**Application Form – specific for:**

* **Position Title**: Honorary Research (Conjoint)
* **HNE Appointment Type:** HNE Contingent Worker (Contractor) – Research Conjoint

**Includes:**

* Application Form
* Appendix 1 – Position Description
* Appendix 2 – Applicant Document Check list

TIP: Reach out to your proposed HNE Supervisor before completing this application and seek the following information:

* Vaccination Category for this position determined by the HNE Supervisor
* Position Description for this role (or alternately provide you with the details being requested in Appendix 1)

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| **Applicant Details** |
| Current NSW Health Employee Number (if applicable): |  |
| Name: |  |
| DOB:  |  |
| Gender: |  |
| Address: |  |
| Citizenship Status:  |  |
| Email:  |  |
| Phone: |  |
| **Current Employer** |
| Organisation: (ie Uni/MRI):  |  |
| Supervisor/Manager Name and Position:  | Name:Position: |
| Description of Applicant role with current employer:  |  |
| **HNE Department Service** |
| HNE Service/ Department: |  |
| Applicant Role within HNE: |  |
| HNE Resources Required:  | *Please list any HNE Network or HNE Clinical System Access if required.*  |
| Reason for HNE Resources:  |  |
| **HNELHD Supervisor** |
| HNE Supervisor:  | *- Must be a senior HNE staff member* |
| **References:** Please provide 2 references, one being your current manager/supervisor |
| Current supervisor: Name, Position, Email, Phone |  |
| Reference 2: Name, Position, Email, Phone |  |
| Reference 3: Name, Position, Email, Phone | *Please only provide a 3rd reference if your current supervisor, and your proposed HNE Supervisor are the same person.* |
| **NSW Working with Children Check (WWCC)** |
| Current Clearance:  | Number: WWC…. Expiry: |
| OR: Application Submitted: | Number: APP… Date Submitted: |
| **Occupational Screening and Vaccination against Infectious Disease** |
| *Please contact the HNE Supervisor/Sponsor to confirm the vaccination category of this position.* *Link to NSW Health Occupational Screening and Vaccination Again Specific Infectious Disease Policy July 2022*[Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases (nsw.gov.au)](https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2022_030.pdf)- If Vaccination Category A: *attach a copy of your vaccination status and serological testing (table page 11 in link above)*- If Vaccination Category B: *attach evidence of SARS-CoV-2 (COVID-19) 2 doses* |
| Vaccination Category: | Vaccination Category A (*delete which is not applicable)*Vaccination Category B |
| **Additional Information** |
|  |
| **Declaration by Applicant** |
| I confirm I have attached all relevant documents within the Document Checklist (Appendix 2)I understand that it is routine for the HNELHD to undertake criminal record checks and contact references for all employees and appointeesI declare I have not had privileges/access withdrawn for any other similar honorary position, or have not been terminated by any hospital or health service.I understand that Hunter New England Local Health District will not provide indemnity, public liability and workers compensation cover for any incident and that may occur and that I participate in any and all research activities on HNE sites completely at my own risk.I agree to undertaken any training (mandatory or other) as directed by my HNE Supervisor/Sponsor that is relevant to my role.I agree to abide adhere to all relevant policies of Hunter New England Local Health District, NSW Health and partners for the purpose of this appointment. I acknowledge that I will not be paid by HNELHD for any of the work I undertake as an Honorary Research Conjoint appointeeI declare the above information is correct and I agree to abide by and be bound by the by-laws and rules of HNELHD on appointment. |

Signature of Applicant:

Name of Applicant:

Date:

 **Appendix 1 Position Description**

Instructions:

* The Position Description is to be provided to the applicants by the HNE supervisor, just like any other HNE appointment, please include a copy of the position description here.
* If this is not available, and as these positions are for established relationships you will already be connected with your HNE Supervisor. Please seek the below information from your HNE Supervisor before submitting the application to them. This will also provide an opportunity for you and your HNE Supervisor to discuss the role.

NOTE: applications will not be processed without either the PD copied here, or the information completed below.

|  |  |
| --- | --- |
| **HNE Supervisor Name:** | *xxx* |
| **HNE Supervisor Contact details:** | *xxx* |
| **Purpose of role:** | *xxx* |
| **Key Accountabilities:** | *xxx* |
| **Challenges:** | *xxx*  |

**Appendix 2 – Applicant Document Checklist**

Instructions:

* Documents are to be named as per the name in the document column below
* Ensure all competed supporting documents are submitted to the HNE Supervisor in one *WINZIP* file
* Incomplete documents will not be accepted
* If you are unable to access the HNE internal hyperlinks below due not having network access to HNE yet, please ask your HNE supervisor to provide them to you.

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| **Applicant Documents Checklist -** *Please collate into one winzip file when submitting* |
| **Complete (√)** | **Document** | **Comment** |
|  | Completed Application Form (this form) | Mandatory for all applications  |
|  | CV and Cover Letter | Mandatory for all applications |
|  | Qualifications (Certified by JP) | Mandatory for all applications |
|  | Current WWCC number provided on page  | *If only APP number provided, please don’t submit application until you have finalised the WWCC process via Service NSW* |
|  | [Privacy Undertaking](https://intranet.hne.health.nsw.gov.au/__data/assets/pdf_file/0018/430362/Privacy_Undertaking_Employee_and_Contractor.pdf)  | Mandatory for all applications |
|  | [Identification Checklist](https://intranet.hne.health.nsw.gov.au/__data/assets/pdf_file/0020/380063/NPC_Identification_Checklist_Oct2019.pdf) | Mandatory for all applications |
|  | Model Health Declaration Form | Mandatory for all applications |
|  | [Occupational Screening Vaccination Evidence](file:///C%3A%5CUsers%5C50013847%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5CKS5BB9BR%5COccupational%20Assessment%2C%20Screening%20and%20Vaccination%20Against%20Specified%20Infectious%20Diseases%20%28nsw.gov.au%29)  | Mandatory for applications with positions determined **vaccination category A** **(**ie: not applicable for Vaccination B positions) |
|  | Record of COVID-19 vaccination status  | Mandatory for all applications |
|  | [Signed NSW Health Code of Conduct](https://www.health.nsw.gov.au/mentalhealth/professionals/Documents/prac-guide/nsw-code-of-cond.pdf) | Mandatory for all applications |
|  | National Police Check* [Personal Details Form](https://intranet.hne.health.nsw.gov.au/__data/assets/word_doc/0016/430441/Personal_Details_Form_for_Contractors.docx)
* [(NPC) Consent form](https://intranet.hne.health.nsw.gov.au/__data/assets/pdf_file/0006/380058/NPC_consent_form_Oct2019.pdf)
 | Mandatory for all applicationsNOTE: HNELHD will accept the providers/contractors National Police Check (NPC) however you will need to complete the Personal Details Form. For Unpaid contractors (e.g. University students working as part of their PHD and require access to HNE systems) will be required to complete the National Police Check (NPC) Consent form |
|  | [Network User Form](https://intranet.hne.health.nsw.gov.au/__data/assets/pdf_file/0018/334107/Network_User_Access_Form_V3.0.pdf)*Please indicate TBA for Stafflink ID, this will be provided after appointment is finalised.* | If HNE Network access is required, or Stafflink ID number.NOTE: Access for specific HNE Clinical Systems will have to be arranged separately via HNE Supervisor after appointment is finalised.  |