**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 applicants Honorary Research Conjoint application and supporting documents to [HNELHD-MedSysAdmin@health.nsw.gov.au](mailto:HNELHD-MedSysAdmin@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 reference checking x 2 and 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

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| --- | --- |
| **Appointment Details:** | |
| Appointment Title *(for Letter of Offer)* | Honorary Research Conjoint |
| Category: | HNE Contingent Worker Appointment – CONTRACTOR |
| Contingent Worker Position Number Title: | Honorary Research Conjoint |
| Vaccination Category: | XXX |
| Expiry date of position: | XXX |
| **Applicant Details:** | |
| Name: | 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).**  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 Honorary Research Assistant Conjoint that I supervise.  If an extension is required, the HNE Supervisor will contact [HNELHD-MedSysAdmin@health.nsw.gov.au](mailto:HNELHD-MedSysAdmin@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) Honorary Research Conjoint** 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 Supervisors**  
- Please note incomplete applications or documents will not be accepted - including the completion of this checklist

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| **Submission Instructions Checklist for HNE Supervisor** | | |
|  | **Complete (√)** | **Description** |
| **HNE Supervisor:**  Ensure received from applicant |  | Completed Application Form :For HNE Honorary Research Conjoint |
|  | Application form Appendix 1: Ensure Position Description within the applicants application form is appropriate to the purpose and tasks for this role. |
|  | Application form Appendix 2 within Application form: Applicant Document Checklist (including supplying any associated documents) |
|  | | |
| **HNE Supervisor:** For action |  | 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) |
|  | Reference checking x 2 from details provided in the applicants application form |
|  | 100 Point ID Checklist: complete the ID Check as a NSW Health Staff member |
|  | Complete HNE Supervisor Form (this form) and arrange HNE Service Manager Signature |
|  | Submission**:**  Email the following documents:   * WINZIP: Completed: Application Form (including completed Appendixes and supporting documents) * HNE Supervisor Form, signed by Supervisor and Service Manager * Signed 100 point ID form * 2x completed reference checks   **Email address:** [HNELHD-MedSysAdmin@health.nsw.gov.au](mailto:HNELHD-MedSysAdmin@health.nsw.gov.au)  **Subject Line:** Application for Honorary Research Conjoint |
|  | | |
| **HNE Workforce:**  For action |  | Ensure all documentation in order |
|  | Provide Letter of offer as follows:  - To applicant, cc HNE Supervisor  - Position title: **HNE Research Conjoint (Honorary)**  - Expiry: As per this document  - HNE Supervisor: As per this document  - PD as per Application Form |
|  | Add applicant to internal spreadsheet to [HNELHD-CRC@health.nsw.gov.au](mailto:HNELHD-CRC@health.nsw.gov.au) for establishment of HNE Contingent Worker Appointment |
|  | | |
| **HNE CRC Office:**  For action |  | Processing of HNE Contingent Worker appointment as follows:   * Appointment Type: HNE Contingent Worker (Contractor) * Position title: **Honorary Research Conjoint** * Position Number: As per this form * Expiry Date: As per this form |
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