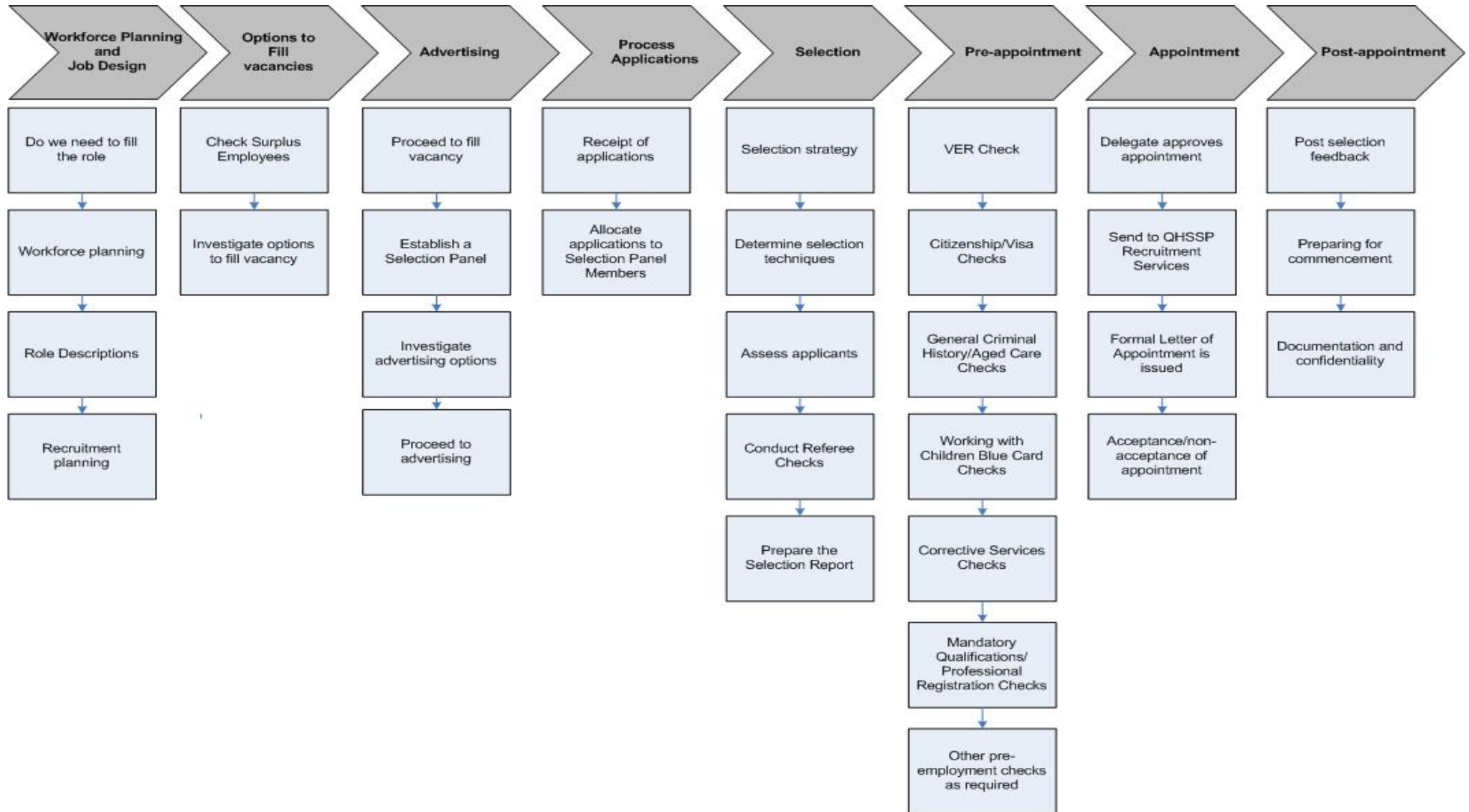
The following provides **brief** details on the advertising and appointment process to fill a vacancy.

(*Nb: The Recruitment and Selection chevron on the next page provides further in-depth process information*).

- Vacancy identified** – Does the role need to be filled? What are the workforce planning & recruitment considerations?
- Review **Role Description** for both content and format, inline with HR Policy B1 & Guide for Developing Role Descriptions – update into approved Role Description format if not already.
- Is this a **new position**? Has approval been given by the Delegate to recruit to this new position? Has an **Establishment Form – Create New Position (HR002)** been completed and approved? Has an existing position been **modified**? Has an **Establishment Form – Modify Position (HR003)** been completed and approved? Has the form been forwarded to Shared Service Partner (SSP) Payroll & Establishment Services to create/modify the position in Establishment?
- Identify **options/method for filling** (e.g. surplus employees, open merit, limited applicant pool, transfer at level, direct appointments – Note: your method to fill must meet the requirements of the Recruitment and Selection HR policy and Directive 04/06).
- Complete a **Request to Fill a Vacancy Form** and forward to SSP Recruitment Services. An electronic version of the Role Description in MS Word format will need to be emailed to Recruitment Services.
- SSP Recruitment Services to advise the Chair of the Panel of any registered transfer at level employees for the District/Service/ Division, check for registered surplus officers & advise of **advertising dates and the closing date** of the vacancy.
- When the vacancy closes, **applications will be emailed** to the Chair of the Panel.
- Complete **selection activities**. Please refer to the HR Branch Recruitment and Selection Guide for options on different selection techniques.
- Complete **referee check(s)** for the preferred applicant/s, if not already completed as a selection technique.
- Complete **Selection Report**, with Delegate approval.
- Complete **pre-employment checks** (e.g. Criminal History Check) – please refer to the Criminal History Checking and Procedures HR policy for further information or visit the Criminal History Unit QHEPS page at: http://qheps.health.qld.gov.au/sspd/recruitment/crim_hist.htm
- Return applications and **selection paperwork** to SSP Recruitment Services, along with a) **Supervisors Commencement** form (HR005b) or b) **Employee Movements** form (HR006).
- A **Letter of Appointment** (with commencement / 'new starter' paperwork or employee movement paperwork) & **Unsuccessful Letters** will be generated by SSP Recruitment Services and forwarded to applicant/s.

Note: Recruitment & Selection paperwork must be returned to Recruitment Services in a timely manner to assist with the finalisation of the recruitment process. Even if no recommendation / appointment is made, documentation must be returned to allow for the closing of the vacancy and notification to unsuccessful applicants.

RECRUITMENT AND SELECTION PROCESS



The above diagram of the recruitment and selection process is an indicative representation only. For example the check for surplus employees is to occur concurrently with advertising and determining selection techniques may occur before applications are received.

SECTION 2 – Role Evaluation Methodology

Job evaluations are undertaken for new roles and when there has been a significant change to an existing role.

The Job Evaluation Methodology System (JEMS) is the current work value methodology approved by the Public Service Commissioner (PSC).

Work value is determined by assessing the level of expertise required to do the job, the judgement that needs to be exercised and the accountabilities assigned to the position.

This methodology is used to measure the relative work value of a position. Relative work value is then used to determine the classification level of positions within the organisation.

JEMS is used for Queensland Health roles, except for the occupational groups listed below.

Medical	General medical position classification definitions are contained within the relevant Medical Officers' Awards and the Medical Officers' (Queensland Health) Certified Agreement (No.1) 2005.
Nursing	The Nursing and Midwifery Classification Structure HR Policy sets out the agreed generic level statements for nursing officers, Grades 1 to 12 and the process to support the evaluation and re-evaluation of nursing and midwifery positions.
Building and Engineering	Classification levels are determined by competency levels contained under the relevant Queensland Health Building, Engineering and Maintenance Services Certified Agreement (No.3) 2006.
Operational	The Operational Stream Employees (Queensland Health) Certified Agreement 2006 and Operational Services Manual identifies the various methods to be used for supervisory, management and other specialist roles in the operational stream. Generic level statements for most operational positions are contained within the Operational Services Manual. Newly created role descriptions below OO5 that are not defined in the Operational Services Manual Determination C must be submitted via the Public Hospitals Oversight Committee (PHOC) Secretariat for approval by PHOC.
Health Practitioner	Health Practitioner classification levels one to eight are evaluated through work level statements contained within the Health Practitioners (Queensland Health) Certified Agreement (No.1) 2007.
All other AO, OO, TO and PO roles not identified above	Job Evaluation Management System (JEMS) is the standard generic role evaluation methodology used in the Queensland Government.

Recruiting managers (i.e. the manager or supervisor of the vacant roles) need to consider the timeframe for job evaluations when undertaking recruitment planning. SSP Recruitment Services can provide an indication of the timeframe for job evaluations.

A role evaluation should be considered where:

- there has been a substantial change in the duties and responsibilities of an existing position/s; or
- a position has not previously been evaluated; or
- a new position has been created.

SECTION 3 – Request to Fill a Vacancy (Form 1)

The Request to Fill a Vacancy form provides SSP Recruitment Services with information and instructions on the advertising of a position that needs to be filled. It can also be used to provide instruction on checking for registered Surplus Officers and for those employees who have registered with the District/Division for a Transfer at Level. Information collected from the Request to Fill a Vacancy form is recorded in the Queensland Health Vacancy Administration Database – therefore all sections of the form must be completed.

The Request to Fill a Vacancy form must be signed by the Delegate, in accordance with QH HR Delegations (*Advertising of Vacancies*) before forwarding to SSP Recruitment Services for processing.

The below provides brief explanation of the sections that require completion on the Request to Fill a Vacancy form.

PART A – Position Details

Section	Description
Position Number	Please Insert: The position number, as per Lattice/HRMIS Position ID Number (six digits). This number can be located on your Position Occupancy Report. For example: 102569. It is not the employee identification number.
Position Title	Please Insert: The position title of the role. This must be as per an Award or Industrial Instrument (i.e. Stream Allocation Position Titles – District Health Services Award - State 2003). This must be the same as the Position Title on the Role Description submitted for advertising and be consistent with the position title on your Position Occupancy Report. For example: Clinical Nurse; Occupational Therapist; Engineering Tradesperson.
Unit/Branch/District/Division	Please Insert: The name of the Unit/Branch etc that the position is attached to. This must be consistent with the Unit/Branch etc listed on your Role Description and Position Occupancy Report.
Location	Please Insert: The centre/location or potential range of centres/locations at which a role is to be employed. For example: Herston. Multiple locations can be specified. For example: Herston or Nambour or Gympie. An area can also be specified if the position is required to service an area. For example: Gold Coast Area / Metro North.
Classification Level	Please Insert: The classification level for the position that is to be advertised/filled & in accordance with Award & Agreement provisions. For example: AO5; HP3; Level 18 - Level 24; Nurse Grade 5; OO4; PO3 etc. An increment level is not required to be listed. For Nursing positions - a Band may be required to be stated. For Example: Nursing Grade 9, Band 1. This must be the same as the classification listed on your Role Description and Position Occupancy Report.
Which Award is the position covered by	Please Insert: The name of the Award if you indicate 'other'. For example: District Health Services – Senior Medical Officers' and Resident Medical Offices' Award – State 2003.
Does This position require a Working with Children Check (Blue Card)?	Please Indicate: Yes or No. Refer to Working With Children Check HR Policy for further information.
Role Description	Question 1 – This is required for all positions, regardless of stream/occupation group. Please refer to - http://qheps.health.qld.gov.au/hrbranch/recruitment/home.htm

Section	Description
	<p>Question 2 – Please refer to IRM 4.8-1 Job Evaluation or HR Policy B7 – for Nursing. (See Section 2 – Role Evaluation Methodology) These questions must be answered on the Request to Fill form.</p>
Employment Details	<p>Please Insert: The status of employment for the vacancy: permanent or temporary; full time or part time; casual. If the position is part time (either permanent or temporary), please indicate the number of hours per fortnight. If hours are negotiable, then 'tick' the 'yes' box at this question.</p> <p>If the vacancy is temporary - also include information detailing the duration of the temporary period. For example: Temporary position available for eight months, with possibility of extension for a further six months; <i>OR</i> Temporary position to commence November 2009, for a period of six months <i>OR</i> Temporary part time position until 31/10/09, 38 hrs per fortnight.</p> <p>Please Insert: The number of positions available. This may include several positions available, dependent on the hours to be filled. For example: several full time and part time positions, hours negotiable.</p> <p>Note: The Vacancy Administration Database requires a whole number. Therefore, stating 1.5 FTE etc cannot be entered. Please specify, in this instance, 1 x FT position and 1 x PT position, 38hrs per fortnight (these details will also be included in the advertisement)</p> <p>Note: Vacancies to be advertised/filled must be based on approved establishment levels and/or approved funding.</p>
Reason for Vacancy	<p>Please Indicate: Why you have a vacancy:</p> <p>New Position - Do you have approval to recruit to a new position? Have you completed an Establishment Form – Create New Position form (HR002)? Please ensure that QH HR Delegations are followed for the approval/creation of any new position/s;</p> <p>Resignation / Retirement - A substantive incumbent has resigned or retired from the position therefore creating a vacancy;</p> <p>Secondment - The advertising of a temporary vacancy, where the substantive incumbent is seconded to another position;</p> <p>Transfer - A substantive incumbent has transferred permanently to another position, therefore creating a vacancy;</p> <p>Reclassification – with permanent substantive - A reclassified position that is required to be advertised in accordance with HR Policy B1 / Directive 04/06;</p> <p>Reclassification – vacant - A reclassified position that has no permanent incumbent and is required to be advertised in accordance with HR Policy B1 / Directive 04/06;</p> <p>Leave Coverage - When advertising a temporary vacancy to cover a substantive employees leave period;</p> <p>Promotion - A vacancy has occurred as the previous incumbent has been successful in being appointed to another position - at a higher level.</p>

PART B – Advertising Requirements

Section	Description
Advertising Requirements	<p>Please Indicate: What publications/media the position is to be advertised in & provide further details where required (i.e. the name of a publication).</p> <p><i>Transfer at Level (no advertising):</i> Tick this box for consideration to be given to employees who have registered for transfer at level. Details will be provided to the Chair of available Transfer at Level employees who have registered for Transfer at Level consideration.</p> <p><i>Surplus Match only (no advertising):</i> Tick this box for a surplus check to be conducted for recruitment activity that is not going to be advertised externally (e.g. internal limited applicant pools / expressions of interest for permanent base grade level vacancies or before the appointment of a temporary employee to a base grade permanent position).</p> <p>Please note: A surplus check will automatically be conducted for other advertising activity processed by SSP Recruitment Services.</p>
Advertising Period	<p>Please Note: If no period is specified, the two week minimum will be applied. All external media advertising requires the minimum of two weeks.</p>
Funding for Vacant Position	<p>Please Indicate: How the vacant position is funded.</p>
Advertisement Costing	<p>Please Insert: The cost centre code to be used for advertising that incurs a cost, along with any internal order number/s. For estimated media costs for particular publications (i.e. Medical / Professional Journals / interstate / overseas advertising) – please contact SSP Recruitment Services).</p>
Non-Standard Remuneration Details	<p>Please Note: This section is to be completed for medical vacancies only. This information assists in calculating the overall remuneration package for medical officers. Please refer to Award & Agreement entitlements to assist with completing this question.</p>
Panel Chair	<p>Please Insert: The name, position title, email address and telephone number of the Panel Chair. This information (or part of this information) will be used to list the details of the contact person for the position in advertising material.</p>
Contact Officer if different to Panel Chair (enquires about the role)	<p>Please Insert: Only if different to the details listed under Panel Chair.</p>
Advertising Time Frames	<p>Advertisements appear two weeks following the submission of an approved 'Role Description' and 'Request to fill a vacancy' to Recruitment Services. In order to meet deadlines, these documents must be submitted by 12pm each Thursday. Please be aware, some specialised advertising (professional journals etc), may be delayed due to publication dates and advertisement submission deadlines. Expressions of Interest may be processed within a short time frame and are generally advertised internally to a limited group of employees or to a whole District/Service/Division. Please contact your SSP Recruitment Services team for further information.</p>

PART C – Certification / Approval to Advertise and Fill

Section	Description
Supervisor/Line Manager Recommendation and Delegate Approval	Request to Fill a Vacancy forms must have a Supervisor/Line Manager recommendation and have Delegate approval. The Supervisor/Line Manager and Delegate sign the Request to Fill to confirm that there is available budget allocation; the role description has been reviewed and is current and that the vacancy can proceed to advertising (if applicable). QH HR Delegations (<i>Advertising of Vacancies</i>) must be followed for the certification/approval of all Requests to Fill a Vacancy.

EXAMPLE – Request to Fill a Vacancy Form

Request to fill a vacancy (Form 1)

(In accordance with Recruitment and Selection Human Resource Policy B1)

PART A

Position Details	
Position Number:	045896
Position Title:	Registered Nurse
Unit/Branch/District/ Division:	Medical Ward, River Hospital, Far North Health Service District
Location:	Cairns
Classification Level:	Nurse Grade 5
Which Award is the position covered by:	<input type="checkbox"/> Public Service Award – State <input type="checkbox"/> District Health Services Employee's Award - State <input checked="" type="checkbox"/> Other :Nurses Public Hospitals
Does this position require a Working with Children Check (Blue Card)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Role Description

Has the role description been updated and in the Queensland Health Role Description template to reflect the current role requirements? Yes

Has the role description been approved by the delegated authority and evaluated in accordance with the appropriate methodology? Yes

Employment Details

	Number of positions		
<input checked="" type="checkbox"/> Permanent Full Time	1		
<input checked="" type="checkbox"/> Permanent Part Time	1	_____ Hours per fortnight	Hours negotiable <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Temporary Full Time	_____	_____ Hours per fortnight	Hours negotiable <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Temporary Part Time	_____	_____ Hours per fortnight	
<input type="checkbox"/> Casual/VMO	_____	_____ Hours per fortnight	

If temporary, please state in words the expected length of employment for each role, providing dates for commencement and completion.

Reason for Vacancy

Please note: If a vacancy arises due to role reclassification, the incumbent may be eligible for exemption from merit consideration and a surplus match is not required. Please refer to HR Policy Recruitment and Selection B1.

- New Position
- Resignation / Retirement**
- Secondment
- Transfer
- Reclassification – with permanent substantive
- Reclassification – vacant
- Leave Coverage
- Promotion

Part B - Advertising Requirements

Applications will remain current for a period of 12 months.

- Transfer at level (no advertising)
- In House Relief for Administrative Staff AO3 and above (no advertising)
- Surplus match only (no advertising)
- Expression of Interest (EOI)
- Health Services Bulletin / Smart Jobs / Work for us / Seek.com**
- Government Gazette (Public Service Award positions only)
- Website (please specify, eg Career One, My Career, AIMS):
- Journal (please specify):
- Local Newspaper (please specify, eg Townsville Bulletin): Northern State Tribune**
- Saturday Courier Mail**
- Weekend Australian
- Other (please specify, eg title, contact details):

Please note: Other advertising options are available. If you would like more information about advertising options, like creative advertising, please contact your recruitment service provider.

Advertising Period:	<input checked="" type="checkbox"/> Minimum two week advertisement
	<input type="checkbox"/> Other (please specify, eg three weeks)
<p><small>Please note: All vacancies other than expressions of interest must be advertised for a period of no less than two weeks (14 days) HR Policy B1. Medical positions that may need to be identified as Area of Need require a minimum of 4 to 6 weeks advertising.</small></p>	

Funding for Vacant Position:	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Commonwealth	<input type="checkbox"/> Other (please specify):
Advertisement Costing:	Cost Centre Code: 891023	Internal Order Number (if applicable):	

Non-standard Remuneration Details *(medical vacancies only)*

- Motor vehicle package/fuel card
- Communication
- Professional Development Allowance/Vocational Training Subsidy
- Professional indemnity cover
- Accommodation
- Locality allowance
- Private practice
- Inaccessibility Allowance
- Medical Managers Allowance/Clinical Managers Allowance (approved level:)
- Other (please specify):

Panel Chair

Name:	June Nightingale	Phone:	(07) 1234 5678
Position:	Nurse Unit Manager, Medical Ward, River Hospital	Email:	June_Nightingale@health.qld.gov.au

Contact Officer if different to Panel Chair (for enquiries about the role)

Name:		Phone:	
Position:		Email:	

Advertising Time Frames

Advertisements appear two weeks following the submission of an approved 'Role Description' and 'Request to fill a vacancy' to Recruitment Services. In order to meet deadlines, **these documents must be submitted by 12pm each Thursday**. Please be aware, some specialised advertising (professional journals etc), may be delayed due to publication dates and advertisement submission deadlines. **Expressions of Interest** may be processed within a one week time frame.

Part C

Certification/Approval to Advertise and Fill

- I/We certify that funds to be expended on the proposed appointment are available from the approved budget allocation.
- I/We certify that the role description has been reviewed and is current.
- I/We certify that the vacancy can proceed to advertising (if applicable).

Supervisor/Line Manager Recommendation:

Name:	June Nightingale	Designation:	NUM, Medical Ward, River Hospital
Signature:	<i>June Nightingale</i>	Date:	02/03/09

Delegate Approval:

Name:	Cameron Hope	Designation:	DON, River Hospital, FNHSD
Signature:	<i>Cameron Hope</i>	Date:	04/03/09

Please email this completed form to your local Recruitment Services with a copy of the Role Description and any other information relevant to this vacancy.

Contact your local Recruitment Services if you require further information

SECTION 4 - Shortlisting/Assessment Sheets

Short-Listing Sheet Form 2a
Short-Listing Sheet Form 2b
Assessment Sheet Form 2c

This suite of forms replaces the former “shortlisting grids” and provides for both qualitative or quantitative methods of assessment.

Short-Listing Form 2a – is a short form summary for assessment of applicants and allows for multiple applicants on the one page.

Short-Listing Form 2b – is a long form assessment of applicants and provides more room for the panel to document their “desired responses” and is designed to be used as one form per applicant.

Use EITHER Form 2a or Form 2b for short-listing; both are not required! Selection Panels will determine which form they choose to use depending on the amount of information they wish to document.

As part of your panel’s preparation for shortlisting and further assessment, you would be identifying your “desired responses”. These are the key “*looking for*” responses you would be seeking from the applicant and may include skills, abilities, behaviours, potential, personal qualities and/or experience against the key skill requirements of the role.

It is a requirement that you apply your desired responses consistently, fairly and equitably for all applicants, however, your desired responses should also be flexible enough to allow the judgement of the panel to consider new and/or different responses from applicants that are valid and appropriate (e.g. you may get the same outcome but through a more creative or innovative process).

Assessment Sheet (Form 2c) – is to be used for all other methods of assessment; e.g. practical work demonstrations, role play, interview etc. A new Form 2c is to be used for each individual applicant.

PLEASE NOTE:

Only **one copy of the forms** used from this section is required to be **attached to the Selection Report**.

Individual panel members may take personal notes to assist in their deliberations and moderation of the selection process. This information is to be represented in the final selection report, at which time these notes are not required to be retained or attached to the selection report.

The selection information detailed on the above forms is a collective summary and amalgamation of each Panel Members notes from shortlisting, selection assessments and from Panel moderation.

It is appropriate for the Selection Panel to discuss and reach consensus on wording when using the selection forms (Form 2a **or** Form 2b; **&** Form 2c).

Usage example: A (2 member) Panel choose to use Shortlisting (Form 2a) for ten applicants to summarise the outcome from the first selection technique and then use the Assessment Sheet (Form 2c) for selection technique two – which is three behavioural interview questions per applicant for each of the three shortlisted candidates. Therefore, a total of 10 forms only are submitted with the Selection Panel Report (1 x Form 2a & 9 x Form 2c).

EXAMPLES – Shortlisting Form 2(a); Shortlisting Form 2(b) & Assessment Sheet Form 2(c) are detailed on the following pages.

Shortlisting Sheet (Form 2a)

Note: Either Form 2(a) or Form 2(b) is to be used for shortlisting depending on the amount of space required. Form 2(a) is a short form summary for multiple applicants, whilst Form 2(b) provides more room for qualitative descriptors and is designed as one form per applicant.

Panel member's name:	June Nightingale / Sandy Riches	Position title:	Registered Nurse
Date:	30/03/09	JRN:	H08XY123
Applicant's name	Describe how the applicant meets the key skill requirements (KSR)	Rating	Progress further (Y/N)
Betty Smyth	Ms Smyth provided a broad range of experience in an acute medical ward, including her interaction in a multi-disciplinary team and showed her ability to keep the clinical nurse fully informed in examples provided. Ms Smyth was able to demonstrate evidence based assessment skills within the RN competency level in her telephone screen responses and was able to identify when standards were not being met and her actions to have them addressed.	SA	Y
John Rogers	Mr Rogers has many years experience in a private hospital and was able to demonstrate to the panel an advanced level understanding of RN nursing competencies in a medical ward setting. Mr Rogers provided clear examples of his experiences.	SA	Y
Mark Thomas	Mr Thomas has broad RN experience, having worked in both the UK and Australia. Mr Thomas's examples, whilst not detailed, were considered to be enough that Mr Thomas meets sufficiently the key skill requirements to be considered further.	M	Y
Lacey Lee	Ms Lee provided adequate responses in the telephone screen, although on occasion was sidetracked and the panel were required to direct Ms Lee in the appropriate direction. However, when done so, Ms Lee did provide responses that were able to demonstrate a reasonable application of the key skill requirements. The Panel would like to investigate further Ms Lees RN experience at interview.	M	Y
Howard Row	Mr Row has limited experience as an RN, having only worked for a period of approximately four months, and only in an aged care facility, not acute. Whilst Mr Row was able to provide some limited demonstrated examples, they were very generic and only relating to aged care.	AM	N

Rating scale

1-2	3-4	5	6-7	8-10
Does Not Meet (DNM) Does not meet Key Skill Requirements / fails or minimally satisfies Key Skill Requirements	Almost Meets (AM) Almost meets Key Skill Requirements / Partially / marginally meets Key Skill Requirements	Meets Requirements (M) Meets Key Skill Requirements	Slightly Above (SA) Slightly above Key Skill Requirements / Marginally exceeds / superior satisfaction of Key Skill Requirements	Outstanding (O) Exceeds Key Skill Requirements

Panel member's certification

Signature: June Nightingale Date: 30/03/09 Signature: Sandy Riches Date: 30/03/09 Signature: _____ Date: _____
Name: June Nightingale, Name: Sandy Riches, Name: _____
NUM CN

Shortlisting (Form 2b)

Note: Either Form 2(a) or Form 2(b) is to be used for shortlisting depending on the amount of space required. Form 2(a) is a short form summary for multiple applicants, whilst Form 2(b) provides more room for qualitative descriptors and is designed as one form per applicant.

Applicant's name:	<i>Betty Smyth</i>	Position title:	<i>Registered Nurse</i>	
JRN:	<i>H08XY123</i>	Date:	<i>30/03/09</i>	
Key skill requirement	Describe how the applicant meets the Key Skill Requirements (KSR)	Rating	Progress further (Y/N)	
Please Insert: The Key Skill Requirements for the Role.	Please Insert: The applicants responses, or how they have demonstrated the Key Skills Requirements by completing the selection technique (i.e. role play / written application / application screen).	Insert a qualitative rating (i.e. SA)	Insert if the applicant is to progress – Yes or No.	
	Desired Response: Please Insert: The Panel 'looking for's'. These are the key responses/actions, and can include skills, abilities, behaviours, potential, personal qualities and experiences.			
	Desired Response:	This column can also be used to list "scores" if using quantitative assessment		
	Desired Response:			

Rating Scale

1-2	3-4	5	6-7	8-10
Does Not Meet (DNM) Does not meet Key Skill Requirements / fails or minimally satisfies Key Skill Requirements	Almost Meets (AM) Almost meets Key Skill Requirements / Partially / marginally meets Key Skill Requirements	Meets Requirements (M) Meets Key Skill Requirements	Slightly Above (SA) Slightly above Key Skill Requirements / Marginally exceeds / superior satisfaction of Key Skill Requirements	Outstanding (O) Exceeds Key Skill Requirements

Panel Member Certification

Signature: *June Nightingale* Date: *30/03/09* Signature: *Sandy Riches* Date: *30/03/09* Signature: _____ Date: _____
 Name: *June Nightingale, NUM* Name: *Sandy Riches, CN* Name: _____ Date: _____

Assessment Sheet (Form 2c)
Selection Technique number *TWO – Interview (Behavioural)*

Applicant's name: Betty Smyth	Position title: Registered Nurse
JRN: H08XY123	Date: 03/04/09

Key skill requirement	Describe how the applicant meets the Key Skill Requirements (KSR)	Rating	Progress further (Y/N)
<p>Please Insert: The Key Skill Requirement for the Role.</p> <p>E.g. - Patient Focus - Ability to consistently deliver a high level of service to patients, demonstrating rapport building skills, listening skills & empathy.</p>	<p>Q: Describe a situation when you have gained an understanding of a patient's need without going through a formal questioning process. How did you do this?</p> <p>(Panel Member/s to insert notes here on the applicants response to the above question)</p> <p>Desired Response:</p> <p>Please Insert: The Panel 'looking for' and include personal qualities. For example: provides examples of building good rapport; explains procedures to patients; listens to patients needs; gathers information in a non-intrusive way; consistently provides high levels of care to patients; shows empathy; resilience.</p>	<p>Insert rating here as determined by the applicants response – using qualitative assessment.</p> <p>For example: (SA) Slightly above key skill requirements (6.5)</p>	<p>Progress: Yes</p>

Rating scale

1-2	3-4	5	6-7	8-10
Does Not Meet (DNM) Does not meet Key Skill Requirements / fails or minimally satisfies Key Skill Requirements	Almost Meets (AM) Almost meets Key Skill Requirements / Partially / marginally meets Key Skill Requirements	Meets Requirements (M) Meets Key Skill Requirements	Slightly Above (SA) Slightly above Key Skill Requirements / Marginally exceeds / superior satisfaction of Key Skill Requirements	Outstanding (O) Exceeds Key Skill Requirements

Panel member's certification

Signature: <u>June Nightingale</u>	Date: <u>03/04/09</u>	Signature: <u>Sandy Riches</u>	Date: <u>03/04/09</u>	Signature: _____	Date: _____
Name: <u>June Nightingale, NUM</u>		Name: <u>Sandy Riches, CN</u>		Name: _____	Date: _____

SECTION 5 - Referee Report (Form 3)

Please refer to the Recruitment and Selection HR Policy and the Recruitment and Selection Guide for further information on conducting referee checks.

The Referee Report template and Referee Report Guidelines are located on the HR Branch intranet:

http://www.health.qld.gov.au/hrpolicies/forms_index.asp

As part of your selection activities you will need to complete at least one referee check for the preferred applicant.

No appointments can occur without appropriate referee checks being performed.

The referee checks are to be relevant to the role in question. It is appropriate to provide a copy of the Role Description to the Referee for reference although it is not preferable for the Referee to be asked to “address” the key skill requirements, but rather to ask the direct and specific questions as per the new Referee Report.

There is no allowance for the panel to contact the current supervisor of a public service or health service employee for a referee check unless the applicant has nominated the supervisor as a referee through the application process or consent has been given by the applicant.

For Medical Officers

It is a Queensland Health requirement that a minimum of two referee checks be conducted. These are to be conducted by the Medical Superintendent, Medical Superintendent with Right of Private Practice, or the appropriate delegated authority.

Methods for Referee Checks

It is not appropriate that written references provided by the applicant are used as the sole method of verifying claims to the position. Referee checks should be conducted in person, via the telephone, or via email. Verbal referee reports must be documented and it is recommended that the reports then be returned to the referee for verification.

The Referee Report (Form 3) forms part of the standardised forms that reflect the requirements of the new Recruitment and Selection HR Policy and is to be used when completing referee checks.

SECTION 6 – Selection Report (Form 4)

The Selection Report provides information on the advertising and selection process and provides qualitative assessment details on the reason for a recommendation (or no recommendation) of appointment.

The Chair of the Panel must ensure that a Selection Report is completed, including Delegate approval, and has the signatures of Panel members.

A Selection Report must be completed and enclosed within the Recruitment File and returned to SSP Recruitment Services, even if no recommendation for appointment has been made.

When no recommendation for appointment is made and noted on the Selection Report, the Report must still be signed by the Delegate.

Note: By each Panel member signing the Selection Report, it is an acknowledgment that each of the Panel Members agree with the written qualitative assessment of each applicant through the selection process, including shortlisting and final recommendation.

ALL SECTIONS OF THE SELECTION REPORT MUST BE COMPLETED

The below provides brief explanation of the sections that require completion on the Selection Report.

1. Vacancy Details

Section	Description
Job Ad Reference	Please Insert: The Job Ad Reference (JAR) assigned to your vacancy. The JAR is emailed to the Chair of the Panel by SSP Recruitment Services when notifying of advertising and closing dates. The JAR is also stated when applications are emailed to the Chair of the Panel when the vacancy has closed.
Role Title	Please Insert: The title of the role that was advertised. For example: Clinical Nurse; Occupational Therapist; Engineering Tradesperson.
Classification Level	Please Insert: The classification level for the position that was advertised/filled. For example: AO5; HP3; Level 18 - Level 24; Nurse Grade 5; OO4; PO3 etc. This must be consistent with the original Request to Fill a Vacancy form submitted to SSP Recruitment Services.
Location	Please Insert: The name of the Unit/Branch etc that the position is attached to.
Status	Please Insert: The status details of the advertised vacancy. This must be consistent with the original Request to Fill a Vacancy form submitted to SSP Recruitment Services.

2. Application Information

Section	Description
Total number of applications received	Please Insert: Total, overall number of applications received. This includes late and withdrawn applications.
Late applications	Please Indicate: If late applications were received & if yes, detail the name of the late applicant/s and date/s received. This is important as it may have an affect on any appeals processes.
Withdrawn applications	Please Insert: Details of any withdrawn applications, including name, date withdrawn and reason (if provided by the applicant). Note: Applicants who apply online are to withdraw their application online. Once this is actioned, notification will be provided to the Panel Chair if an applicant has withdrawn after the closing date. For further information, please contact SSP Recruitment Services.

3. Selection Methodology

Section	Description
Selection Methodology	Please Indicate: Which selection techniques were used as part of the recruitment and selection strategy. A minimum of two techniques is to have been used. Please tick the relevant boxes, including techniques used at both Shortlisting/s and Assessment/s stages.

4. Assessment of Applicants Against the Key Skill Requirements

Section	Description
Shortlisting and Selection Technique Two	Please Insert: Information on which technique/s were used and the number of applicants in the final shortlist.
Statements on the merit of shortlisted applicants	Please Detail: Qualitative statements on each shortlisted applicant. This is a collective statement from all Panel members on the shortlisted applicants against the key skill requirements through the overall recruitment and selection process. Only the final shortlisted applicants need to be detailed in this section.

5. Order of Merit

Section	Description
Order of Merit list	Please Insert: Applicant names who are suitable, as determined by the Panel, to be in the order of merit. Begin with the applicant who achieved the highest level of merit, cascading down to the lowest. The Panel is to determine if an order of merit is to be established and the actual order of applicants.

6. Referee Checks

Section	Description
Referee Checks	Please Indicate: If referee checks have been completed in accordance with Recruitment and Selection HR policy. Referee check/s (Form 3) must be enclosed with the Recruitment File

7. Pre-Employment Checks

These pre-employment checks can be conducted on any applicant.

Section	Description
Qualification and Academic Check	Please Indicate: Mandatory qualifications have been validated by the citing of original or of a certified copy. If no qualifications are required, then 'tick' the 'not applicable' box.
Registration Check	Please Indicate: Registration has been checked and is current and valid for appointment in accordance with Recruitment and Selection HR policy and Health Professional Registration – Medical Officers, Nurses and Other Health Professionals HR policy. If registration is not required for the role, then 'tick' the 'not applicable' box.
Details of Checks	Please Insert: Details of the types of checks completed and for which applicant/s.

8. Pre-Employment Checks – on recommended applicant(s)

These pre-employment checks are to be conducted on those applicants who are recommended for appointment.

Section	Description
Which pre-employment check	Please Indicate: The required pre-employment check that will be/has been facilitated by the Panel.
Criminal History clearance obtained	Please Indicate: If a clearance from the Criminal History Unit has been obtained advising that the appointment(s) can proceed (this clearance, which is an email from the Criminal History Unit, is to be included in the Recruitment File when returning the file to SSP Recruitment Services). If a clearance is not required for the role, then 'tick' the 'not applicable' box.
If not applicable	Please Insert: Details of recommended applicant(s) who do not require any form of criminal history clearance and the reasons for this.
Immunisation Check	Please Indicate: If the recommended applicant/s has provided proof of the required relevant vaccination. If immunisation is not required for the role, then 'tick' the 'not applicable' box.

9. Salary Determination

Section	Description
External applicants recommended for appointment paypoints	Please Insert: Classification and paypoint (increment level) information for recommended applicant/s, giving consideration that the recommendation is to be based on the following: <ul style="list-style-type: none"> • previous experience in equivalent or higher level roles; • the skills, knowledge and abilities of the applicant; • consideration of the paypoints and experience of existing employees within the work unit performing similar work. If no paypoint is stated for an external appointee, then the appointee will commence on the lowest paypoint.

10. Recommendation for Appointment

Section	Description
The Selection Panel recommends that the position	Please Insert: The name of the applicant/s, engagement status including fulltime or part time, and if part time – hours per fortnight – of those applicant/s that the Panel are recommending to the Delegate for appointment.

11. Selection Panel Signatures

Section	Description
Chairperson & Panel Member signatures	Please Sign: The Panel Chairperson and all Panel members must sign and date the selection report.

12. Delegate Approval

Section	Description
Delegate signature	Please Sign: The Delegate must sign and date the selection report to approve the appointment of the recommended applicant/s. The Delegate must be in accordance with QH HR Delegations (Appointment).

13. Feedback

Section	Description
Feedback	Please Insert: The details of the panel member who is the contact for providing feedback to applicant/s who may wish to pursue feedback. Note: The Panel member for feedback does not have to be the Chair. Note: The contact details provided will be listed in the unsuccessful letters to applicants/.

14. Document Checklist

Section	Description
Documentation to be included in the Recruitment File	<p>Within the Recruitment File that is to be returned to SSP Recruitment Services, please ensure that the following documents, as a minimum, are enclosed:</p> <ul style="list-style-type: none"> • All applications (including successful, unsuccessful and applications from applicant/s who have withdrawn): • A copy of the Role Description used for the recruitment and selection process; • Referee report/s completed; • Verification email from the Criminal History Unit, noting that the appointment can proceed. The Chair of the Panel is to retain all other documentation in relation to the criminal history check in a secure place and destroy (shred) the documentation on the date advised by the Criminal History Unit. • Other documentation completed as part of the recruitment and selection strategy, including qualitative statements at shortlisting (Form 2a or Forms 2b) and Assessment Sheets (Form 2c) from all other selection activities.

EXAMPLE – Selection Report is detailed on the following pages.

Selection Report

Job Ad Reference:	H08XY123
Role Title:	Registered Nurse
Classification Level:	Grade 5
Location (Unit/Branch)	Medical Ward, River Hospital, Far North Health Service District

1. Vacancy Details

Status

Permanent Full -Time

Permanent Part -Time _____ Hours per fortnight

Temporary Full -Time

Temporary Part -Time _____ Hours per fortnight

Relieving (casual) VMO _____ Hours per fortnight

Duration of contract _____
(e.g. six months / until dd/mm/yy)

Casual

2. Application Information

Total number of applications received **6**

Were late applications accepted?: Yes No

<u>Name of late applicant(s)</u>	<u>Date application received</u>
Lacey Lee	26/03/09

Withdrawn application(s) – Please provide details

<u>Name</u>	<u>Date withdrawn</u>	<u>Reason</u>

3. Selection Methodology

- Applicant Screening –
(Application or Telephone Screen)
 - Assessment Centres
 - Curriculum Vitae (CV)/ Resume
 - Group Activities
 - Interviews – (behavioural or situational)
 - Practical Work Demonstration
 - Presentations
 - Psychometric Testing
 - Referee Reports
 - Role Plays
 - Skills testing eg computer
 - Work Samples

4. Assessment of Applicants Against Key Skill Requirements

This section should include statements about the shortlisted applicants against the key skill requirements.

Shortlisting was based on: **Application Screen (telephone)**; and of the...6.....applicants,4.....were shortlisted.

Selection technique(s) 2 was: **Interview**

1.	Provide brief statements on each shortlisted applicant on how they have met the key skills requirements and key competencies of the position. Only the final shortlisted applicants need to have statements of merit in the Selection Report (not all applicants).
2.	
3.	
4.	

Statements on the merit of shortlisted applicants:

(insert additional rows if needed)

5. Order of Merit

Applicants rated as suitable for appointment (in order of merit):

1.	John Rogers	7.	
2.	Betty Smyth	8.	
3.	Mark Thomas	9.	
4.		10.	
5.		11.	
6.		12.	

(insert additional rows if needed):

6. Referee Checks

Referee checks have been undertaken in accordance with the Referee Report form 3 and Recruitment and Selection HR Policy B1? Yes

NB. In Queensland Health's Recruitment and Selection HR Policy B1, at least one referee check is to be undertaken for all preferred applicants. A minimum of two referee checks is to be undertaken for all medical applicants. Please refer to this policy for other specific referee checking requirements for medical appointments.

7. Pre-Employment Checks

Qualification and Academic Check

Mandatory qualifications must be validated by citing the original or a certified copy of the qualification, which is to be provided to the panel chair prior to employment with Queensland Health being confirmed.

- Qualifications / Academic qualifications sighted (Original or copy cited by a Justice of Peace) Yes No **Not applicable**

Registration Check

- Appropriate Queensland Registration checked **Yes** No Not applicable
 Pending Appointment

Applicant's Name	Type of Check	Completed
John Rogers	Registered with QNC	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Betty Smyth	Registered with QNC	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

8. Pre-Employment Checks – on recommended applicant(s)

Pre-Employment Checks

Which pre-employment check is required for this role?

- General**
- Aged Care
- Corrective Services
- Working with Children (Blue Card)
- Aged Care Key Personnel (*Applies to Directors of Nursing and Nursing Officer Grade 7 and above positions (including relief, secondment, temporary and casual arrangements) in Residential Aged Care Facilities*)

In accordance with Criminal History HR Policy **no** permanent or long-term temporary offer of appointment can be made until the completion of the relevant criminal history check(s).

- Criminal History Clearance(s) obtained **Yes** No **Not applicable**

If not applicable, reason **Betty Smyth is a current temporary employee who has previously had a criminal history check completed and has had no break in service. John does require a criminal history check as he is external to QH.**

For further information about criminal history checks, please contact the Criminal History Unit on 3121 1410.

Immunisation Check

Where required the recommended applicant/s has/have provided proof of relevant vaccination.

- Yes** No Not applicable

9. Salary Determination (External Applicant/s Only)

The selection panel may recommend an external applicant be appointed to a paypoint within the classification level. Such a recommendation is to be made in accordance with any relevant industrial instrument. E.g. Medical and Nursing staff are covered by specific service recognition provisions. See Determining Salary Levels HR Policy for further information.

External applicants recommended for appointment to paypoints:-

Name:	Classification:	Paypoint:
John Rogers	Nurse Grade 5	7

10. Recommendation for Appointment

The selection panel recommends that the position of ...**RN Medical Ward**....(JAR **H08XY123**..). is offered to

Name:	Employment Status:		
	Permanent/Temporary/Casual	Full-time/Part-time	Hours per fortnight:
John Rogers	Permanent	Full time	76
Betty Smyth	Permanent	Part time	56

as the most meritorious applicant/s. Should a recommended applicant not accept this position, it is recommended that the position be offered to the next applicant rated as suitable for appointment in the order of merit list.

11. Selection Panel Signatures

We, the undersigned, hereby confirm that this selection report and the recruitment and selection process have been undertaken in accordance with Recruitment and Selection HR Policy and the relevant industrial instruments.

Chairperson name: June Nightingale **Signature:** June Nightingale

Position: NUM, Medical Ward, FNHSD **Date:** 03/04/09

Contact details: 07 1234 5678

Panel member name: Sandy Riches **Signature:** Sandy Riches

Position: Clinical Nurse, Medical Ward, Coastal Health Service District **Date:** 03/04/09

Contact details: 07 2234 6789

Panel member name: _____ **Signature:** _____

Position: _____ **Date:** _____

Contact details: _____

12. Delegate Approval

Approved Not Approved

Approved - subject to satisfactory outcome of pre-employment checks

Appropriate resources both financial and physical are available to accommodate this appointment.

Delegate name: Cameron Hope **Signature:** Cameron Hope

Position: Director of Nursing, FNHSD **Date:** 07/04/09

Comments: **I support the paypoint recommendation of the panel of Gr 5 (7) for John Rogers.**

13. Feedback

For feedback the contact person is:

Panel member name: Sandy Riches

Position: CN, Medical Ward, Coastal HSD **Contact:** 07 2234 6789

14. Document Checklist

1. All Applications (successful, unsuccessful and withdrawn)
2. Role Description
3. Referee Report(s)
4. Criminal History Check - verification email from Criminal History Unit to proceed with appointment
5. Other documentation relevant to the Recruitment and Selection process eg. Shortlisting Sheet, Assessment Sheet; pre-employment checking as outlined in the Recruitment and Selection HR Policy B1.

Please submit this Selection Report and any other relevant documentation to Recruitment Services.

Contact your local Recruitment Services if you require further information

SECTION 7 – Criminal History Checking

Once you have recommended an applicant/s for appointment and the recommendation has been approved by the Delegate, the Panel will need to facilitate the completion of the relevant criminal history check for the recommended applicant/s.

Depending on the role being recruited to, applicant/s will be required to be subject to one, or more, of the following criminal history checks.

- General Criminal History check
- Aged Care Criminal History check
- Aged Care Key Personnel check
- Corrective Services Criminal History check
- Working with Children check (Blue Card)

All Criminal History Checking Procedures and Forms (including *Aged Care Police Certificates*) are located at:

http://qheps.health.qld.gov.au/sspd/recruitment/crim_hist.htm

***EXAMPLE - Applicant Consent form &
Request for General Criminal History Check form
are detailed on the following pages.***

Queensland Health and Queensland Police Service Information About Criminal History Checks

Not to be used for employees or volunteers engaged in facilities/services provided in accordance with the Aged Care act 1997

Queensland Health has a responsibility to:

- ensure the safety and security of employees and members of the Queensland community who rely on and/or receive services provided by Queensland Health employees;
- maintain public confidence in the integrity of Queensland Health staff; and
- treat prospective employees fairly in relation to any consideration of their suitability for employment within Queensland Health.

The Director-General of Queensland Health requires all persons recommended for appointment to Queensland Health for periods in excess of three months to be subject to a pre-appointment criminal history check. This policy does not apply to existing permanent employees of Queensland Health.

You are requested to provide written consent and adequate proof of identity for Queensland Health to conduct a criminal history check through the Queensland Police Service.

The attached consent form must be completed and returned with legible photocopies of proof of identity documentation. Proof of identity documentation must provide satisfactory proof of:

- ✓ your name
- ✓ your date of birth
- ✓ your place of birth.

Suitable proof of identity documentation to confirm the above must include at least one item, or a combination of items, from the list below:

- Current drivers licence
- Current passport, including photograph and signature
- Birth Certificate (or extract)
- Marriage Certificate
- Australian Naturalisation, Citizenship or Immigration Documentation
- Credit card, account card or passbook from a bank, building society or credit union (showing name and signature)

Appointment to Queensland Health is subject to a satisfactory criminal history assessment. However, depending on the relevant duties of the job, having a criminal history may not necessarily result in disqualification for appointment.

If, after obtaining a criminal history report, the Director-General or delegate considers a recommended person may be unsuitable for appointment, the recommended person will be provided with an opportunity to make written or oral representations before any further decision is made.

You are not required under any circumstances to tell any person in your employing area about your criminal history. There are strict arrangements in place in the Queensland Health Criminal History Unit to ensure confidentiality of criminal history information. No staff in your employing area will be provided with any details about your criminal history at any time, including when a decision about your suitability to work in Queensland Health is notified.

Please be aware that any statement in an application which is found to be deliberately misleading will result in disqualification from further consideration. If you are employed in the Queensland Public Service, it may result in disciplinary action.

Failure to provide the appropriate proof of identity documentation and the completed consent form without reasonable explanation within seven days of being requested will result in disqualification from further consideration for appointment.

Please complete and return the attached form and legible photocopies of proof of identity documentation within seven days to:

Name: June Nightingale	Fax: 07 1233 5566
Position: Nurse Unit Manager, Medical Ward, River Hospital	Postal Address: PO Box 88, CAIRNS MAIL CENTRE QLD 1000

Further information at http://qheps.health.qld.gov.au/sspd/recruitment/crim_hist_checks.htm or telephone the Queensland Health Criminal History Unit on 07 3121 1407



Queensland Health and Queensland Police Service

Consent to Check National Police Records
and Advise Third Party



Not to be used for employees or volunteers engaged in facilities/services provided in accordance with the *Aged Care Act 1997*

Title	Family Name	Given Names (include <u>all</u> given names)		
Mr	ROGERS	John Max		
Former Maiden Name, Married Names or Aliases				Gender M/F
				M
Place of Birth:			Date of Birth	
Town	State	Country	Day/Month/Year	
Perth	QLD	Australia	06/11/1966	
Residential Street Address		Suburb, Town, City	Post Code	
26 Ocean View Drive		Island Cove	1023	
Telephone Home		Telephone Business	Telephone Mobile	
07 1245 2165			0400 321 654	
Drivers Licence Number		Drivers Licence State	Name of Third Party	
36 4039 578		Queensland	Queensland Health	

Consent and indemnification

I,**John Max Rogers**..., whose personal particulars are set out above, authorise the Commissioner of Police or his servants or agents to:

Check my name against records that are held by the Queensland Police Service or are available to them nationally from other Australian Police Services, and I further agree to provide my fingerprint impressions if required for checking purposes, and if I do not have a conviction or I only have a conviction that cannot be disclosed by virtue of the Criminal Law (Rehabilitation of Offenders) Act 1986 (QLD) to advise the above named third party that I do not have a conviction that can be disclosed. If I have a conviction that can be disclosed, I authorise the disclosure to the above named third party of the details of that conviction. I clearly understand that any details disclosed to the above named third party will be considered by them and may affect any application I have made with them for a position of trust or employment as the case may be.

I hereby agree not to take or suffer or permit to be taken any legal action whatsoever or howsoever against the Crown in the right of the State of Queensland, the Commissioner of Police or any member or agent of the Queensland Police Service in respect of the advice given to the third party or the disclosure or use of information relating in any way to records under the name supplied.

Signature of Person	Date
<i>John Rogers</i>	08/04/09

Signed in the presence of:

Signature of Witness	Name of Witness
<i>Melissa Rogers</i>	Melissa Rogers

REQUEST FOR GENERAL CRIMINAL HISTORY CHECK

Not to be used for employees or volunteers engaged in facilities/services provided in accordance with the *Aged Care Act 1997*

TO:	Fax: 3121 1499	
	Name: Queensland Health Criminal History Unit	
FROM:	Phone: 07 1234 5678	Fax: 07 1233 5566
	Name: June Nightingale	
	Position: Nurse Unit Manager, Medical Ward, River Hospital	
	Date: 08/04/09	No. of Pages: 1

The purpose of this fax is to request the Queensland Health Criminal History Unit to administer a criminal history check in accordance with IRM 3.12-1 - Criminal History Checking.

Details of the person for whom a criminal history check is requested:

Full Name of Person	Date of Birth	Gender
John Max Rogers	06/11/1966	M

Details of the job to which this person is recommended for appointment:

Position Title	Cost Centre					
Registered Nurse	8	9	1	0	2	3
Work Unit & Facility	Health Service District or Division					
Medical Ward, River Hospital	Far North Health Service District					

Contact details of the **person** recommending the appointment or the **work unit manager/supervisor**.

Name	Work Telephone	Mobile Telephone
June Nightingale	07 1234 5678	N/A
Email address for Clearance Email	June_Nightingale@health.qld.gov.au	

I have attached a completed, signed and witnessed Consent to Check National Police Records and Advise Third Party Form.

I am satisfied that the proof of identity documentation provided to me confirms the name, date of birth and place of birth of the person recommended for appointment.

I will retain all information related to this request for a criminal history check in a secure location until I am notified of the outcome of the criminal history check and directed by the Criminal History Unit to destroy the documentation.

I will not release any information related to this request to any person not involved in administering the criminal history check.

Name	Signature	Date
June Nightingale	<i>June Nightingale</i>	08/04/09

Don't delay your check - complete all fields clearly and correctly

This facsimile is a confidential communication between the sender and the addressee. The contents may also be protected by legislation as they relate to health service matters. Neither the confidentiality nor any other protection attaching to this facsimile is waived, lost or destroyed by reason that it has been mistakenly transmitted to a person or entity other than the addressee. The use, disclosure, copying or distribution of any of the contents is prohibited. If you are not the addressee please notify the sender immediately by telephone or facsimile number provided above and return the facsimile to us by post at our expense.

SECTION 8 – Payroll Forms

Dependent on the current status of the appointee/s, either a Commencement Form – Supervisors Authorisation or an Employee Movement form will need to be completed to commence or move the appointee in the Queensland Health Payroll system to enable the employee to be rostered in the rostering system (ESP) and for the payment of wages.

Note – Until the appropriate form is provided to the Queensland Health Shared Service Partner Payroll and Establishment Services (or to SSP Recruitment Services as part of a recruitment and selection process), appointees will not be entered or moved to the new/correct position and paid accordingly.

Commencement Form – Supervisors Authorisation

This form is to be completed to enable the entering of the successful applicant into the Queensland Health Payroll system.

The Commencement Form – Supervisors Authorisation form is used by Queensland Health line managers and/or delegates to notify Queensland Health Shared Service Partner of the appointment of a new employee (external to Queensland Health) to a position within their work unit.

Employee Movement form

This form is to be completed to document changes to an existing employee's position, status, or terms of employment in the Queensland Health Payroll system.

This includes:

Casual employees moving to a temporary contract;

Casual or Temporary employees moving to a different position (either temporarily or permanently);

or

Permanent employees moving to a different position (either temporarily for secondment or higher duties or permanently).

EXAMPLE – Commencement Form – Supervisors Authorisation and Employee Movement form are detailed on the following pages.

Note – new versions of Payroll & Establishment Forms may be released at anytime, to reflect whole of government requirements or as part of the implementation of a new Payroll system into Queensland Health.

Please ensure that you check online for the most recent version:

http://qheps.health.qld.gov.au/qhhrmisp/lattice_assist/index/forms.htm

COMMENCEMENT FORM – SUPERVISOR’S AUTHORISATION

Supervisor / Line Manager to complete the following Positional Details relevant for the new employee

EMPLOYEE ID		CREW ID	N	H	S	1	8	9
Employee Surname	ROGERS	Given Names	JOHN MAX					
Employee Date of Birth	07/09/1966	Position ID	045896		SSP Position	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Appointed to Position Title	Registered Nurse							
Dept/Location	Medical Ward			Class/Level	Grade 5 (7)			
Probation	<input type="checkbox"/> 3 Months <input checked="" type="checkbox"/> 6 Months			Crew Id/Home Unit	NHS189			
Roster ID	Col	Line	ESP Workplan			ESP Roster Title		
Proposed Roster Pattern	MON	TUE	WED	THU	FRI	SAT	SUN	
Paid Hours								
Employment Type	<input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time Hours per fortnight: _____ <input type="checkbox"/> Casual <input type="checkbox"/> Trainee			Employment Status (If Full or Part-time)	<input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Temporary			
Other Conditions of Employment	<input type="checkbox"/> Uniform Allowance <input type="checkbox"/> Board <input checked="" type="checkbox"/> Laundry Allowance <input type="checkbox"/> Lodgings <input type="checkbox"/> Other Allowance - Please Specify _____ <input type="checkbox"/> Working with Children Check Required (<i>Commission for Children & Young Peoples ct 2000</i>)							
Start Date	11/05/09			End Date (if temporary)	/ /			
Vacancy Ref No. (if applicable)	H08XY123			Previous Occupant (if applicable)	Samantha Kane			
Reason for Appointment	Resignation of Samantha. Appointment to advertised vacant position through open merit.							

TERMS OF EMPLOYMENT

Working Arrangements (Full Time Employees Only)	Shift Arrangements	No. Weeks Leave	Reason For Additional Weeks Leave
19 Day Month (ADO Accrual) <input checked="" type="checkbox"/> Variable Working Hours (Flex time) <input type="checkbox"/> 9 Day Fortnight <input type="checkbox"/> Standard Hours (Non ADO Accrual) <input type="checkbox"/>	Day <input type="checkbox"/> Shift <input type="checkbox"/> Cont/Shift <input checked="" type="checkbox"/>	4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input checked="" type="checkbox"/>	Working Public Holidays <input type="checkbox"/> Continuous Shift Work <input checked="" type="checkbox"/> Radium (Radiographers Only) <input type="checkbox"/>

FUNDING

Cost Centre and % allocation	1	891023	100%	2	%
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SUPERVISOR SIGNATURE

Signature	June Nightingale	13/04/09	Contact No	(07) 1234 5678
Name	June Nightingale		Position Title	NUM, Medical Ward

DELEGATE SIGNATURE APPROVAL FOR AFT TO BE EXCEEDED

				<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature	Cameron Hope	13/04/09	Contact No	(07) 1234 4321
Name	Cameron Hope		Position Title	DON, River Hospital

GENERAL OPERATIONS MANAGER APPROVAL - SSP POSITION ONLY

Signature	/ /	Contact No
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OFFICE USE ONLY

Working with Children Check Completed (if required)	<input type="checkbox"/> Yes	Signature	/ /
Processed By	/ /	Checked By	/ /
ESP Processed By	/ /	Checked By	/ /
Name		Position Title	

EMPLOYEE MOVEMENTS

EMPLOYEE ID	1	4	2	9	0	0
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NOTE: Where possible this form should reach HR no later than six (6) weeks prior to the event.

- Please tick one type only:
- Transfer at Level
 Acting at Level
 Temporary Contract
 Secondment
 Progression Promotion
 Redeployment
 Deployment
 Demotion
 Change of Status / Change of Hours

EMPLOYEE DETAILS

Surname	SMYTH	Given Names	BETTY JANE
---------	-------	-------------	------------

CURRENT POSITION

Position Title	Registered Nurse	Position ID	045896
Unit/Location	Medical Ward	Crew ID	NHS189
Class/Level	Grade 5 (4)		
Employment Type	<input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time - Hours per fortnight: <input type="checkbox"/> Trainee <input type="checkbox"/> Casual		
Employment Status	(If Full-time or Part-time) <input type="checkbox"/> Permanent <input checked="" type="checkbox"/> Temporary		

PROPOSED POSITION

Position Title	Registered Nurse	Position ID	045896											
Unit/Location	Medical Ward	Crew ID	NHS189											
Class/Level	Grade 5 (4)													
Probation	<input type="checkbox"/> 3 Months <input checked="" type="checkbox"/> 6 Months													
Employment Type	<input type="checkbox"/> Full-time <input checked="" type="checkbox"/> Part-time - Hours per fortnight: 56 <input type="checkbox"/> Trainee <input type="checkbox"/> Casual		Employment Status <input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Temporary											
Roster ID	Col	Line	ESP Workplan											
Roster Pattern	MON	TUE S	WED	THU R	FRI	SAT	SUN	MON	TUE	WED	THU R	FRI	SAT	SUN
Paid Hours														
Proposed Term	Start Date 20/04/09 End Date /							Vacancy Ref No.		H08XY123				
Reason for Change	Permanent appointment to hours vacated by Karen Cooper who transferred to another district.							Current Occupant		N/A				

NURSING EMPLOYEES ONLY

Does the employee have an approved accelerated advancement qualification?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If currently paid, is the qualification applicable to the new position?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If No, base payment may be reduced		
If not paid, is the qualification applicable to the new position?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

TERMS OF EMPLOYMENT

Working Arrangements (Full Time Employees Only)	Shift Arrangements	No. Weeks Leave	Reason For Additional Weeks Leave
19 Day Month (ADO Accrual) <input type="checkbox"/>	Day <input type="checkbox"/>	4 <input type="checkbox"/>	Working Public Holidays <input type="checkbox"/>
Variable Working Hours (Flexitime) <input type="checkbox"/>	Shift <input type="checkbox"/>	5 <input type="checkbox"/>	Continuous Shift Work <input checked="" type="checkbox"/>
9 Day Fortnight <input type="checkbox"/>	Cont/Shift <input checked="" type="checkbox"/>	6 <input checked="" type="checkbox"/>	Radium (Radiographers Only) <input type="checkbox"/>
Standard Hours (Non ADO Accrual) <input checked="" type="checkbox"/>			

COSTING DETAILS

New Cost Centre	1	891023	100%	2	%	3	%	4	%
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EMPLOYEE SIGNATURE: I agree to the above changes to my employment status/hours/position.

Signature	Betty J Smith	Date	17/04/2009
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SUPERVISOR SIGNATURE

Signature	June Nightingale	17/04/09	Contact No	(07) 1234 5678
Name	June Nightingale		Position	NUM, Medical Ward

DELEGATE SIGNATURE

I, the authorised Delegate for Appointments, hereby approve:

- any increase above the position's AFT as a consequence of this appointment; and
- the above appointment subject to receipt of acceptable criminal history report (where necessary), in accordance with Section 67 of the Public Service Act 1996 / Section 24 of the Health Services Act 1991 (delete whichever is not applicable).

Signature	<i>Cameron Hope</i>	17/04/09	Contact No	(07) 1234 4321
Name	Cameron Hope		Position	DON, River Hospital

OFFICE USE ONLY					
Processed By	/ /	Checked By	/ /	ESP Processed by	/ /

PBI Eligibility

PBI is defined in the Salary Packaging Participation Agreement as meaning "public benevolent institution as determined from time to time by Queensland Health".

DISTRICT/CORPORATE OFFICE HR/PAYROLL MANAGER

I verify that the PBI status of the employee, Employee ID will / will not change during the temporary appointment

Name:	
Signature:	Date:

EMPLOYEE

I acknowledge that I have been made aware of the effects on my PBI status during the temporary appointment

Name:	
Signature:	Date:

NOTE: If this change is a transfer to another Health Service District employee must advise PKF of the details. Employee to complete a PKF District Transfer form, available on CHRISS. If transferring to a non PBI District, it is highly recommended that the employee contact their financial advisor for advice.

SECTION 9 – Expression of Interest

IRM 1.13-13 – Streamlined Expression of Interest Process for Engagement or Appointments up to 12 Months - details the process that can be used for all positions across Queensland Health utilising Expressions of Interest - for positions up to 12 months.

An expression of interest is an advertising method for the temporary filling of vacant positions for short term needs/projects (up to 12 months). A merit based process is still required, with the minimum two selection techniques.

The IRM provides two template forms:

- EOI CV/Resume Template; and
- EOI Selection report Template.

Please refer to IRM 1.13-13 for further information and copies of the above templates.