

Application for Appointment (COVID-19) Multi-Form (CTO)

Contact Tracing Officer 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 Contact Tracing Officers under the *Public Health Act 2005* (the Act) in response to COVID-19 and as part of the Queensland Government contact tracing employee mobilisation workforce.

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.

COVID-19 IMT RESPONSIBLE PERSON 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 <i>(prior to expiry)</i>	<input type="checkbox"/> Amend appointment <i>(prior to expiry)</i> <i>Please indicate tick</i> <input checked="" type="checkbox"/>
		<input type="checkbox"/> Add authority/s <input type="checkbox"/> Remove authority/s
		<input type="checkbox"/> Change of name <i>(Please attach evidence of change of name)</i>

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)
Additional comments <i>(if relevant)</i>	

3. COVID-19 IMT Responsible Person recommendation for suitability of appointment

I confirm the following applicant/s have completed the relevant training and are suitable for appointment.

Applicant full name <i>(e.g. Mr, Mrs, Ms First name, Middle name, Surname)</i>	Applicant full name <i>(e.g. Mr, Mrs, Ms First name, Middle name, Surname)</i>

[Add more rows if required or attach list]

Application for Appointment (COVID-19) Multi-Form (CTO)

Contact Tracing Officer under the Public Health Act 2005 (the Act)

4. COVID-19 IMT Responsible Person recommendation for suitability 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*

- at the request/under the direction of a public health physician (medical practitioner) employed by Queensland Health; and
- under the supervision of an experienced contact tracing officer employed by Queensland Health; and
- only in relation to the notifiable condition COVID-19; and
- for maximum period of 12 months.

5. COVID-19 IMT Responsible Person 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 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 (iLearn) Training Module*	
<input type="checkbox"/>	Copy of Certificate of Attendance – Queensland Public Servant COVID-19 Contact Tracing Officer Training Program*	

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

6. COVID-19 IMT Responsible Person declaration and contact details

Responsible person full 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
---	--

Application for Appointment (COVID-19) Multi-Form (CTO)

Contact Tracing Officer under the Public Health Act 2005 (the Act)

APPENDIX 1 – APPLICANT TO COMPLETE

General Information

This Appendix is part of a one-off, special form to assist with processing either a single application or multiple applications to appoint public service officers/employees as Contact Tracing Officers under the *Public Health Act 2005* (the Act) in response to COVID-19 and as part of the Queensland Government contact tracing employee mobilisation workforce.

On delegate approval of your application, you will be issued with an Instrument of Appointment and a photo identity card. The Instrument of Appointment specifies your legal authorities and limitations in performing contact tracing functions under the Act.

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 the 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.

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>		

Application for Appointment (COVID-19) Multi-Form (CTO)

Contact Tracing Officer under the Public Health Act 2005 (the Act)

2. If 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>

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 acknowledge the contact tracing officer appointee practice standards and principles outlined in Appendix 2.

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.

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

Applicant signature		Date	
---------------------	--	------	--

5. Applicant Director/Manager declaration

I, _____ *(insert full name)* being the applicant's director/manager, confirm the applicant is employed in the position as stated above under applicant details. I also confirm the applicant can be released to participate in the Queensland Government contact tracing employee mobilisation workforce.

Director/Manager signature		Date	
Director/Manager position title			
Director/Manager organisation			

Application for Appointment (COVID-19) Multi-Form (CTO)

Contact Tracing Officer under the Public Health Act 2005 (the Act)

APPENDIX 2 – CONTACT TRACING OFFICER APPOINTEE PRACTICE STANDARDS & PRINCIPLES

The appointee will:

1. Exercise their functions, duties and powers as a Contact Tracing Officer (CTO), 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 and the Contact tracing application for appointment information sheet.
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 CTO.
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.