

Application for authority to undertake clinical placements in NSW Health facilities

Students must apply to NSW Health for authority to undertake Clinical Placements within the NSW Health Service, or authority to continue with Clinical Placements if they:

- have offences or pending charges disclosed in their National Police Certificate, Overseas Police Certificates or Statutory Declaration; or
- have been charged or convicted of offences after the issuing of their Police Certificate.

The following documents must be submitted:

- a completed 'Application for Clinical Placement Authority' form;
- a certified copy of the National Police Certificate (issued within last 3 years);
- a certified copy of overseas Police Certificate/s and/or Statutory Declaration (for overseas students only);
- a certified copy of the Student ID issued by the Tertiary Education Institution;
- relevant supportive documents such as independent references, evidence that you have successfully completed relevant training, education or treatment courses etc.

Students are required to send the required documentation to:

Employment Screening and Review Unit
Westmead Service Centre
NSW Health (HealthShare NSW)
PO Box 292
WESTMEAD NSW 2145

Ph: (02) 8848 5175
Fax: (02) 8848 5188
Email: esruenquiries@hss.health.nsw.gov.au

Criminal history does not necessarily constitute a barrier to clinical placement. Each application is considered on its merits, and its relevance to undertaking clinical placement in NSW Health facilities. Mitigating factors, including but not limited to the length of time since the convictions, the nature of the convictions and action taken since by the student will be considered.

If the risks relating to the criminal history are not relevant or are considered sufficiently mitigated, NSW Health will provide a Clinical Placement Authority Card or a Conditional Letter with authority to undertake clinical placement subject to certain conditions.

If the risks relating to the criminal history are unacceptable, or the student has not provided the required documentation, NSW Health may decline the application and withdraw such authority if it had been previously provided. The student will be informed of this decision in writing and of the requirement to inform the educational institution's Clinical Placement Supervisor or Facilitator.

Students should allow sufficient time (a minimum of 15 working days) for NSW Health to process the Clinical Placement Authority Card or the Conditional Letter.

Further Information for students wishing to undertake clinical placements in NSW Health facilities is available on the NSW Health website at http://www.health.nsw.gov.au/careers/student_clearance/pages/default.aspx

Student Application for clinical placement authority

SECTION A: PERSONAL DETAILS

| | |
|---|---------------------------|
| Family Name: | |
| Given Names: | |
| Other Name/s: (including alias and previous) | |
| Home Address: | |
| Country: | Contact Number: |
| Date of Birth: | Gender: |
| Correspondence address during enrolment (if different): | |
| University/TAFE: | |
| Student ID: | Date of Enrolment: |
| National Police Certificate No: | Issued on: |
| Previous Risk Assessment Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No | |

SECTION B – PLEASE CIRCLE WHICH BEST REPRESENTS YOU

Australian Student: Enrolled in Australian Tertiary Institution

- Overseas Student:**
1. On Exchange Program; or
 2. Enrolled in Australian Tertiary Institution

SECTION C – STATEMENT AND CONSENT

Instructions:

- *For additional offences, photocopy and complete Section E as required and attach additional pages if there is insufficient space.*
- *If assistance is required in completing the statement, please contact Employment Screening & Review Unit on (02) 8848 5175 or email esruenquiries@hss.health.nsw.gov.au.*

Charge / Conviction (No.1)

1. Details of the charge/conviction (e.g. drink driving – High PCA; Shoplifting, etc) including the court date.

2. Please describe the event/s that led to you being charged:

3. Were there any mitigating circumstances at the time of the offence/s (i.e. personal difficulties, relationship issues etc) that you think should be considered as part of this risk assessment? If so, describe them.

4. State how your life has changed or what action you have taken that demonstrates your commitment to avoiding criminal charges in the future.

I give consent to NSW Health to obtain any additional information, relating to any offences or pending charges shown on the National Police Certificate that I have provided, from sources such as courts, police and prosecutors. I understand that the purpose of seeking this information is to enable a full and informed risk assessment and that where other information is available, NSW Health will obtain that information for clinical placement risk assessment purposes only.

Signature: _____

Date: _____

SECTION D – ATTACH DOCUMENTS

Please attach a certified copy of the following documents where applicable:
(DO NOT SEND ORIGINAL POLICE CERTIFICATES / STATUTORY DECLARATION and STUDENT ID CARD)

- Valid National Police Certificate (issued within last 3 years) *
- Overseas Police Certificate/s or Statutory Declaration (for overseas student) *
- Student ID card *
- Additional pages for statement (if applicable)
- Character reference (optional)
- Evidence of relevant training, education or treatment courses completed following the offence/s that demonstrate your commitment to avoiding criminal charges in the future (optional)

Please send the completed documentation to:

Post: Employment Screening and Review Unit
Westmead Service Centre
NSW Health (HealthShare NSW)
PO Box 292
WESTMEAD NSW 2145

Fax: 02 8848 5188

Email: esruenquiries@hss.health.nsw.gov.au

* Compulsory documents to be attached with your application. The name on your National Police Certificate must match the name on your Student ID card. Your application will not be processed if the name on your National Police Certificate does not match the name on your Student ID card and you will not be allowed to commence clinical placement with a NSW Public Health Facility.

SECTION E – STATEMENT AND CONSENT (ADDITIONAL PAGE) – Photocopy if required

Charge / Conviction (No.____)

1. Details of the charge / conviction (e.g. drink driving – High PCA; Shoplifting, etc) including the court date.

2. Please describe the event/s that led to you being charged:

3. Were there any mitigating circumstances at the time of the offence/s (i.e. personal difficulties, relationship issues etc) that you think should be considered as part of this risk assessment? If so, describe them.

4. State how your life has changed or what action you have taken that demonstrates your commitment to avoiding criminal charges in the future.

I give consent to NSW Health to obtain any additional information, relating to any offences or pending charges shown on the National Police Certificate that I have provided, from sources such as courts, police and prosecutors. I understand that the purpose of seeking this information is to enable a full and informed risk assessment and that where other information is available, NSW Health will obtain that information for clinical placement risk assessment purposes only.

Signature: _____ Date: _____