Important Information

The student is responsible to ensure that they meet the requirements of NSW Health before their placement begins.

Students must be compliant for the entire duration of their placement. If students do not meet these requirements their placement will be cancelled.

There will be no placement without these requirements having been met. **Compliance is confirmed by NSW Health.**

Please upload all health compliance documentation as ONE FILE to InPlace myworkplacelearning.csu.edu.au

The Workplace Learning Office will forward the documents to our health professional for assessment and advise the student of the outcome.

For more information regarding Student compliance please refer to HETI NSW
Mandatory Documents

National Police Check

- Australian police checks must be obtained from an Australian State or Territory Police Force, the Australian Federal Police or an Australian Criminal Intelligence Commission (ACIC) accredited body only.
- National criminal record checks are valid for 5 years since date of issue.
- If a charge or conviction is listed on the National Police Check then students must apply for a risk assessment. [Apply for risk assessment](#)
- [National Police Check Frequently Asked Questions](#)

Working with Children Check

- [Office of the Children's Guardian](#)

NSW Health Code of Conduct

Students must read and abide by the NSW Health Code of Conduct.
Students must complete the Code of Conduct Form.
  - [NSW Health Code of Conduct Policy](#)

Immunisations and Vaccinations

Students must undertake vaccinations as per policy.
Students must provide evidence of vaccinations and serology reports.
  - [Immunisation Frequently Asked Questions](#)

Health Declaration

Students must complete Undertaking/Declaration Form (Attachment 6).

Tuberculosis Assessment Form

Student must complete the Tuberculosis Assessment Form (Attachment 7).

Hepatitis B Statutory Declaration (if required)

Student to complete the Hepatitis B Statutory Declaration Form (Attachment 9) if required.

National Police Check Disclosures (if required)

Student to complete the Application for Authority if they have:
  - have offences or pending charges on their National Police certificate;
  - have been charged or convicted of offences.
## Checklist

<table>
<thead>
<tr>
<th>Forms</th>
<th>Action Required</th>
<th>Check</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Police Check</td>
<td>Current</td>
<td>✓</td>
</tr>
<tr>
<td>Working with Children Check</td>
<td>Current</td>
<td>✓</td>
</tr>
<tr>
<td>Code of Conduct</td>
<td>Complete and Sign</td>
<td>✓</td>
</tr>
<tr>
<td>Immunisations / Vaccinations and Serology Reports</td>
<td>Complete and Sign</td>
<td>✓</td>
</tr>
<tr>
<td>Health Declaration</td>
<td>Complete and Sign</td>
<td>✓</td>
</tr>
<tr>
<td>Tuberculosis Assessment Form</td>
<td>Complete and Sign</td>
<td>✓</td>
</tr>
</tbody>
</table>
4.5.1 Keep confidential all personal information and records, including not discussing or providing information on social media that could identify patients or divulge patient information

4.5.2 Not use or release official information or records without proper authority

4.5.3 Maintain the security of confidential and / or sensitive information, including that stored on communication devices

4.5.4 Not disclose, use or take advantage of information obtained in the course of official duties, including when they cease to work in NSW Health.

4.6 Maintain professional relationships with patients or clients.

Staff must:

4.6.1 Not take an unfair advantage of, or exploit any relationship with, patients or clients in any way, including not engaging in on-line friendships with patients or clients via social media; staff may accept patients and clients as members of their professional pages that contain information relating to the professional practice of the staff member

4.6.2 Not have any sexual relationship with a patient or client during a professional relationship.

I have read and understood the above Code of Conduct, and agree to comply with its provisions at all times while working in NSW Health.

By signing this Code I acknowledge my commitment to achieving the best outcomes for patients and playing my part in ensuring that my working environment is safe and supportive.

.............................................  Print name

.............................................  Signature

.............................................  Date
# Vaccination Record Card for Health Care Workers and Students

**Personal Details** *(please print)*

<table>
<thead>
<tr>
<th>Surname</th>
<th>Given names</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>State:</td>
<td>P/code:</td>
</tr>
<tr>
<td>Email</td>
<td></td>
</tr>
<tr>
<td>Contact numbers</td>
<td>(mobile)</td>
</tr>
</tbody>
</table>

**Vaccine**

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Date</th>
<th>Batch No.</th>
<th>Official Certification by Vaccination Provider <em>(clinic/practice stamp, full name and signature)</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult formulation diphtheria, tetanus, acellular pertussis <em>(whooping cough)</em> <em>(adult dose of dTpa vaccine)</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dose 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Booster</td>
<td></td>
<td></td>
<td>10 years after previous dose</td>
</tr>
<tr>
<td>Hepatitis B <em>(age appropriate course of vaccinations AND hepatitis B surface antibody ≥ 10mIU/mL OR core antibody positive)</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dose 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dose 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dose 3</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**AND**

Serology: anti-HBs  | Result | mIU/mL |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>OR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Serology: anti-HBc</td>
<td>Positive</td>
<td>Negative</td>
</tr>
</tbody>
</table>

**Influenza vaccine** *(strongly recommended for all health care workers & mandatory for Category A High Risk health care workers)*

**Measles, Mumps and Rubella *(MMR)* *(2 doses MMR vaccine at least 1 month apart OR positive serology for measles, mumps and rubella OR birth date before 1966)*

| Dose 1  |      | |
| Dose 2  |      | |

**OR**

Serology Measles | IgG Result |
| Serology Mumps  | IgG Result |
| Serology Rubella| IgG Result |

**Varicella vaccine** *(age appropriate course of vaccination OR positive serology)*

| Dose 1  |      | |
| Dose 2  |      | |

**OR**

Serology Varicella | IgG Result |

**TB Screening**

| Requires TB screening? | YES | NO *(please circle)* |
| History of BCG vaccination | YES | NO *(please circle)* |

**TB screening - Interferon Gamma Release Assay (IGRA) OR Tuberculin Skin Test (TST) performed at NSW TB Services only**

**IGRA**

<table>
<thead>
<tr>
<th>IGRA</th>
<th>Positive</th>
<th>Indeterminate</th>
<th>Negative</th>
</tr>
</thead>
</table>

**OR**

**TST injection**

| TST injection | Induration | mm |
| TST injection if 2 step required | Induration | mm |

**Other TB investigations** *(including chest X ray)*

---

Revised April 2018
INSTRUCTIONS

Enough information must be provided to enable an assessor to verify that an appropriate vaccine has been administered by a registered vaccination provider. Therefore:

• Providers should record their full name, signature, date specific vaccine given and official provider stamp at the time of vaccine administration.
• Batch numbers should be recorded where possible.
• Serological results should be recorded on the card as numerical values or positive/negative, as appropriate, not simply “immune”.
• Copies of vaccination records (e.g. childhood vaccinations) and copies of relevant pathology reports may be attached to the card, if available.

Evidence required for Category A Staff

<table>
<thead>
<tr>
<th>Disease</th>
<th>Evidence of vaccination</th>
<th>Documented serology results</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria, tetanus, pertussis (whooping cough)</td>
<td>One adult dose of pertussis-containing vaccine (dTpa)(^1) in the previous 10 years</td>
<td>Serology will not be accepted</td>
<td>(\text{Do not use ADT vaccine as it does not contain the pertussis component})</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>History of completed age-appropriate course of hepatitis B vaccine</td>
<td>Anti-HBs greater than or equal to 10mIU/mL or Documented evidence of anti-HBC, indicating past hepatitis B infection</td>
<td>Not “accelerated” course(^2)</td>
</tr>
<tr>
<td>Measles, mumps, rubella (MMR)</td>
<td>2 doses of MMR vaccine at least one month apart</td>
<td>Positive IgG for measles, mumps and rubella(^3) or Birth date before 1966</td>
<td></td>
</tr>
<tr>
<td>Varicella (chickenpox)</td>
<td>2 doses of varicella vaccine at least one month apart (evidence of one dose is sufficient if the person was vaccinated before 14 years of age)</td>
<td>Positive IgG for varicella(^3) or</td>
<td></td>
</tr>
<tr>
<td>Tuberculosis (TB)</td>
<td>Not applicable</td>
<td>Interferon Gamma Release Assay (IGRA) + Clinical review for positive results or Tuberculin skin test (TST) + Clinical review for positive results</td>
<td><em>For those assessed as requiring screening</em></td>
</tr>
<tr>
<td>Influenza vaccine</td>
<td>Strongly recommended for all health care workers &amp; mandatory for Category A High Risk health care workers</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

\(^1\) Serology is only required for MMR and Varicella protection if vaccination records are not available and the person was born during or after 1966

\(^2\) A person receiving an accelerated course of hepatitis B vaccinations will not have completed the course until they have the 4th dose 12 months after the first dose.

\(^3\) Serology is only required for MMR and Varicella protection if vaccination records are not available and the person was born during or after 1966

*TB screening (TST or IGRA) required if the person was born in a country with high incidence of TB, or has resided or travelled for a cumulative time of 3 months or longer in a country with a high incidence of TB, as listed at: [www.health.nsw.gov.au/Infectious/tuberculosis/Documents/countries-incidence.pdf](http://www.health.nsw.gov.au/Infectious/tuberculosis/Documents/countries-incidence.pdf)

Revised April 2018
Attachment 6 Undertaking/Declaration Form

All new recruits/other clinical personnel/ students /volunteers / facilitators must complete each part of this document and Attachment 7 Tuberculosis (TB) Assessment Tool and provide a NSW Health Vaccination Record Card for Health Care Workers and Students and serological evidence of protection as specified in Attachment 4 Checklist: Evidence required from Category A Applicants and return these forms to the health facility as soon as possible after acceptance of position/enrolment or before attending their first clinical placement. (Parent/guardian to sign if student is under 18 years of age).

New recruits/other clinical personnel/ students /volunteers / facilitators will only be permitted to commence employment/attend clinical placements if they have submitted this form, have evidence of protection as specified in Attachment 4 Checklist: Evidence required from Category A Applicants and submitted Attachment 7 Tuberculosis (TB) Assessment Tool. Failure to complete outstanding hepatitis B or TB requirements within the appropriate timeframe(s) will result in suspension from further clinical placements/duties and may jeopardise their course of study/duties.

The education provider/recruitment agency must ensure that all persons whom they refer to a NSW Health agency for employment/clinical placement have completed these forms, and forward the original or a copy of these forms to the NSW Health agency for assessment. The NSW Health agency must assess these forms along with evidence of protection against the infectious diseases specified in this policy directive.

<table>
<thead>
<tr>
<th>Part</th>
<th>Undertaking/Declaration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>I have read and understand the requirements of the NSW Health Occupational Assessment, Screening and Vaccination against Specified Infectious Diseases Policy</td>
</tr>
</tbody>
</table>
| 2    | a. I consent to assessment and I undertake to participate in the assessment, screening and vaccination process and I am not aware of any personal circumstances that would prevent me from completing these requirements, OR  
  b. I consent to assessment and I undertake to participate in the assessment, screening and vaccination process; however I am aware of medical contraindications that may prevent me from fully completing these requirements and am able to provide documentation of these medical contraindications. I request consideration of my circumstances. |
| 3    | a. history of an age-appropriate vaccination course, and serology result Anti-HBs ≥10mIU/mL OR  
  b. history of an age-appropriate vaccination course and additional hepatitis B vaccine doses, however my serology result Anti-HBs is <10mIU/mL (non-responder to hepatitis B vaccination) OR  
  c. documented evidence of anti-HBc (indicating past hepatitis B infection) or HBsAg+ OR  
  d. I have received at least the first dose of hepatitis B vaccine (documentation provided) and undertake to complete the hepatitis B vaccine course (as recommended in the Australian Immunisation Handbook, current edition) and provide a post-vaccination serology result within six months of my initial verification process. |
| 4    | I have been informed of, and understand, the risks of infection, the consequences of infection and management in the event of exposure (refer Attachment 5 Specified Infectious Diseases: Risks and Consequences of Exposure) and agree to comply with the protective measures required by the health service and as defined by PD2007_036 Infection and Control Policy. |

Declaration: I ___________________ declare that the information provided is correct

Full name: __________________________ Worker cost centre (if available): __________________________
D.O.B.: __________________________ Worker/Student ID (if available): __________________________
Email: __________________________ NSW Health agency /Education provider: __________________________
Signature: __________________________ Date: __________________________
Attachment 7 Tuberculosis (TB) Assessment Tool

All new recruits, other clinical personnel, volunteers and students are required to complete this Tuberculosis Assessment Tool along with a NSW Health Record of Vaccination for Health Care Workers and Students and Attachment 6 Undertaking/Declaration Form. They should advise the NSW Health agency if they prefer to provide this information in private consultation with a clinician.

The NSW Health agency will assess this form and decide whether TB screening or clinical review is required.

New recruits, other clinical personnel and volunteers will only be permitted to commence duties if they have submitted this form to the employing NSW Health agency. Failure to complete outstanding TB requirements within the appropriate timeframe may affect their employment status.

The education provider must forward a copy of this form to the health service for assessment.

Existing Category A staff, clinical personnel, volunteers and students who spend more than 3 months in a country with high incidence of TB after their initial TB assessment must complete and submit this tool for reassessment on return to a NSW Health agency.

<table>
<thead>
<tr>
<th>Part A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do you currently have a cough that has lasted longer than 2 weeks?</td>
</tr>
<tr>
<td>2. If yes, have you had any episode of haemoptysis (coughing up blood)?</td>
</tr>
<tr>
<td>3. Have you had unexplained fever, chills or night sweats in the past month?</td>
</tr>
<tr>
<td>4. Have you had any unexplained weight loss in the past month?</td>
</tr>
</tbody>
</table>

If you answered yes to any of the above questions, please attach relevant details on a separate page, including all results of any investigations or medical assessment you may have had it to this form.

<table>
<thead>
<tr>
<th>Part B</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What is your country of birth?</td>
</tr>
<tr>
<td>2. Have you ever in your lifetime (new personnel), or since your last occupational TB Assessment (existing personnel), lived or travelled overseas? If yes, provide details</td>
</tr>
</tbody>
</table>

Country | Duration of stay | Approximate dates/ year
---|---|---
________________________________________ | ____________________________ | ____________________________
________________________________________ | ____________________________ | ____________________________
(aattach a separate page if necessary)

If you answered yes to any of the above questions, please attach further information on a separate page, including the date and results of any previous tests for TB (including TST, IGRA, sputum culture, chest x-ray) and attach it to this form.

Worker/Student Declaration: I declare that the information provided on this form is correct

<table>
<thead>
<tr>
<th>Full name:</th>
<th>Worker cost centre (if applicable):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of birth: / /</td>
<td>Student ID (if applicable):</td>
</tr>
<tr>
<td>Phone:</td>
<td>NSW Health agency /Education provider:</td>
</tr>
<tr>
<td>Email:</td>
<td>Signature:</td>
</tr>
<tr>
<td>Date:</td>
<td></td>
</tr>
</tbody>
</table>
Attachment 9 Hepatitis B Statutory Declaration

To be used where a hepatitis B vaccination record is not available

Statutory Declaration

Commonwealth Declaration Act 1959

I, ...................................................................................., do solemnly and sincerely declare that

☐ I have received an age-appropriate course of hepatitis B vaccine consisting of □ (insert number) vaccine doses.

The approximate year I was vaccinated against hepatitis B was.................................

I do not have the record of vaccination because: .................................................................

..........................................................................................................................................

..........................................................................................................................................

..........................................................................................................................................

and I understand the risks of making a false declaration.

I make this solemn declaration* conscientiously believing the same to be true, and by virtue of the provisions of the Commonwealth Declaration Act 1959.

Declared at: .......................................................................................................................... on ..........................................................

[place] [date]

[signature of declarant]

in the presence of an authorised witness, who states:

I, ...................................................................................., a ..........................................................,

[print name of authorised witness] [qualification of authorised witness]

certify the following matters concerning the making of this statutory declaration by the person who made it: I have known the person for at least 12 months OR *I have confirmed the person’s identity using an identification document and the document I relied on was

..........................................................................................................................................

..........................................................................................................................................

[describe identification document relied on]

..........................................................................................................................................

[signature of authorised witness**] [date]

*This statutory declaration is made under the Commonwealth Declaration Act 1959

**An authorised witness must be an appropriately trained assessor
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 5 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 work/character references, evidence that you have successfully completed relevant training, education or treatment courses etc.

*Certified copy - Copy of an original document that has been verified to be a true copy by an authorised witness (i.e. Justice of the Peace) after they have sighted the original document. The complete list of authorised witnesses can be found in Schedule 2 of the Statutory Declarations Regulations 1993 (Cth) which is available from www.comlaw.gov.au

Students are required to send the required documentation to:

Employment Screening and Review Unit  
Service Centre Westmead  
HealthShare NSW  
PO Box 292  
WESTMEAD NSW 2145  
Phone: (02) 8848 5175  
Email: hsnsw-esruenquiries@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 full Clearance 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 & HETI for compliance purposes.

Students should allow sufficient time (a minimum of 15 working days) for NSW Health to process the application.

January 2019
Further Information for students wishing to undertake clinical placements in NSW Health facilities is available on the NSW Health website at
# Student Application for Clinical Placement Authority

## SECTION A: PERSONAL DETAILS

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Name:</td>
<td></td>
</tr>
<tr>
<td>Given Names:</td>
<td></td>
</tr>
<tr>
<td>Other Name/s: (including alias and previous)</td>
<td></td>
</tr>
<tr>
<td>Postal Address:</td>
<td></td>
</tr>
<tr>
<td>Country:</td>
<td>Contact Number:</td>
</tr>
<tr>
<td>Date of Birth:</td>
<td>Gender:</td>
</tr>
<tr>
<td>Email address:</td>
<td></td>
</tr>
<tr>
<td>Tertiary Institute:</td>
<td></td>
</tr>
<tr>
<td>Student ID:</td>
<td>Date of Enrolment:</td>
</tr>
<tr>
<td>National Police Certificate No:</td>
<td>Issued on:</td>
</tr>
<tr>
<td>Date of Compliance/Verification:</td>
<td></td>
</tr>
</tbody>
</table>

## SECTION B – PLEASE CIRCLE WHICH BEST REPRESENTS YOU

Are you an Overseas Student?  **YES/ NO**

Overseas Student is a person who is coming directly from overseas on a student visa, including from New Zealand.
SECTION C – STATEMENT AND CONSENT

Instructions:
• For additional offences, photocopy and complete Section C 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 hsnsw-esruenquiries@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: _______________________

January 2019
SECTION D – ATTACH DOCUMENTS

Please attach an original 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 5 years) *
☐ Overseas Police Certificate/s or Statutory Declaration (for overseas student) *
☐ Student ID card *
☐ Additional pages for statement (if applicable)
☐ Work/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 either by:

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

Or

Email: hsnsw-esruenquiries@health.nsw.gov.au

(E-mailed scanned certified documents are only accepted in colour and application must
be submitted from your tertiary institution’s email address)

* Compulsory certified documents to be attached with your application. The name on your
National Police Certificate must match the name on your Student ID card (unless a marriage
certificate or change of name certificate is included). 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.)