



Prosthetic Service Provider (PSP) Personnel Registration

The Queensland Health and Metro South Hospital and Health Service (MSHHS), via the Medical Aids Subsidy Scheme (MASS)/Queensland Artificial Limb Service (QALS) collects and uses your personal information in order to assess your registration status and authorisation to prescribe/provide prosthetic services under the QALS Working Arrangement. All information is collected in accordance with the Information Privacy Act 2009 (Qld). Your personal information will be used by authorised officers within the MASS/QALS to evaluate your registration status and may be disclosed to other government agencies.

Your personal information will not be disclosed to any other third parties without consent, unless required by law. If you choose not to provide your personal information, you will not meet the condition of being recognised by QALS. For information about how Queensland Health protects your personal information, or to learn about your right to access your own personal information, please see our website at health.qld.gov.au/global/privacy.

Prosthetic Technician and Prosthetist staff changes should be submitted to QALS within 2 business days.

Submit completed form to MASS-Procurement@health.qld.gov.au

Prosthetist/Technician Details

Name: ☐ Primary/Senior Prosthetist ☐ Prosthetist ☐ Technician

Qualifications:

Experience/Expertise:

Professional Membership: Membership Number:

Disability Worker Screening/Working with Children Check:

Card Number: Expiry Date:

☐ Appropriate security clearance / screening - disability worker screening, working with children and aged care access is attached (e.g. copy of Blue Card/NDIS Worker Screening Card).

Mandatory Vaccinations

Immunisation confirmation against specified preventable diseases (VPDs) - **must be completed and sent to QALS within 5 business days of the new staff commencing**. For information regarding Queensland Health's requirement for vaccinations refer to: health.qld.gov.au/employment/work-for-us/dept-of-health/pre-employment/vaccinations

☐ **Vaccine preventable diseases (VPD) form and evidence is attached:**

- ☐ [VPD evidence certification form](#) - ask your medical practitioner, registered nurse, or occupational health provider to fill in this form on your behalf.
- ☐ [VPD evidence form](#) - use this form if you already have copies of acceptable forms of evidence. You must attach copies of the documents listed in the table below.

☐ **COVID-19 Vaccination evidence requirements:** Provide COVID-19 Digital certificate, Immunisation History Statement or vaccination appointment card.

For more information on providing evidence/approved types of evidence, refer to: health.qld.gov.au/employment/work-for-us/apply-for-a-job/pre-employment/vaccines/providing-evidence

Prosthetist/Technician Declaration

☐ I have read and familiarised myself with the [Queensland Health Code of Conduct](#), [The National Code of Conduct for Health Care Workers \(Queensland\)](#) and [Guidelines for Queensland Artificial Limb Service](#).

Signature: Name: Date:

PSP Manager/Director Acknowledgement

☐ Qualifications, Experience and Professional Membership at degree, diploma or certificate level has been sighted OR are attached if the new personnel is the primary/senior prosthetist.

Signature: Name: Date:

MASS/QALS Service Manager Approval

- ☐ All Documents have been received
☐ Request is approved ☐ Request is NOT approved

Comments:

Signature: Name: Date: