*Please customise the below form to suit your agencies internal approval process and distribute as required.*

**Employee Nomination Form**

**Personal details:**

|  |  |
| --- | --- |
| Name |  |
| Contact email |  |
| Contact phone |  |

**Position details:**

|  |  |
| --- | --- |
| Position |  |
| Work Unit |  |
| Directorate / Division |  |

I wish to express interest in nominating to join the Queensland Government CRRR program. ***(Please tick)***

* *I am aware that the community recovery work environment during a disaster can be emotionally, psychologically and physically demanding. I confirm, to the best of my knowledge, I am physically and psychologically able to undertake a community recovery role and that I am able to assess and take action to maintain my emotional and physical wellbeing when deployed.*
* *I am able to work additional hours outside my normal spread of hours, including weekends and public holidays.*
* *I accept that if I am deployed into a disaster area I may be required to work and live in challenging conditions with rudimentary facilities, e.g. accommodation below 3 star rating and/or share accommodation, limited meal options, limited telecommunications.*
* *I am flexible and responsive to changing work requirements and circumstances and can contribute positively to a work team.*
* *I am not subject to a Performance/Absence Improvement Plan.*
* *I am not currently subject to a discipline process.*
* *I have not been subject to disciplinary action (penalty imposed) in the past 12 months that may be relevant to the duties and conduct required of an employee engaged in community recovery.*
* *I am not currently on a Return to Work Program or a Reasonable Adjustment Plan for a temporary or permanent physical or psychological injury/disability. (Staff who are on a Return to Work Program or a Reasonable Adjustment Plan for a temporary or permanent physical or psychological injury/disability will need written advice from their treating medical practitioner/s confirming their capacity to perform the requirements of the role, should they be nominated for the Community Recovery Ready Reserve).*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of nominee Date

**Line Manager/Supervisor’s endorsement:**

**Line Manager/Supervisor’s details:**

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Contact email |  |
| Contact phone |  |

*In endorsing this expression of interest, I understand and/or confirm that:*

1. *The purpose of the whole-of-government Community Recovery Ready Reserve (CRRR) program, which is administered by the Department of Communities, Disability Services and Seniors (DCDSS), is to maintain a register of staff who can be deployed from across Government, to assist with the recovery of disaster-affected communities.*
2. *My staff member* ***(Please tick):***

* *Does not play a critical role in supporting frontline service delivery, and can be backfilled if deployed*
* *Does not directly support disaster and emergency response or recovery activities as part of their usual role within the Department XXX*
* *Will be able to be released from their work area at short notice.*

1. *If approved, my staff member will be required to complete a series of online training activities and will be activated for deployment if and when required by the CRRR program.*
2. *At the time of imminent disaster, CRRR members will be placed on alert and requested to confirm their availability for possible deployment (following discussion with you).*
3. *If activated, CRRR members should be released for deployment. Periods of deployment may be for up to 7 days locally, or 9 days if travel is required. The potential exists for multiple deployments to occur over a number of months.*
4. *In releasing my staff member, I am aware I will need to prioritise and manage the reduced staff resources and workload within my team.*
5. *Extraordinary expenses associated with deployments are reclaimable (e.g. costs associated with backfilling of roles with temporary agency staff, overtime incurred while on deployment).*
6. *Further details for managers regarding the program can be found online at:* [**Community Recovery Ready Reserve**](https://www.ournews.qld.gov.au/ch/49490/176k7/2837467/PLPSf5mnqdJUhuOKxIIOnn1gd0weDPNoukqm_i8P.html).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of supervisor Date

Please return this completed form for registration to the Community Recovery Ready Reserve Agency Contact:

*Insert Agency Key Contact details*