Date

To: HNELHD-CRC@health.nsw.gov.au

**Application for HNE Research related HNE Contingent Worker (Contractor)**

Please find information below and documentation attached which comprises a new application for a project specific **HNE Research Related Contingent Worker (Contractor)** for:

*Table 1:*

|  |  |
| --- | --- |
| **Category of Contingent Worker** | Please select from the below *(delete which is not applicable, do not amend the titles)* :**Research** - to be used if applicant is a Principal or Associate Investigator**Research Assistant**- to be used if the applicant is a research coordinator; research assistant or similar |
| **Name of Contingent Worker** |  |
| **Employer of Contingent Worker** |  |
| **Position of Contingent Worker** |  |
| **Research Project title** |  |
| **REGIS HNE site reference number** | (20XX/STEXXXXX) |
| **Role of Contingent Worker for this project** |  |
| **Expiry Date** (of Contingent Worker status) |  |

*NOTE: all appointments must have an expiry date (relevant to their role in the project).*

The following additional details are provided by the **HNE Service Finance Manager.** Find Support for Finance Managers here ([Project specific access](https://www.hnehealth.nsw.gov.au/research-office/research_governance/site_access_-_for_external_researchers/project_specific_access)).

*Table 2:*

|  |  |
| --- | --- |
| **HNE Supervisor** This is the PI or PI Delegated Supervisor |  |
| **HNE Cost Centre**This is the payroll cost centre of the HNE Supervisor |  |
| **HNE Position Number/Title**List the research specific Contingent Worker (Contractor) position number and title within this payroll cost centre.  | HNE Position Number: HNE Position number Title:Research OR Research Assistant *(delete which is not applicable, do not amend the titles)*If no current relevant position number exists within this cost centre, please state N/A here and complete ‘Contingent Worker Position Number Establishment’ below |
| **Research Related Contingent Worker (Contractor) Position Number Establishment***Complete this section only if you have answered N/A to HNE Position Number/Title above.*By completing this section you are requesting to establish a specific research related Contingent Worker (Contractor) position number within the cost centre listed above upon processing of this application. No further request for position number will be required. | Classification**:** Contractor *(do not change)*HNE Position number Title:Research OR Research Assistant *(delete which is not applicable, do not amend the titles)*Position number of HNE Supervisor: WWCC Required: Y/NAged Care Check Required: Y/N# Please attach completed: NSW Health checklist# Please attach completed [Statutory Declaration](https://intranet.hne.health.nsw.gov.au/__data/assets/pdf_file/0011/354773/Stat_Dec_Aged_Care.pdf) if Aged Care Check is required  |

Please find attached the following completed documentation for your consideration:

*Table 3:*

|  |
| --- |
| [HNE Contingent Worker (Contractor)](https://intranet.hne.health.nsw.gov.au/hr/a_to_z_of_hr_information/contingent_workers/contractors) * Contractors CRC Coversheet
* Privacy Undertaking
* Identification Checklist
* Record of COVID-19 vaccination status
* National Police Check *Delete which one is not applicable:* External providers Personal Details Form **OR** Unpaid contractors National Police Check (NPC) Consent form
* NSW Health Checklist (for applications requesting establishment of position numbers) *delete if note applicable*
* Statutory Declaration if Aged Care Check is required *delete if note applicable*
* Network User Form
 |
| REGIS HNE Site authorisation for research project |
| REGIS HNE Site amendment authorisation naming the external researcher working on the project |
| Signed NSW Health Code of Conduct |

**Additional Information:** *Please include any additional information here (or delete if note applicable)*

**HNE Supervisor Statement:** I will supervise this appointment just like any other HNE Employee, I understand that, if successful, the contingent worker appointment will cease on the expiry date mentioned above. If an extension is required, the HNE Supervisor will contact HNELHD-CRC@health.nsw.gov.au to arrange and extension.

**HNE Supervisor Name:**

**Position:**

**Signature:**

**Date:**

**HNE Service Finance Manager Statement:** I confirm I am aware of this request and the information provided above within Table 2 is correct. I agree to a research related contingent worker (contractor) position number being established within this cost centre if I have completed the ‘Research Related Contingent Worker (Contractor) Position Number Establishment’ section within Table 2.

**HNE Service Finance Manager Name:**

**HNE Dept/Service:**

**Signature:**

**Date:**

*NOTE: The cover letter must be signed by the proposed HNE Supervisor of the Contingent Worker as well as the Service Finance Manager responsible for the payroll cost centre. The cover letter must be submitted with the HNE Contingent Worker application and supporting documents and emailed to:* *HNELHD-CRC@health.nsw.gov.au**.*