**HNE Supervisor and HNE Service Information**

This form is to be completed by the HNE supervisor of this appointment and accompany the submission of the HNE Research Assistant or HNE Researcher Contingent worker appointments. This form and all supporting documents are to be emailed to [HNELHD-CRC@health.nsw.gov.au](mailto:HNELHD-CRC@health.nsw.gov.au)

Please refer to Appendix 1 for submission instructions. No applications will be accepted if they are incomplete in any way. It the responsibility of the HNE Supervisor to ensure the application and supporting documents are all completed (including the 100 point ID checking).

**Instructions:**

* HNE supervisor to complete each section with a XXX.
* Please ensure text is converted back black text prior to submission.
* Remove *italic* tips prior to submission.

**Includes:**

* Supervisor and Service Details
* Appendix 1 Submission instructions
* Appendix 2 Role and Responsibilities for this role (to be provided to the research assistant contingent worker)

|  |  |
| --- | --- |
| **Appointment Details:** | |
| Category: | HNE Contingent Worker Appointment – CONTRACTOR |
| Contingent Worker Position Number Title: | Research Assistant |
| Vaccination Category: | XXX |
| Expiry date of position: | XXX |
| **Applicant Details:** | |
| Name and current employing organisation: | XXX |
| **HNE Department Service:** | |
| HNE Service/ Department: | XXX |
| **HNELHD Supervisor:** | |
| HNE Supervisor/Sponsor Name: | XXX *Must be a senior HNE staff member* |
| HNE Payroll Cost Centre of HNE Supervisor/Sponsor: | XXX *Must be the payroll cost centre of the HNE Supervisor/Sponsor* |
| **HNELHD Position Number Details** *(HNE Service Manager can provide these details)* | |
| HNELHD Position Number within **Supervisor HNE Payroll cost** centre:: | POSITION NUMBER: XXX  MUST be for **HNE Contingent Worker – CONTRACTOR (Research Assistant).**  If this EXACT position number doesn’t exist within the HNE Supervisor payroll cost centre please complete the below and one will be established upon appointment processing, WWCC will be selected as Yes for these positions. |
| **If above position number doesn’t exist:** | HNE Position Number of HNE Supervisor: XXX  *Must be the position number of the HNE Supervisor/Sponsor* |
| **Declaration of HNE Supervisor** | |
| I will supervise this appointment just like any other HNE Employee and will instruct any mandatory or system training to be conducted as required and relevant to the role.  I have determined the vaccination category as per [Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases (nsw.gov.au)](https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2022_030.pdf)  I understand that, if successful, the appointment will cease on the expiry date mentioned above (or if my appointment as HNE Supervisor ceases before this date – so will the Research Assistant Contingent worker appointments that I supervise.  If an extension is required, the HNE Supervisor will contact [HNELHD-CRC@health.nsw.gov.au](mailto:HNELHD-CRC@health.nsw.gov.au) to arrange and extension.  Signature:  Name:  Date: | |
| **Declaration of HNE Service Manager** | |
| I confirm I am aware of this request and the information provided above regarding position numbers is correct.  I agree to a contingent worker (contractor) Research Assistant Contingent Worker position number being established within this cost centre if there is not already one established  Signature:  Name:  Date: | |

**Appendix 1 – Submission Instructions Checklist for HNE Supervisor**

|  |  |  |
| --- | --- | --- |
| **Submission Instructions Checklist for HNE Supervisor** | | |
|  | **Complete** | **Description** |
|  | | |
|  |  |  |
| **For action:** | Yes/No | Ensure all initial processes have been following and supporting documents are completed/provided:   * [Applicant is named on SSA, or via site amendment from HNE Research Office](https://www.hnehealth.nsw.gov.au/research-office/research_governance/site_access_-_for_external_researchers/project_specific_access/psa_-_hne_principal_investigator) * [HNE Contingent Worker Documents, as well as additional research specific documents are provided](https://www.hnehealth.nsw.gov.au/research-office/research_governance/site_access_-_for_external_researchers/project_specific_access/for_applicants) * [Ensure you are aware of your responsibilities as HNE Supervisor](https://www.hnehealth.nsw.gov.au/research-office/research_governance/site_access_-_for_external_researchers/project_specific_access/for_hne_supervisors) |
| Yes/No | 100 Point ID Checklist: complete the ID Check as a NSW Health Staff member |
| Yes/No | Complete this form and arrange HNE Service Manager signature |
| Yes/No | Complete this Submission Checklist |
| Yes/No | Ensure Role and Responsibilities in Appendix 2 is completed and appropriate to the purpose and tasks for this role. Ensure you provide this to the applicant once final. |
| Yes/no | Ensure Vaccination Category is appropriate as per policy [Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases (nsw.gov.au)](https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2022_030.pdf) |
| Yes/No | Submission**:**  Email a winzip file of all completed documents to:  **Email address:** [HNELHD-CRC@health.nsw.gov.au](mailto:HNELHD-CRC@health.nsw.gov.au)  **Subject Line:** Application for Research Assistant Contingent Worker |
| Office use only: | | |
| **HNE CRC Office** |  | Processing of HNE Contingent Worker appointment as follows:   * Appointment Type: HNE Contingent Worker (Contractor) * Position title: Research Assistant * Position Number: As per this form * Expiry Date: As per this form |
|  | | |

**Appendix 1 Roles and Responsibilities**

Instructions:

* Please complete the information below before submission of contingent worker request.
* Please ensure you provide a copy of the below details to the contingent worker upon processing of the HNE Contingent Worker appointment.

NOTE: applications will not be processed without this appendix being completed.

|  |  |
| --- | --- |
| HNE Supervisor Name: |  |
| HNE Supervisor Contact details: |  |
| Roles and Responsibilities: |  |
| HNE Clinical System or other HNE Access (if required): |  |
|  | |