

Application for Appointment (COVID-19) Multi-Form

Contact Tracing Officer, Emergency Officer (General) and/or Authorised Person under the Public Health Act 2005 (the Act)

General Information

This is a one-off, special form to assist with processing either a single application or multiple applications to appoint public service officers/employees as a Contact Tracing Officer, an Emergency Officer (General) and/or an Authorised Person under the *Public Health Act 2005* (the Act) as part of Queensland's COVID-19 response. Use separate application form for applications under the Queensland Government, Employee mobilisation workforce initiatives.

Privacy Statement

Personal information collected by Queensland Health is handled in accordance with the *Information Privacy Act 2009*. Queensland Health provides this form in order for you to apply for authority/s under relevant public health portfolio legislation. The personal information and documents provided by you for the purpose of this application will be securely stored and only accessible by appropriately authorised officers of the health agency. Your personal information and supporting documents will not be disclosed to other parties without your consent unless the disclosure is authorised or required by or under law. For information about how Queensland Health protects your personal information, or to learn about your right to access your own personal information, please see our website at www.health.qld.gov.au.

DIRECTOR/MANAGER TO COMPLETE

PART A – TYPE OF APPOINTMENT

1. Indicate type of appointment being requested for applicant/s. Please indicate tick

<input type="checkbox"/> New appointment	<input type="checkbox"/> Renew appointment (prior to expiry)	<input type="checkbox"/> Amend appointment (prior to expiry)
		Please indicate tick <input checked="" type="checkbox"/>
		<input type="checkbox"/> Add authority/s <input type="checkbox"/> Remove authority/s
		<input type="checkbox"/> Change of name (Please attach evidence of change of name)

2. Indicate appointment scope being requested for applicant/s. Please indicate tick

<input type="checkbox"/> Yes	Public Health Act 2005 (s90) – Contact Tracing Officer	(COVID-19)
<input type="checkbox"/> Yes	Public Health Act 2005 (s333) – Emergency Officer (General)	(COVID-19)
<input type="checkbox"/> Yes	Public Health Act 2005 (s377) – Authorised Person	(COVID-19)
Additional comments (if relevant)		

3. Director/Manager recommendation for suitability of appointment

I confirm the following applicant/s hold the relevant qualifications, mandatory registration, expertise and/or experience, and recommend their appointment under the nominated sections of the Act above. I have sighted the original or a certified copy of relevant qualifications and/or training of applicant/s.

Applicant full name (e.g. Mr, Mrs, Ms, First name, Middle name, Surname)	Applicant full name (e.g. Mr, Mrs, Ms, First name, Middle name, Surname)

[Add more rows if required or attach list]

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4. Director/Manager recommendation for condition/s of appointment

Are any appointment conditions recommended for applicant/s? e.g. limits to powers under the Act, a requirement to work under supervision etc.

No Yes *If yes, please describe here*

5. Director/Manager check list – for each applicant named in Part A, Section 3

Please tick (✓) the relevant boxes below to ensure the appropriate documentation has been enclosed for each applicant named in Part A, Section 3 of this application		Please explain if documentation is not enclosed. (e.g. document previously provided)
<input type="checkbox"/>	A completed Appendix 1 – Applicant details (including applicant signature and photo)	
<input type="checkbox"/>	Copy of Certificate - Queensland Health, Contact Tracing Officer (iLearn) Training Module <i>(For Contact Tracing Officer appointments)*</i>	
<input type="checkbox"/>	Evidence of Queensland Health, Contact Tracing Officer Mentor sign off <i>(For Contact Tracing Officer appointments)*</i>	
<input type="checkbox"/>	Copy of Certificate - Queensland Health, Emergency Officer (General) (iLearn) Training Module <i>(For Emergency Officer (General) appointments)*</i>	
<input type="checkbox"/>	Evidence of Authorised Person competency assessment <i>(For Authorised Person appointments)*</i>	

*Not required if previously provided and this is an application to renew or amend an appointment.

6. Director/Manager declaration and contact details

Director/Manager Name			
Position			
Organisation			
Office postal address			
Signature		Date	
Telephone			
Email address			

PART B – SUBMISSION

This form and all supporting documentation must be forwarded to the Systems Management Officer by email or post.

Email: PH_Regulation@health.qld.gov.au	Post: Systems Management Officer Public Health Regulatory Systems Unit (PHRSU) Health Protection Branch, Queensland Health PO Box 2368, Fortitude Valley BC QLD 4006
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APPENDIX 1 – APPLICANT TO COMPLETE

This page to be completed for each applicant named in Part A, Section 3 of this application form.

1. Applicant details

First & Middle name <i>(Include title e.g. Mr, Mrs, Dr)</i>		Surname	
Work email		Work phone	
Employee position <i>(in full)</i>		Commencement date	
Employment status	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary - please indicate finish date Click here to enter text. <input type="checkbox"/> Casual - please indicate finish date Click here to enter text.		
Employer name <i>(in full)</i>			
Employer address			
Workplace name <i>(eg. Business unit)</i>			
Workplace address			
Office postal address	<i>(For postage of instrument of appointment and photo identification card)</i>		

2. If health professional – Applicant registration details

Registration body			
Registration number		Registration expiry date	

3. Applicant identification *(required to issue a photo identification card)*

Applicant specimen signature <i>(please provide CLEAR signature)</i>	Digital or scanned copy of recent photo enclosed <i>(please supply current passport size and quality JPEG photo) (not required where current photo submitted within the last five years)</i>

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4. Applicant declaration

I, _____ (insert full name) being the applicant, apply for appointment under the *Public Health Act 2005* (the Act), as identified in this application, and declare that: Please indicate tick

I understand and agree to comply with the appointee practice standards outlined in Appendix 2 of this application form.

I have disclosed all relevant interests about which I have knowledge and that I consider may have a bearing, or be perceived to have a bearing, on my ability to properly and impartially discharge the duties of my appointment under the Act.

The information I have given and statements I have made in completing this form are true and correct.

Applicant signature		Date	
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APPENDIX 2 – APPOINTEE PRACTICE STANDARDS

The appointee will:

1. Exercise their functions, duties and powers as a Contact Tracing Officer, an Emergency Officer (General) and/or Authorised Officer (as applicable), with due care, professional skill and diligence and in accordance with the conditions and subject to any exclusions/limitations specified in their Instrument of Appointment.
2. Exercise their statutory powers and perform statutory functions in accordance with the applicable legislation and the Code of Conduct for the Queensland Public Service, natural justice or procedural fairness principles and not exceed the powers granted under their Instrument of Appointment.
3. Maintain currency of core skills and knowledge relevant to their appointment, through regularly seeking and accessing relevant COVID-19 response information provided by Queensland Health.
4. Provide timely and relevant written records/reports to Queensland Health or nominated delegate in relation to exercising their functions, duties and powers as a Contact Tracing Officer, an Emergency Officer (General) and/or Authorised Officer (as applicable).
5. Not disclose confidential information or personal information unless the disclosure is required or permitted by law.
6. Promptly declare any interests and/or variation to interest relevant to their appointment to their line manager and comply with all steps as their line manager or the Department of Health reasonably requires in managing the declared interest.
7. On ceasing to be an appointee, return their appointee photo identity card to Queensland Health, Health Protection Branch, within 21 days after the appointment ends.