

Queensland
GovernmentEmployee Movement - Temporary
(Higher Duties/Acting at Level)

This form is to be used by Queensland Health employees and line managers to document a temporary change to an employee's existing position or temporary appointment to a position either in an 'at level' or higher duties capacity.

Employee Details

Person ID	Personnel assignment number (PAN)	Please indicate (✓) here if you work in more than one position in QLD Health.
		<input type="checkbox"/>
Family name	First name/s	
PAGE	BRENTON	

Visa Notification (if applicable)

If the employee to whom this movement applies holds a Temporary Business (Long Stay) Subclass 457 visa, the Department of Immigration and Citizenship (DIAC) must be notified within 10 working days of the transfer to a new location or position.

Email address: QLD.Sponsor.Monitoring@immi.gov.au

Note: The sponsorship obligations for visa holders are transferred to the new HR Unit (refer HR Policy B46 for details).

Proposed Change Type

Higher duties	<input type="checkbox"/>	Acting at level	<input checked="" type="checkbox"/>
Indicate below if this form relates to either a new appointment, an extension to an existing appointment or a modification of a previously documented appointment			
New	<input type="checkbox"/>	Extension	<input checked="" type="checkbox"/>
		Modification	<input type="checkbox"/>

Proposed Position Details

Frontline position	<input type="checkbox"/>	OR	Non_Frontline position	<input type="checkbox"/>	Request to Fill a Vacancy Form attached	<input type="checkbox"/>
Position ID		Position title	REGISTERED NURSE		Classification (eg. AO4)	GRADE 5
Start date	01-10-2012	End date	11-11-2012		Percentage of allowance	%
Organisational unit number	70071571	Organisational unit name	BARRETT ADOLESCENT UNIT			
Facility address	THE PARK CENTRE FOR MENTAL HEALTH				Job advertisement reference (if applicable)	
Current occupant (if applicable)					Reason for higher duties / acting at level	

Concurrent / Aggregate: Please indicate (✓) here if the employee will continue to hold their existing position in conjunction with the proposed position. ☐

Employment basis

Full-time	<input type="checkbox"/>	Part-time	<input checked="" type="checkbox"/>	No. of part-time hours / fortnight:	64
Award/EBA name					

Nurses (Queensland Public Health Sector) Award 2004 - Section B - Psychiatric Hospitals etc

Staff Movement Details

Reason for vacancy

Covers RN on HD

Work Contract

Working arrangements	Shift arrangements	Recreation leave accrual	Reason for additional weeks leave
19 day month (ADO accrual) <input type="checkbox"/>	Single shift only <input type="checkbox"/>	4 weeks / annum <input type="checkbox"/>	Working public holidays <input checked="" type="checkbox"/>
Standard hours (non ADO accrual) <input type="checkbox"/>	Two shifts <input type="checkbox"/>	5 weeks / annum <input checked="" type="checkbox"/>	Continuous shift work <input type="checkbox"/>
Variable working hours <input type="checkbox"/>	Continuous shift work <input checked="" type="checkbox"/>	6 weeks / annum <input type="checkbox"/>	Working with radium (radiographers only) <input type="checkbox"/>
9 day fortnight <input type="checkbox"/>	12 hour shift arrangement applies <input type="checkbox"/>		

Special conditions (e.g. RANIP Nurses, etc.). Please refer to the Payroll and Rostering Intranet Site (PARIS) for more information.



Employee Movement - Temporary - (Higher Duties/Acting at Level)

Employee Reference

Person ID

Personnel assignment number (PAN)

Work Schedule

Please indicate (✓) here if this employee works either:

A cyclic roster (where the roster pattern repeats at regular intervals e.g. fortnightly / monthly)

☐

OR

A non-cyclic roster (a roster pattern that varies from one cycle to the next)

☐

Please complete the table below using 24 hour time format (eg. 07:00 - 15:30) to advise the employee's roster for their initial two week period of employment.

Week one

Week two

Day	Start time (hh:mm)	End time (hh:mm)	Meal break*		Total daily hours
			Start time (hh:mm)	End time (hh:mm)	
Monday	as	per	BAU	roster	
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Total weekly hours					

Day	Start time (hh:mm)	End time (hh:mm)	Meal break*		Total daily hours
			Start time (hh:mm)	End time (hh:mm)	
Monday	as	per	BAU	roster	
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Total weekly hours					

*Where a paid meal break applies, please insert N/A for meal break start and end times.

Qualification Payments

Please list here any approved qualifications that this employee possesses that will entitle them to additional payment (e.g. relevant AQF qualifications or nursing credentials) under Queensland Health policy.

Supervisor Certification (mandatory completion required)

I certify that I have:

- (where the employee is seeking release or extension of a previously approved movement from another work unit) successfully negotiated the terms of the agreement with the line manager of the employee's substantive position
- informed this employee of any changes to their FBT Concession Eligibility status as a consequence of this variation to their employment
- discussed with this employee the consequences of this change to their position, employment status, terms of employment and/or roster and
- informed the employee where this change applies to a temporary employee moving between temporary assignments, of any impact (i.e. the ending or likelihood of extension of their previous contract) as a consequence of accepting appointment to this proposed position.

Supervisor's signature

Date

Area code

Contact number

Supervisor's full name (please print)

Supervisor's position title

A/NURSE MANAGER

Employee Certification (mandatory completion required - refer note* below)

I agree to the above changes to my employment hours/position. I hereby claim for the extra remuneration for hours worked in a higher duties capacity (where applicable). I also certify that I have been informed by my line manager/supervisor of the consequences of this change to my:

- FBT Concession Eligibility status that may result from this variation to my employment contract and
- position, employment status, terms of employment and/or roster. I also acknowledge that as this appointment is of a temporary nature, the contract may be ended by my line manager with the appropriate notice in accordance with award provisions.

Employee's sign

Date

Line manager's signature in lieu*

*In exceptional circumstances where the employee is unable to sign this form (as above) the Supervisor may submit this form for processing where it has otherwise been completed in full and details of the reason that the employee cannot sign the form is listed below. The signature of the employee must be obtained on this form as soon as they become available to sign the form so that it can be retained as a formal contract of employment.



Employee Movement - Temporary - (Higher Duties/Acting at Level)

Employee Reference

Person ID

Personnel assignment number (PAN)

Delegate Approval (mandatory completion required)

If the employee's entitlement to recurring allowance changes, please complete and forward the relevant form/s.

HES / SES Higher Duties only:

Will the employee be allocated a government owned motor vehicle for private use or home garaging during this period of relief?

Yes ☐ No ☐

Delegate's signature

Date

04-09-2012

Area code

(07)

Delegate's Contact number

Delegate's full name (please print)

Delegate's position title

A/NURSE MANAGER

This area is provided for ease of filing

Processing Area Use Only

Processor's signature

Date

Reviewer's signature

Date

Processed fortnight ending

hr_emp_mov_high_dut/May2012/v.7

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Queensland
GovernmentWest Moreton Health Service District
Establishment Management Program

Brenton Page

Contract sent

199608

Request to Fill a Vacancy - Frontline Position

Vacancy Information

☐ Vacancy (Temp/Perm) ☒ Extension of temporary employees, higher duties, contractor or other arrangement

Is the position funded? * ☒ Yes ☐ No

☐ Backfill

Position Title: REGISTERED NURSE - BAU		Position ID (where applicable):
Facility / Location: THE PARK		Division: NURSING
Position Classification (where applicable): RADE 5	Position Status: (perm, temp, casual, contractor) TEMP	If currently vacant, how long has the position been vacant?
Reason for vacancy: ORGANISATIONAL RESTRUCTURE DURING REDEVELOPMENT		
Alternative considerations eg redistribute work priorities:		

Purpose of Position (brief description)

Registered nursing duties. To provide clinical care and assessment of consumers in a Mental Health Facility. To maintain visual observations. To provide care coordination.

Request to Fill (i.e. how do you intend to fill the vacancy)

☐ Permanently ☒ Temporarily ☐ Contractor End Date: 19/8/12

Existing Incumbent Information (continuing arrangements)

Surname:	First Name:	Person ID: (Where applicable)

Request Submitted by:

Signature	Name (please print)	Position	Date
		A/NURSE MANAGER	11/07/12

Relevant Executive Director's endorsement:

Signature	Name (please print)	Position	Date
		EXECUTIVE DIRECTOR NURSING	20/7/12

Executive Delegate Endorsement:

I support this request to fill this vacancy

Delegate Signature	Delegate Name	Position	Date
		Executive Director People & Culture OR Acting District CEO	26/7/12



Employee Movement - Temporary (Higher Duties/Acting at Level)

Privacy disclaimer:

The collection of personal information on this form is authorised under the Public Service Act 2008. Your personal information will not be disclosed to other parties without your consent unless required by law. Use of personal information on this form is restricted to those involved in the authorisation and processing of this form.



This form is to be used by Queensland Health employees and line managers to document a temporary change to an employee's existing position or temporary appointment to a position either in an 'at level' or higher duties capacity.

Employee Details

Person ID <input type="text"/>	Personnel assignment number (PAN) <input type="text"/>	Please indicate (✓) here if you work in more than one position in QLD Health. <input type="checkbox"/>
Family name PAGE	First name/s BRENTON	

Visa Notification (if applicable)

If the employee to whom this movement applies holds a Temporary Business (Long Stay) Subclass 457 visa, the Department of Immigration and Citizenship (DIAC) must be notified within 10 working days of the transfer to a new location or position.

Email address: QLD.Sponsor.Monitoring@immi.gov.au

Note: The sponsorship obligations for visa holders are transferred to the new HR Unit (refer HR Policy B46 for details).

Proposed Change Type

Higher duties ☐ Acting at level ☒

Indicate below if this form relates to either a new appointment, an extension to an existing appointment or a modification of a previously documented appointment

New ☐ Extension ☒ Modification ☐

Proposed Position Details

Frontline position <input type="checkbox"/>	OR	Non_Frontline position <input type="checkbox"/>	Request to Fill a Vacancy Form attached <input checked="" type="checkbox"/>
Position ID <input type="text"/>	Position title REGISTERED NURSE		Classification (eg. AO4) GRADE 5
Start date 12-11-2012	End date 10-02-2013	Percentage of higher duties allowance payable applies only to employees under the provisions of the Public Service Act	Percentage of allowance <input type="text"/>
Organisational unit number 70071571	Organisational unit name BARRETT ADOLESCENT UNIT		
Facility address THE PARK CENTRE FOR MENTAL HEALTH	Job advertisement reference (if applicable) <input type="text"/>		
Current occupant (if applicable) <input type="text"/>	Reason for higher duties / acting at level <input type="text"/>		

Concurrent / Aggregate: Please indicate (✓) here if the employee will continue to hold their existing position in conjunction with the proposed position ☐

Employment basis

Full-time ☐ Part-time ☒ No. of part-time hours / fortnight: **64**

Award/EBA name

Nurses (Queensland Public Health Sector) Award 2004 - Section B - Psychiatric Hospitals etc

Staff Movement Details

Reason for vacancy

Covers RN on HD- PETER KOP

Work Contract

Working arrangements	Shift arrangements	Recreation leave accrual	Reason for additional weeks leave
19 day month (ADO accrual) <input type="checkbox"/>	Single shift only <input type="checkbox"/>	4 weeks / annum <input type="checkbox"/>	Working public holidays <input checked="" type="checkbox"/>
Standard hours (non ADO accrual) <input type="checkbox"/>	Two shifts <input type="checkbox"/>	5 weeks / annum <input checked="" type="checkbox"/>	Continuous shift work <input type="checkbox"/>
Variable working hours <input type="checkbox"/>	Continuous shift work <input checked="" type="checkbox"/>	6 weeks / annum <input type="checkbox"/>	Working with radium (radiographers only) <input type="checkbox"/>
9 day fortnight <input type="checkbox"/>	12 hour shift arrangement applies <input type="checkbox"/>		

Special conditions (e.g. RANIP Nurses, etc.), Please refer to the Payroll and Rostering Intranet Site (PARIS) for more information.



Employee Movement - Temporary - (Higher Duties/Acting at Level)

Employee Reference

Person ID

Personnel assignment number (PAN)

Work Schedule

Please indicate (✓) here if this employee works either:

A cyclic roster (where the roster pattern repeats at regular intervals e.g. fortnightly / monthly)

☐

OR

A non-cyclic roster (a roster pattern that varies from one cycle to the next)

☐

Please complete the table below using 24 hour time format (eg. 07:00 - 15:30) to advise the employee's roster for their initial two week period of employment.

Week one

Day	Start time (hh:mm)	End time (hh:mm)	Meal break*		Total daily hours
			Start time (hh:mm)	End time (hh:mm)	
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Total weekly hours					

Week two

Day	Start time (hh:mm)	End time (hh:mm)	Meal break*		Total daily hours
			Start time (hh:mm)	End time (hh:mm)	
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Total weekly hours					

*Where a paid meal break applies, please insert N/A for meal break start and end times.

Qualification Payments

Please list here any approved qualifications that this employee possesses that will entitle them to additional payment (e.g. relevant AQF qualifications or nursing credentials) under Queensland Health policy.

Supervisor Certification (mandatory completion required)

I certify that I have:

- (where the employee is seeking release or extension of a previously approved movement from another work unit) successfully negotiated the terms of the agreement with the line manager of the employee's substantive position
- informed this employee of any changes to their FBT Concession Eligibility status as a consequence of this variation to their employment
- discussed with this employee the consequences of this change to their position, employment status, terms of employment and/or roster and
- informed the employee where this change applies to a temporary employee moving between temporary assignments, of any impact (i.e. the ending or likelihood of extension of their previous contract) as a consequence of accepting appointment to this proposed position.

Supervisor's signature

Date

Area code

Contact number

Supervisor's full name (please print)

Supervisor's position title

Employee Certification (mandatory completion required - refer note* below)

I agree to the above changes to my employment hours/position. I hereby claim for the extra remuneration for hours worked in a higher duties capacity (where applicable). I also certify that I have been informed by my line manager/supervisor of the consequences of this change to my:

- FBT Concession Eligibility status that may result from this variation to my employment contract and
- position, employment status, terms of employment and/or roster. I also acknowledge that as this appointment is of a temporary nature, the contract may be ended by my line manager with the appropriate notice in accordance with award provisions.

Employee

Date

Line manager's signature in lieu*

*In exceptional circumstances where the employee is unable to sign this form (as above) the Supervisor may submit this form for processing where it has otherwise been completed in full and details of the reason that the employee cannot sign the form is listed below. The signature of the employee must be obtained on this form as soon as they become available to sign the form so that it can be retained as a formal contract of employment.



Employee Movement - Temporary - (Higher Duties/Acting at Level)

Employee Reference

Person ID

Personnel assignment number (PAN)

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Delegate Approval (mandatory completion required)

If the employee's entitlement to recurring allowance changes, please complete and forward the relevant form/s.

HES / SES Higher Duties only:

Will the employee be allocated a government owned motor vehicle for private use or home garaging during this period of relief?

Yes ☐No ☐

Delegate's signature

Date

Area code

Delegate's Contact number

06-11-2012

(07)

Delegate's full name (please print)

Delegate's position title

A/DIRECTOR OF NURSING

Processing Area Use Only

Processor's signature

Date

Reviewer's signature

Date

Processed fortnight ending

hr_emp_mov_high_dut/May2012/v.7

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Queensland
Government

BENTON PAGE

West Moreton Hospital and Health Service
Establishment Management Program
Request to Fill a Vacancy – Frontline Position**PART A****Vacancy Information**

<input type="checkbox"/> Vacancy - Permanent	<input checked="" type="checkbox"/> Extension of temporary employees, contractor or other arrangement	Is the position funded?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Vacancy - Temporary	<input type="checkbox"/> Higher Duties – extension		
<input type="checkbox"/> Higher Duties - new			

Position Title: REGISTERED NURSE- BARRETT ADOLESCENT UNIT		Position ID (where applicable):
Facility / Location: THE PARK	Division: MENTAL HEALTH - NURSING	
Position Classification (where applicable): GRADE 5	Position Status: (perm, temp, casual, contractor) TEMP	If currently vacant, how long has the position been vacant?
Reason for vacancy: RN DOING HD		

Purpose of Position (brief description)

Registered nursing duties. To provide clinical care and assessment of consumers in a Mental Health Facility. To maintain visual observations. To provide care coordination.

Request to Fill (i.e. how do you intend to fill the vacancy)

Permanently	<input checked="" type="checkbox"/>	Temporarily	<input type="checkbox"/>	Contractor	Start Date: 12/11/12	End Date: 10/02/13
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Existing Incumbent Information (continuing arrangements)

Surname:	First Name:	Person ID: (Where applicable)
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Request Submitted by:

Signature	Name (please print)	Position	Date
		A/Nurse Manager	07/11/12

Relevant Executive Director's endorsement:

Signature	Name (please print)	Position	Date
		ED MHS	9/11/12

Please submit completed request for exemption to fill a vacancy form to: WMWorkforcePlanning@health.qld.gov.au**PART B****Chief Executive Endorsement:**

I support /do not support this request to fill this vacancy

Delegate Signature	Delegate Name	Position	Date
		WM HHS Chief Executive	9/11/12

Response provided to requesting officer
via email on

Date

Signature

Name and Position



Employee Movement - Temporary (Higher Duties/Acting at Level)

Privacy disclaimer: The collection of personal information on this form is authorised under the Privacy Act 1988. It is to be used for the purpose of processing employee movements and for the purpose of providing information to other parties without your consent if it is required by law. Use of personal information or data for any other purpose is prohibited. It is the responsibility of the employee to ensure that the information provided is accurate and up to date.

An approved 'Validation of Claims Older Than Three Months Form' must be provided in addition to this form if this claim is older than three months from the effective date.

This form is to be used by Queensland Health employees and line managers to document a temporary change to an employee's existing position or temporary appointment to a position either in an 'at level' or higher duties capacity.

Employee Details

Person ID <input type="text"/>	Personnel assignment number (PAN) <input type="text"/>	Please indicate (✓) here if you work in more than one position in QLD Health. <input type="checkbox"/>
Family name PAGE	First name/s BRENTON	

Visa Notification (if applicable)

If the employee to whom this movement applies holds a Temporary Business (Long Stay) Subclass 457 visa, the Department of Immigration and Citizenship (DIAC) must be notified within 10 working days of the transfer to a new location or position.

Email address: QLD.Sponsor.Monitoring@immi.gov.au

Note: The sponsorship obligations for visa holders are transferred to the new HR Unit (refer HR Policy B46 for details).

Proposed Change type

Higher duties ☐ Acting at level ☒

Indicate below if this form relates to either a new appointment, an extension to an existing appointment or a modification of a previously documented appointment

New ☐ Extension ☒ Modification ☐

Proposed Position Details

Request to Fill a Vacancy Form attached ☒

Position ID <input type="text"/>	Position title REGISTERED NURSE	Classification (eg. AO4) GRADE 5
Start date 11-02-2013	End date 12/5/2013	Percentage of allowance %
Organisational unit number 70071571	Organisational unit name BARRETT ADOLESCENT UNIT	
Facility address THE PARK CENTRE FOR MENTAL HEALTH	Job advertisement reference (if applicable) <input type="text"/>	

Current occupant (if applicable)

Reason for higher duties / acting at level

Concurrent / Aggregate: Please indicate (✓) here if the employee will continue to hold their existing position in conjunction with the proposed position ☐

Employment basis

Full-time ☐ Part-time ☒ No. of part-time hours / fortnight: **64**

Award/EBA Name

Queensland Health Nurses and Midwives Award - State 2012 - Section C - Psychiatric Hospitals and Eventide Homes

Staff Movement Details

Reason for vacancy

COVER RN DOING HD-

Work Contract

Working arrangements	Shift arrangements	Recreation leave accrual	Reason for additional weeks leave
19 day month (ADO accrual) <input type="checkbox"/>	Single shift only <input type="checkbox"/>	4 weeks / annum <input type="checkbox"/>	Working public holidays <input checked="" type="checkbox"/>
Standard hours (non ADO accrual) <input type="checkbox"/>	Two shifts <input type="checkbox"/>	5 weeks / annum <input checked="" type="checkbox"/>	Continuous shift work <input type="checkbox"/>
Variable working hours <input type="checkbox"/>	Continuous shift work <input type="checkbox"/>	6 weeks / annum <input type="checkbox"/>	Working with radium (radiographers only) <input type="checkbox"/>
9 day fortnight <input type="checkbox"/>	12 hour shift arrangement applies <input type="checkbox"/>		

Special conditions (e.g. RANIP Nurses, etc.). Please refer to the Payroll and Rostering Intranet Site (PARIS) for more information.



Employee Movement - Temporary - (Higher Duties/Acting at Level)

Employee Reference

Person ID

Personnel assignment number (PAN)

Work Schedule

Please indicate (✓) here if this employee works either:

A cyclic roster (where the roster pattern repeats at regular intervals e.g. fortnightly / monthly)

☐

OR

A non-cyclic roster (a roster pattern that varies from one cycle to the next)

☐

Please complete the table below using 24 hour time format (eg. 07:00 - 15:30) to advise the employee's roster for their initial two week period of employment.

Week one

Day	Meal break		Meal break		Total daily hours (14.75)
	Start time (beginning)	End time (beginning)	Start time (beginning)	End time (beginning)	
Monday	as	per	BAU	roster	
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Total weekly hours					

Week two

Day	Meal break		Meal break		Total daily hours (14.75)
	Start time (beginning)	End time (beginning)	Start time (beginning)	End time (beginning)	
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Total weekly hours					

*Where a paid meal break applies, please insert N/A for meal break start and end times.

Qualification Payments

Please list here any approved qualifications that this employee possesses that will entitle them to additional payment (e.g. relevant AQF qualifications or nursing credentials) under Queensland Health policy.

Supervisor Certification (mandatory completion required)

I certify that I have:

- (where the employee is seeking release or extension of a previously approved movement from another work unit) successfully negotiated the terms of the agreement with the line manager of the employee's substantive position
- informed this employee of any changes to their FBT Concession Eligibility status as a consequence of this variation to their employment
- discussed with this employee the consequences of this change to their position, employment status, terms of employment and/or roster and
- informed the employee where this change applies to a temporary employee moving between temporary assignments, of any impact (i.e. the ending or likelihood of extension of their previous contract) as a consequence of accepting appointment to this proposed position.

Supervisor's signature

Date

Area code

Contact number

Supervisor's full name (please print)

Supervisor's position title

Employee Certification (mandatory completion required - refer note* below)

I agree to the above changes to my employment hours/position. I hereby claim for the extra remuneration for hours worked in a higher duties capacity (where applicable). I also certify that I have been informed by my line manager/supervisor of the consequences of this change to my:

- FBT Concession Eligibility status that may result from this variation to my employment contract and
- position, employment status, terms of employment and/or roster. I also acknowledge that as this appointment is of a temporary nature, the contract may be ended by my line manager with the appropriate notice in accordance with award provisions.

Employee's signature

Date

Line manager's signature in lieu*

*In exceptional circumstances where the employee is unable to sign this form (as above) the Supervisor may submit this form for processing where it has otherwise been completed in full and details of the reason that the employee cannot sign the form is listed below. The signature of the employee must be obtained on this form as soon as they become available to sign the form so that it can be retained as a formal contract of employment.



Employee Movement - Temporary - (Higher Duties/Acting at Level)

Employee Reference

Person ID

Personnel assignment number (PAN)

Delegate Approval (mandatory completion required)

If the employee's entitlement to recurring allowance changes, please complete and forward the relevant form/s.

HES / SES Higher Duties only:

Will the employee be allocated a government owned motor vehicle for private use or home garaging during this period of relief?

Yes ☐No ☐

Delegate's signature

Date

Area code

Delegate's Contact number

23-01-2013

(07)

Delegate's full name (please print)

Delegate's position title

A/DIRECTOR OF NURSING

Chief Executive

St. Mary's Hospital and Health Service

29/1/13

Processing Area Use Only

Processor's signature

Date

Reviewer's signature

Date

Processed fortnight ending

hr_emp_mov_high_dut/january2013v11

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**Queensland
Government**

**West Moreton Hospital and Health Service
Establishment Management Program
Request to Fill a Vacancy – Frontline Position**

PART A

Vacancy Information

<input type="checkbox"/> Vacancy - Permanent	<input checked="" type="checkbox"/> Extension of temporary employees, contractor or other arrangement	Is the position funded? X Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Vacancy - Temporary	<input type="checkbox"/> Higher Duties – extension	
<input type="checkbox"/> Higher Duties - new		

Position Title: REGISTERED NURSE- BAU		Position ID (where applicable):
Facility / Location: THE PARK CENTRE FOR MENTAL HEALTH		Division: NURSING- MENTAL HEALTH
Position Classification (where applicable): GRADE 5	Position Status: (perm, temp, casual, contractor) PERM	If currently vacant, how long has the position been vacant? >6 MONTHS
Reason for vacancy: RN DOING HIGHER DUTIES		

Purpose of Position (brief description)

Registered nursing duties. To provide clinical care and assessment of consumers in a Mental Health Facility
To maintain visual observations. To provide care coordination.

Request to Fill a Vacancy - How do you intend to fill the vacancy?

Permanently ☒ Temporarily ☐ Contractor ☐ Start Date: 11/02/2013 End Date: 12/5/2013

Existing incumbent information (if applicable)

Surname: PAGE	First Name: BRENTON	Person ID: (Where applicable)
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Request Submitted by:

Signature	Name (please print)	Position	Date
[Signature]	[Name]	ANURSE MANAGER	23/01/2013

Relevant Executive Director's endorsement

Signature	Name (please print)	Position	Date
[Signature]	[Name]	ED N HHS	25/1/13

Please submit completed request for exemption to fill a vacancy form to: WMWorkforcePlanning@health.qld.gov.au

PART B

I support /do not support this request to fill this vacancy

Delegate Signature	Delegate Name	Position	Date
[Signature]	[Name]	WM HHS Chief Executive	29/1/13

Response provided to requesting officer via email on	Date	Signature	Name and Position
	1.2.13	[Signature]	Manager WFP.



Employee Movement - Temporary (Higher Duties/Acting at Level)

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This form is to be used by Queensland Health employees and line managers to document a temporary change to an employee's existing position or temporary appointment to a position either in an 'at level' or higher duties capacity.

Employee Details

Person ID	Personnel assignment number (PAN)	Please indicate (✓) here if you work in more than one position in QLD Health.
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Family name	First name/s	
PAGE	BRENTON	

Visa Notification (if applicable)

If the employee to whom this movement applies holds a Temporary Business (Long Stay) Subclass 457 visa, the Department of Immigration and Citizenship (DIAC) must be notified within 10 working days of the transfer to a new location or position.

Email address: QLD.Sponsor.Monitoring@immi.gov.au

Note: The sponsorship obligations for visa holders are transferred to the new HR Unit (refer HR Policy B46 for details).

Proposed Change Type

Higher duties	<input type="checkbox"/>	Acting at level	<input checked="" type="checkbox"/>
Indicate below if this form relates to either a new appointment, an extension to an existing appointment or a modification of a previously documented appointment			
New	<input type="checkbox"/>	Extension	<input checked="" type="checkbox"/>
		Modification	<input type="checkbox"/>

Proposed Position Details

Request to fill a Vacancy Form attached		<input checked="" type="checkbox"/>
Position ID	Position title	Classification (eg. AO4)
<input type="text"/>	REGISTERED NURSE	GRADE 5
Start date	End date	Percentage of allowance
13-05-2013	18-08-2013	<input type="text"/>
Percentage of higher duties allowance payable applies only to employees under the provisions of the Public Service Act		%
Organisational unit number	Organisational unit name	
70071571	BARRETT ADOLESCENT UNIT	
Facility address	Job advertisement reference (if applicable)	
THE PARK CENTRE FOR MENTAL HEALTH		
Current occupant (if applicable)	Reason for higher duties / acting at level	
	COVER RN DOING HD	

Concurrent / Aggregate: Please indicate (✓) here if the employee will continue to hold their existing position in conjunction with the proposed position ☐

Employment basis

Full-time	<input type="checkbox"/>	Part-time	<input checked="" type="checkbox"/>	No. of part-time hours / fortnight:	64
-----------	--------------------------	-----------	-------------------------------------	-------------------------------------	----

Award/EBA Name

Queensland Health Nurses and Midwives Award - State 2012 - Section C - Psychiatric Hospitals and Eventide Homes

Staff Movement Details

Reason for vacancy
COVERS RN DOING HD -

Work Contract

Working arrangements	Shift arrangements	Recreation leave accrual	Reason for additional weeks leave
19 day month (ADO accrual) <input type="checkbox"/>	Single shift only <input checked="" type="checkbox"/>	4 weeks / annum <input type="checkbox"/>	Working public holidays <input type="checkbox"/>
Standard hours (non ADO accrual) <input type="checkbox"/>	Two shifts <input type="checkbox"/>	5 weeks / annum <input checked="" type="checkbox"/>	Continuous shift work <input checked="" type="checkbox"/>
Variable working hours <input type="checkbox"/>	Continuous shift work <input type="checkbox"/>	6 weeks / annum <input type="checkbox"/>	Working with radium (radiographers only) <input type="checkbox"/>
9 day fortnight <input type="checkbox"/>	12 hour shift arrangement applies <input type="checkbox"/>		

Special conditions/Allowances (e.g. RANIP Nurses, uniform, laundry allowance etc.). Please refer to the Payroll and Rostering Intranet Site (PARIS) for more information



Employee Movement - Temporary - (Higher Duties/Acting at Level)

Employee Reference

Person ID

Personnel assignment number (PAN)

Work Schedule

Please indicate (✓) here if this employee works either:

A cyclic roster (where the roster pattern repeats at regular intervals e.g. fortnightly / monthly)

☐

OR

A non-cyclic roster (a roster pattern that varies from one cycle to the next)

☐

Please complete the table below using 24 hour time format (eg. 07:00 - 15:30) to advise the employee's roster for their initial two week period of employment.

Week one

Day	Start time (hh:mm)	End time (hh:mm)	Meal break*		Total daily hours (i.e. 7.6)
			Start time (hh:mm)	End time (hh:mm)	
Monday	as	per	BAU	roster	
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Total weekly hours					

Week two

Day	Start time (hh:mm)	End time (hh:mm)	Meal break*		Total daily hours (i.e. 7.6)
			Start time (hh:mm)	End time (hh:mm)	
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Total weekly hours					

*Where a paid meal break applies, please insert N/A for meal break start and end times.

Qualification Payments

Please list here any approved qualifications that this employee possesses that will entitle them to additional payment (e.g. relevant AQF qualifications or nursing credentials) under Queensland Health policy.

Supervisor Certification (mandatory completion required)

I certify that I have:

- (where the employee is seeking release or extension of a previously approved movement from another work unit) successfully negotiated the terms of the agreement with the line manager of the employee's substantive position
- informed this employee of any changes to their FBT Concession Eligibility status as a consequence of this variation to their employment
- discussed with this employee the consequences of this change to their position, employment status, terms of employment and/or roster and
- informed the employee where this change applies to a temporary employee moving between temporary assignments, of any impact (i.e. the ending or likelihood of extension of their previous contract) as a consequence of accepting appointment to this proposed position.

Supervisor's signature

Date

Area code

Contact number

Supervisor's full name (please print)

Supervisor's position title

Employee Certification (mandatory completion required - refer note* below)

I agree to the above changes to my employment hours/position. I hereby claim for the extra remuneration for hours worked in a higher duties capacity (where applicable). I also certify that I have been informed by my line manager/supervisor of the consequences of this change to my:

- FBT Concession Eligibility status that may result from this variation to my employment contract and
- position, employment status, terms of employment and/or roster. I also acknowledge that as this appointment is of a temporary nature, the contract may be ended by my line manager with the appropriate notice in accordance with award provisions.

Employee's signature

Date

Line manager's signature in lieu*

*In exceptional circumstances where the employee is unable to sign this form (as above) the Supervisor may submit this form for processing where it has otherwise been completed in full and details of the reason that the employee cannot sign the form is listed below. The signature of the employee must be obtained on this form as soon as they become available to sign the form so that it can be retained as a formal contract of employment.



Employee Reference

Employee Movement - Temporary - (Higher Duties/Acting at Level)

Person ID

Personnel assignment number (PAN)

Delegate Approval (mandatory completion required)

If the employee's entitlement to recurring allowance changes, please complete and forward the relevant form/s.

HES / SES Higher Duties only:

Will the employee be allocated a government owned motor vehicle for private use or home garaging during this period of relief?

Yes ☐No ☐

Delegate's signature

Date

Area code

Delegate's Contact number

Delegate's full name (please print)

Delegate's position title

A/DIRECTOR OF NURSING

Chief Executive
West Moreton Hospital and Health Service

2/5/13

Processing Area Use Only

Processor's signature

Date

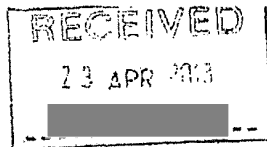
Reviewer's signature

Date

Processed fortnight ending

hr_emp_mov_high_dut/March2013v12

3 of 3



West Moreton Hospital and Health Service Establishment Management Process Request to Fill Form

Position Details			
<input checked="" type="checkbox"/> Frontline	<input type="checkbox"/> Non Frontline	Position Title: REGISTERED NURSE	
Position ID: [REDACTED]		Business Unit/Division: Barrett Adolescent Unit	Facility/Location: THE PARK
Vacancy Details			
<input type="checkbox"/> Permanent vacancy		<input checked="" type="checkbox"/> Temporary Vacancy	<input type="checkbox"/> Casual Vacancy
Proposed Filling Arrangements			
<input type="checkbox"/> Permanent - Request to advertise*		<input type="checkbox"/> Higher Duties/Acting at Level	<input checked="" type="checkbox"/> Temporary Engagement / Contractor/ Agency Staff
<input type="checkbox"/> Secondment In		<input checked="" type="checkbox"/> Casual Employee	Start Date: 13/05/13 End Date: 18/08/13
* A Word Version Role Description must be provided for all permanent vacancies			
Proposed Appointment (if known)			
Surname: PAGE		Name: BRENTON	Person ID: [REDACTED]
Additional Vacancy Information			
If permanent position, is it substantively vacant?		If currently vacant, how long has the position been vacant?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Years: Months:	

Background, Service Need and Financial Implications

- Why is this position vacant?

RN M.BESWICK DOING HD

- What is the rationale for filling this position for the period requested? What are the implications if the position is not filled?

TO BACKFILL FOR CLINICAL NEED AND TO PROVIDE CONSISTENCY FOR PATIENT CARE. TO REDUCE USE OF CASUAL/ AGENCY STAFF AND THE POTENTIAL USE OF OVERTIME.

- If this position is filled, will the Business Unit be over the current budgeted FTE?

YES, PLEASE SEE ATTACHED REPORT

- Is the Business Unit currently within the approved budget?

YES, \$351,163 UNDER EXPENDED AS AT 31/3/13

- If this request to fill is for leave relief, is backfill for leave in the approved budget?

N/A

MISS 25.2

WMHHS EMP Formv2

Please ensure you attach all relevant Payroll forms to this form (for example Employee Movements Form).

Role	Name	Contact Number	Date	Comments
Requested by	[REDACTED]	[REDACTED]		
Line Manager	[REDACTED]	[REDACTED]		
ASSISTANT Business Manager	[REDACTED]	[REDACTED]	24/4/13	
Executive Director	[REDACTED]		1/5/13	endorsed. part of BAC changes
Chief Financial Officer	[REDACTED]		02 05/13	

Chief Executive Officer Approval

Request to fill vacancy:

☒ Approved

Comments/Conditions:

☐ Not Approved

Comments:

Signature

Name

Chief Executive
West Moreton HHS

Position

Date

2/5/13

For HHS HR Use Only

☐ Permanent Substantively Vacant Positions
(irrespective of proposed filling action)

Report forwarded to System Manager EMP

Date

Signature

Name and Position

Fiscal by Division QH_ALT_7, Paypoint, Measures

			2013			
			Dec 2012	Jan 2013	Feb 2013	Mar 2013
Business Unit 7 - Wacol, P...	Enrolled Nurses - Grade 3	QH FTE	0.32	0.74	0.26	0.25
		Budgeted ...	1.04	1.00	1.07	1.09
		QH FTE Var	0.72	0.26	0.81	0.84
	Registered Nurses / Midwife - Grade 5	QH FTE	15.40	17.12	16.86	16.94
		Budgeted ...	14.17	13.18	14.39	14.74
		QH FTE Var	1.23	3.94	2.47	2.20
	Clinical Nurse / Midwife - Grade 6	QH FTE	3.59	2.12	3.06	3.53
		Budgeted ...	5.45	5.17	5.56	5.70
		QH FTE Var	1.86	3.05	2.50	2.17
	Clinical Nurse Consultant, Manager, Educator - Gra...	QH FTE	1.00	0.50	1.00	0.92
		Budgeted ...	1.00	1.11	1.08	1.04
		QH FTE Var	0.00	0.61	0.08	0.13
	Nurse Director, Assistant Director of Nursing - Grad...	QH FTE		0.04	0.01	
		Budgeted ...	0.24	0.29	0.27	0.26
		QH FTE Var	0.24	0.25	0.26	0.26
	Nursing - External	QH FTE	0.26	0.25	0.05	0.45
		QH FTE Var	-0.26	-0.25	-0.05	-0.45
	Nursing	QH FTE	20.57	20.76	21.25	22.09
		Budgeted ...	21.90	20.75	22.37	22.84
		QH FTE Var	1.34	-0.02	1.12	0.75

Parameters:
 Status:
 Current Date: 24/04/2013 8:03:22 AM
 Username: [REDACTED]

Budget Position Internal Briefs new emp ATC S



Level 07 / Level 07	2013						
	Actual	Budget	Budget Variance	YTD Actual	YTD Budget	YTD Budget Variance	Full Year Budget
Business Unit 7 - Wacol, Park							
Labour - Health Practitioners	40,001	51,737	11,736	346,531	439,059	92,528	578,244
Labour - General	4,919	4,998	79	42,330	42,520	190	57,006
Labour - Managerial & Clerical	5,694	6,177	484	47,458	53,839	6,381	72,728
Labour - Medical	10,365	14,120	3,755	125,116	119,684	-5,432	162,716
Labour - Nursing	216,129	223,959	7,830	1,759,185	1,909,819	150,634	2,604,379
Labour - Operations	3,548	12,919	9,371	73,275	110,367	37,092	149,507
Labour - Visiting Medical Officers	28,611	31,506	2,895	243,133	272,411	29,278	365,545
Other Employee Related Expenses	2,243	2,809	566	17,229	23,934	6,705	32,290
Labour Related Taxes	-404		404	-3,149		3,149	
Workcover Premiums	-254		254	-2,892		2,892	
Catering And Domestic Expenses	4,804	6,863	2,059	37,749	43,819	6,070	61,271
Clinical Supplies		349	349	1,037	2,231	1,194	3,117
Communications Expense	2,318	2,939	621	6,738	18,772	12,034	26,246
Computers Expense	288	1,244	956	1,229	7,942	6,713	11,108
Drugs	1,109	1,745	636	10,058	11,150	1,092	15,590
Other Motor Vehicle Expenses	496	342	-154	-1,221	2,183	3,404	3,054
Non Capitalised Asset Related Expenses		96	96		610	610	855
Operating Leases	1,127	1,431	304	10,147	9,139	-1,008	12,779
Other Supplies And Services	414	965	551	3,148	6,161	3,013	8,609
Pathology Charges	126	685	559	3,414	4,375	961	6,118
Repairs And Maintenance	3,238	1,326	-1,912	19,232	8,471	-10,761	11,844
Shared Service Provider Charges							
Travel Expenses	31	363	332	897	2,321	1,424	3,248

\$ 351,163

###

The information contained in this report is STRICTLY confidential and must be treated accordingly. Be advised that it is the responsibility of the viewing officer to ensure the integrity of this information.

Page 1 of 2



12/9 * Change End date:

Employee Movement - Temporary (Higher Duties/Acting at Level)

Privacy disclaimer: The collection of personal information on this form is authorised under the Public Service Act 2008. Your personal information will not be disclosed to other parties without your consent unless required by law. Use of personal information on this form is restricted to those involved in the authorisation and processing of this form.

An approved 'Validation of Claims Older Than Three Months Form' must be provided in addition to this form if this claim is older than three months from the effective date.

This form is to be used by Queensland Health employees and line managers to document a temporary change to an employee's existing position or temporary appointment to a position either in an 'at level' or higher duties capacity.

Employee Details

Person ID	Personnel assignment number (PAN)	Please indicate (✓) here if you work in more than one position in QLD Health.
		<input type="checkbox"/>
Family name	First name/s	
Page	Brenton	

Visa Notification (if applicable)

If the employee to whom this movement applies holds a Temporary Business (Long Stay) Subclass 457 visa, the Department of Immigration and Citizenship (DIAC) must be notified within 10 working days of the transfer to a new location or position.

Email address: QLD.Sponsor.Monitoring@immi.gov.au

Note: The sponsorship obligations for visa holders are transferred to the new HR Unit (refer HR Policy B46 for details).

Proposed Change Type

Higher duties	<input type="checkbox"/>	Acting at level	<input type="checkbox"/>
Indicate below if this form relates to either a new appointment, an extension to an existing appointment or a modification of a previously documented appointment			
New	<input type="checkbox"/>	Extension	<input type="checkbox"/>
Modification	<input checked="" type="checkbox"/>		

Proposed Position Details

Request to fill a Vacancy Form attached	<input type="checkbox"/>	
Position ID	Position title	Classification (eg. AO4)
	Registered Nurse	Nsg Grade 5
Start date	End date	Percentage of allowance
19-08-2013	29-12-2013	%
Organisational unit number	Organisational unit name	
70071571	Barrett Adolescent Centre	
Facility address	Job advertisement reference (if applicable)	
The Park - Centre for Mental Health	n/a	
Current occupant (if applicable)	Reason for higher duties / acting at level	
	Incumbent on HD as CN	

Concurrent / Aggregate: Please indicate (✓) here if the employee will continue to hold their existing position in conjunction with the proposed position ☐

Employment basis

Full-time	<input checked="" type="checkbox"/>	Part-time	<input type="checkbox"/>	No. of part-time hours / fortnight:	
Award/EBA Name	Queensland Health Nurses and Midwives Award - State 2012 - Section C - Psychiatric Hospitals and Eventide Homes				

Staff Movement Details

Reason for vacancy	
--------------------	--

Work Contract

Working arrangements	Shift arrangements	Recreation leave accrual	Reason for additional weeks leave
19 day month (ADO accrual) <input checked="" type="checkbox"/>	Single shift only <input type="checkbox"/>	4 weeks / annum <input type="checkbox"/>	Working public holidays <input type="checkbox"/>
Standard hours (non ADO accrual) <input type="checkbox"/>	Two shifts <input type="checkbox"/>	5 weeks / annum <input checked="" type="checkbox"/>	Continuous shift work <input checked="" type="checkbox"/>
Variable working hours <input type="checkbox"/>	Continuous shift work <input checked="" type="checkbox"/>	6 weeks / annum <input type="checkbox"/>	Working with radium (radiographers only) <input type="checkbox"/>
9 day fortnight <input type="checkbox"/>	12 hour shift arrangement applies <input type="checkbox"/>		

Special conditions/Allowances (e.g. RANIP Nurses, uniform, laundry allowance etc.). Please refer to the Payroll and Rostering Intranet Site (PARIS) for more information.



Employee Movement - Temporary - (Higher Duties/Acting at Level)

Employee Reference

Person ID

Personnel assignment number (PAN)

Work Schedule

Please indicate (✓) here if this employee works either:

A cyclic roster (where the roster pattern repeats at regular intervals e.g. fortnightly / monthly) ☐

OR

A non-cyclic roster (a roster pattern that varies from one cycle to the next) ☐

Please complete the table below using 24 hour time format (eg. 07:00 - 15:30) to advise the employee's roster for their initial two week period of employment.

Week one

Day	Start time (hh:mm)	End time (hh:mm)	Meal break*		Total daily hours (i.e. 7.6)
			Start time (hh:mm)	End time (hh:mm)	
Monday	as	per	roster		
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Total weekly hours					

Week two

Day	Start time (hh:mm)	End time (hh:mm)	Meal break*		Total daily hours (i.e. 7.6)
			Start time (hh:mm)	End time (hh:mm)	
Monday	as	per	roster		
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Total weekly hours					

*Where a paid meal break applies, please insert N/A for meal break start and end times.

Qualification Payments

Please list here any approved qualifications that this employee possesses that will entitle them to additional payment (e.g. relevant AQF qualifications or nursing credentials) under Queensland Health policy.

Supervisor Certification (mandatory completion required)

I certify that I have:

- (where the employee is seeking release or extension of a previously approved movement from another work unit) successfully negotiated the terms of the agreement with the line manager of the employee's substantive position
- informed this employee of any changes to their FBT Concession Eligibility status as a consequence of this variation to their employment
- discussed with this employee the consequences of this change to their position, employment status, terms of employment and/or roster and
- informed the employee where this change applies to a temporary employee moving between temporary assignments, of any impact (i.e. the ending or likelihood of extension of their previous contract) as a consequence of accepting appointment to this proposed position.

Supervisor's signature

Date

Area code

Contact number

16-07-2013

(07)

Supervisor's full name (please print)

Supervisor's position title

Nurse Manager

Employee Certification (mandatory completion required - refer note* below)

I agree to the above changes to my employment hours/position. I hereby claim for the extra remuneration for hours worked in a higher duties capacity (where applicable). I also certify that I have been informed by my line manager/supervisor of the consequences of this change to my:

- FBT Concession Eligibility status that may result from this variation to my employment contract and
- position, employment status, terms of employment and/or roster. I also acknowledge that as this appointment is of a temporary nature, the contract may be ended by my line manager with the appropriate notice in accordance with award provisions.

Date

Line manager's signature in lieu*

16-07-2013

*In exceptional circumstances where the employee is unable to sign this form (as above) the Supervisor may submit this form for processing where it has otherwise been completed in full and details of the reason that the employee cannot sign the form is listed below. The signature of the employee must be obtained on this form as soon as they become available to sign the form so that it can be retained as a formal contract of employment.



Employee Movement - Temporary - (Higher Duties/Acting at Level)

Employee Reference

Person ID

Personnel assignment number (PAN)

Delegate Approval (mandatory completion required)

If the employee's entitlement to recurring allowance changes, please complete and forward the relevant form/s.

HES / SES Higher Duties only:

Will the employee be allocated a government owned motor vehicle for private use or home garaging during this period of relief?

Yes ☐ No ☒

Delegate's signature

Date

Area code

Delegate's Contact number

Delegate's full name (please print)

Delegate's position title

Processing Area Use Only

Processor's signature

Date

Reviewer's signature

Date

Processed fortnight ending

hr emp_mov_high_dut/March2013v12

3 of 3

Kathryn Tinning - Brenton Page Contract Cancellation

From: Brenton Page
To: [REDACTED]
Date: 9/10/2013 7:23 AM
Subject: Brenton Page Contract Cancellation

To whom it may concern,

This letter is to inform you that I must regrettfully terminate my current contract at BAC as of the 16.09.2013.

An opportunity to work overseas has presented itself at very short notice, and is something I feel I must take. I have loved my time at The Park and at BAC, and on my return back to Brisbane in January 2014, would love to continue working for this service if at all possible.

Thank you for you time.

Brenton Page.

13. Aug. 2013, 13:12:15 Start time hours: 64hrs No. 26520-P. 12+ 7.
 CAPAUM
 23 JUL 2013
 Payroll



Employee Movement - Temporary (Higher Duties/Acting at Level)

Privacy disclaimer: The collection of personal information on this form is authorised under the Privacy Act 2008. Your personal information will not be disclosed to other entities without your consent unless required by law. Use of personal information on this form is restricted to those involved in the authorisation and processing of the form.

An approved **Validation of Claims Older Than Three Months Form** must be provided in addition to this form if this claim is older than three months from the effective date.

This form is to be used by Queensland Health employees and line managers to document a temporary change to an employee's existing position or temporary appointment to a position either in an 'at level' or higher duties capacity.

Employee Details

Person ID [REDACTED]	Personnel assignment number (PAN) [REDACTED]	Please indicate (✓) here if you work in more than one position in QLD Health. <input type="checkbox"/>
Family name Page	First name/s Brenton	

Visa Notification (if applicable)

If the employee to whom this movement applies holds a Temporary Business (Long Stay) Subclass 457 visa, the Department of Immigration and Citizenship (DIAC) must be notified within 10 working days of the transfer to a new location or position.

Email address: QLD.Sponsor.Monitoring@immi.gov.au

Note: The sponsorship obligations for visa holders are transferred to the new HR Unit (refer HR Policy B46 for details).

Proposed Change Type

Higher duties ☐ Acting at level ☐

Indicate below if this form relates to either a new appointment, an extension to an existing appointment or a modification of a previously documented appointment

New ☐ Extension ☐ Modification ☒

Proposed Position Details

Request to Fill a Vacancy Form attached ☐

Position ID [REDACTED]	Position title Registered Nurse	Classification (eg. AQ4) Nsg Grade 5
Start date 19-08-2013	End date 29-12-2013	Percentage of allowance payable applies only to employees under the provisions of the Public Service Act [REDACTED] %
Organisational unit number 70071571	Organisational unit name Barrett Adolescent Centre	
Facility address The Park - Centre for Mental Health	Job advertisement reference (if applicable) n/a	

Current occupant (if applicable)

Reason for higher duties / acting at level

[REDACTED] **Incumbent on HD as CN**

Concurrent / Aggregate: Please indicate (✓) here if the employee will continue to hold their existing position in conjunction with the proposed position ☐

Employment basis

[REDACTED] ☒ Part-time ☒ No. of part-time hours / fortnight: **64**

Award/EBA Name

Queensland Health Nurses and Midwives Award - State 2012 - Section C - Psychiatric Hospitals and Eventide Homes

Staff Movement Details

Reason for vacancy

Work Contract

Working arrangements	Shift arrangements	Recreation leave accrual	Reason for additional weeks leave
19 day month (ADO accrual) <input checked="" type="checkbox"/>	Single shift only <input type="checkbox"/>	4 weeks / annum <input type="checkbox"/>	Working public holidays <input type="checkbox"/>
Standard hours (non ADO accrual) <input type="checkbox"/>	Two shifts <input type="checkbox"/>	5 weeks / annum <input checked="" type="checkbox"/>	Continuous shift work <input checked="" type="checkbox"/>
Variable working hours <input type="checkbox"/>	Continuous shift work <input checked="" type="checkbox"/>	6 weeks / annum <input type="checkbox"/>	Working with radium (radiographers only) <input type="checkbox"/>
9 day fortnight <input type="checkbox"/>	12 hour shift arrangement applies <input type="checkbox"/>		

Special conditions/Allowances (e.g. RANIP Nurses, uniform, laundry allowance etc.). Please refer to the Payroll and Rostering Intranet Site (PARIS) for more information.

13. Aug. 2013 13:12

No. 2652 P. 13



Employee Movement - Temporary - (Higher Duties/Acting at Level)

Employee Reference

Person ID

Personnel assignment number (PAN)

Work Schedule

Please Indicate (✓) here if this employee works either:

A cyclic roster (where the roster pattern repeats at regular intervals e.g. fortnightly / monthly)

☐

OR

A non-cyclic roster (a roster pattern that varies from one cycle to the next)

☐

Please complete the table below using 24 hour time format (eg. 07:00 – 15:30) to advise the employee's roster for their initial two week period of employment.

Week one

Day	Start time		End time		Total daily hours (ie 7.6)
	(hh:mm)	(hh:mm)	(hh:mm)	(hh:mm)	
Monday	as	per	roster		
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Total weekly hours					

Week two

Day	Start time		End time		Total daily hours (ie 7.6)
	(hh:mm)	(hh:mm)	(hh:mm)	(hh:mm)	
Monday	as	per	roster		
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Total weekly hours					

*Where a paid meal break applies, please insert N/A for meal break start and end times.

Qualification Payment

Please list here any approved qualifications that this employee possesses that will entitle them to additional payment (e.g. relevant AQF qualifications or nursing credentials) under Queensland Health policy.

Supervisor Certification (mandatory completion required)

I certify that I have:

- (where the employee is seeking release or extension of a previously approved movement from another work unit) successfully negotiated the terms of the agreement with the line manager of the employee's substantive position
- Informed this employee of any changes to their FBT Concession Eligibility status as a consequence of this variation to their employment
- Discussed with this employee the consequences of this change to their position, employment status, terms of employment and/or roster and
- Informed the employee where this change applies to a temporary employee moving between temporary assignments, of any impact (i.e. the ending or likelihood of extension of their previous contract) as a consequence of accepting appointment to this proposed position.

Supervisor's signature

Date

Area code

Contact number

16-07-2013

(07)

Supervisor's full name (please print)

Supervisor's position title

Nurse Manager

Employee Certification (mandatory completion required - refer note below)

I agree to the above changes to my employment hours/position. I hereby claim for the extra remuneration for hours worked in a higher duties capacity (where applicable). I also certify that I have been informed by my line manager/supervisor of the consequences of this change to my:

- FBT Concession Eligibility status that may result from this variation to my employment contract and
- position, employment status, terms of employment and/or roster. I also acknowledge that as this appointment is of a temporary nature, the contract may be ended by my line manager with the appropriate notice in accordance with award provisions.

Employee's signature

Date

Line manager's signature in lieu*

16-07-2013

*In exceptional circumstances where the employee is unable to sign this form (as above) the Supervisor may submit this form for processing where it has otherwise been completed in full and details of the reason that the employee cannot sign the form is listed below. The signature of the employee must be obtained on this form as soon as they become available to sign the form so that it can be retained as a formal contract of employment.

13. Aug. 2013 13:13

No. 2652 P. 14



Employee Reference

Person ID

Personnel assignment number (PAN)

Employee Movement - Temporary - (Higher Duties/Acting at Level)

Delegate Approval (mandatory completion required)

If the employee's entitlement to recurring allowance changes, please complete and forward the relevant form/s.

HES / SES Higher Duties only:

Will the employee be allocated a government owned motor vehicle for private use or home garaging during this period of relief?

Yes ☐No ☒

Delegate's signature

Date

Area code

Delegate's Contact number

Delegate's full name (please print)

Delegate's position title

Director of Nursing

This area is provided for ease of filing

Processing Area Use Only

Processor's signature

Date

Reviewer's signature

Date

Processed fortnight ending

hr_emp_mov_high_dut/March2013v12

3 of 3

13. Aug. 2013 13:12



123 JUL 2013

23 JUL 20

Payroll

West Moreton Hospital and Health Service Establishment Management Process Request to Fill Form

<input checked="" type="checkbox"/> Frontline	<input type="checkbox"/> Non Frontline	Position Title: Clinical Nurse Registered Nurse
Position ID: [REDACTED]		Business Unit/Division: Barrett Adolescent Centre
		Facility/Location: The Park - Centre for Mental Health, Orford Drive, Wacol Qld 4076
Vacancy Details		
<input type="checkbox"/> Permanent vacancy	<input checked="" type="checkbox"/> Temporary Vacancy	<input type="checkbox"/> Casual Vacancy
Employment Arrangements		
<input type="checkbox"/> Permanent - Request to advertise*	<input checked="" type="checkbox"/> Higher Duties/Acting at Level	<input type="checkbox"/> Temporary Engagement / Contractor/ Agency Staff
<input type="checkbox"/> Secondment In	<input type="checkbox"/> Casual Employee	Start Date: 19.08.2013 End Date: 29.12.2013
* A Word Version Role Description must be provided for all permanent vacancies		
Proposed Appointment (if known)		
Surname: Page	Name: Brenton	Person ID: [REDACTED]
Additional Vacancy Information		
If permanent position, is it substantively vacant?		Years: n/a
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

RECEIVED

Background, Service Need and Financial Implications

19 JUL 2013

- Why is this position vacant?

To backfill a RN vacancy caused by a current CN vacancy during this period of organisational re design/restructuring (covering [REDACTED] on HD as A/CN)

- What is the rationale for filling this position for the period requested? What are the implications if the position is not filled?

To provide clinical care and assessment of consumers in the BAU Mental Health Unit. To work within the MDT environment in the provision of consumer care.

To assist in the reduction of Casual/Agency/Overtime usage in the provision of consistent care to the BAU consumer cohort.

- If this position is filled, will the Business Unit be over the current budgeted FTE?

Posn no 30469706 CN in 13/14 budget build

No.

Adol Unit under FTE budget 12/13 - report attached

- Is the Business Unit currently within the approved budget?

Yes

Adol Unit under budget YTD 12/13 - report attached

- If this request to fill is for leave relief, is backfill for leave in the approved budget?

N/A.

Please ensure you attach all relevant Payroll forms to this form (for example Employee Movements Form).

Role	Name	Contact Number	Date	Comments
Requested by	[REDACTED] Nurse Manager Barrett Adolescent Centre	[REDACTED]	16.07.2013	[REDACTED]

13. Aug. 2013 13:12

No. 2652 P. 9

Line Manager	[REDACTED] Nursing Director The Park - Centre for Mental Health	[REDACTED]	17/7/13	[REDACTED]
Director of Nursing	[REDACTED] DON - Mental Health and Specialised Services	[REDACTED]	18/7/13	[REDACTED]
Asst Business Manager	[REDACTED]	[REDACTED]	17/7/13	[REDACTED]
Executive Director	[REDACTED]	[REDACTED]	22/7/13	[REDACTED]
Chief Financial Officer	[REDACTED]	[REDACTED]		[REDACTED]

Chief Executive Officer Approval

Request to fill vacancy:

☐ Approved Comments/Conditions:☐ Not Approved Comments:

[REDACTED]

Chief Executive
West Moreton HHS

Signature

Name

Position

Date

For HHS HR Use Only**For Permanent Substantively Vacant Positions
(irrespective of proposed filling action)**

Report forwarded to System Manager EMP

Date

Signature

Name and Position

Parameters:
 Status: Effective Date:17/07/2013
 Current Date:17/07/2013 12:58:41 PM
 Username: [REDACTED]

One Month Table - QH STD FTE



13. Aug. 2013 13:12

Adolescent, Park

	2013 Jul	2013 Aug	2013 Sep	2013 Oct	2013 Nov	2013 Dec
Managerial and Clerical	0.90	1.01	0.11	0.92	0.98	0.05
Medical, incl VMOs	1.68	1.95	0.26	1.74	1.86	0.12
Nursing	25.40	22.71	-2.69	21.83	22.21	0.38
Operational	1.26	2.30	1.04	1.36	2.26	0.90
Professional and Technical	3.95	4.18	0.23	4.09	4.87	0.78
All Paypoints	33.19	32.14	-1.05	29.94	32.18	2.24



Cube
 Budget FTE



Slicers
 FTE Type: Standard
 Control Labour: Labour Account
 Paid v Unpaid: Paid



Columns
 Fiscal, Measures



Rows
 Division QH_ALT_7, Paypoint



Selected Members
 Measures: QH FTE, Budgeted FTE, QH FTE Var, YTD QH FTE, YTD Budgeted FTE, YTD QH FTE Var
 Paypoint: All Descendants of All Paypoints

-Slicers:

FTE Type: Standard
 Control Labour: Labour Account
 Paid v Unpaid: Paid

The information contained in this report is STRICTLY confidential and must be treated accordingly. Be advised that it is the responsibility of the viewing officer to ensure the integrity of this information.

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WMS.5000.0037.00058
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Parameters:
 Status:
 Current Date: 17/07/2013 12:42:35 PM
 Username: [REDACTED]

Financial position - CC



13. Aug. 2013 13:12

	2013						
	Actual	Budget	Budget	TD Actual	TD Budget	TD Budget	Full Year Budget
			Variance			Variance	
Adolescent, Park							
Labour - Health Practitioners	36,451	43,854	7,403	461,678	578,244	116,566	578,244
Labour - General	5,092	4,920	-172	57,983	57,006	-977	57,006
Labour - Managerial & Clerical	5,881	6,391	510	66,692	72,728	6,036	72,728
Labour - Medical	7,781	14,081	6,300	165,888	162,716	-3,172	162,716
Labour - Nursing	261,000	232,446	-28,554	2,485,019	2,604,379	119,360	2,604,379
Labour - Operations	8,559	13,029	4,470	95,220	149,507	54,287	149,507
Labour - Visiting Medical Officers	27,285	31,796	4,511	330,502	365,545	35,043	365,545
Other Employee Related Expenses	1,988	2,659	871	23,251	32,290	9,039	32,290
Labour Related Taxes	-538		538	-3,646		3,646	
Workcover Premiums	-257		257	-3,439		3,439	
Labour Expenses	353,243	349,376	-3,867	3,679,148	4,022,415	343,267	4,022,415
Non Labour Expenses	17,471	21,668	4,197	145,893	188,839	42,946	188,839
Depreciation & Amortisation Expense	5	5		71	71		71
Expenses	370,719	371,049	330	3,825,113	4,211,325	386,212	4,211,325

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 No. 2652 P. 11



Employee Movement - Temporary (Higher Duties/Acting at Level)

Privacy disclaimer: Personal information collected by Queensland Health is handled in accordance with the Information Privacy Act 2009. The information provided by you will be securely stored and will be made available to appropriate authorised officers of Queensland Health or agents employed by Queensland Health. Personal information recorded on this form will not be disclosed to other parties without your consent unless required by law.



An approved 'Validation of Claims Older Than Three Months Form' must be provided in addition to this form if this claim is older than three months from the effective date.



This form is to be used by Queensland Health employees and line managers to document a temporary change to an employee's existing position or temporary appointment to a position either in an 'at level' or higher duties capacity.

Employee Details

Person ID

Personnel assignment number (PAN)

Please indicate (✓) here if you work in more than one position in QLD Health. ☐

Family name

PAGE

First name/s

BRENTON

Visa Notification (if applicable)

If the employee to whom this movement applies holds a Temporary Business (Long Stay) Subclass 457 visa, the Department of Immigration and Citizenship (DIAC) must be notified within 10 working days of the transfer to a new location or position.

Email address: QLD.Sponsor.Monitoring@immi.gov.au

Note: The sponsorship obligations for visa holders are transferred to the new HR Unit (refer HR Policy B46 for details).

Proposed Change Type

Higher duties ☐ Acting at level ☒

Indicate below if this form relates to either a new appointment, an extension to an existing appointment or a modification of a previously documented appointment

New ☒ Extension ☐ Modification ☐

Proposed Position Details

Request to Fill a Vacancy Form attached ☐

Position ID

Position title

REGISTERED NURSE

Classification (eg. AO4)

GRADE 5

Start date

30-09-2013

End date

29-12-2013

Percentage of higher duties allowance payable applies only to employees under the provisions of the Public Service Act

Percentage of allowance

%

Organisational unit number

Organisational unit name

BARRETT ADOLESCENT UNIT

Facility address

THE PARK CENTRE FOR MENTAL HEALTH

Job advertisement reference (if applicable)

Current occupant (if applicable)

VACANT

Reason for higher duties / acting at level

Concurrent / Aggregate: Please Indicate (✓) here if the employee will continue to hold their existing position in conjunction with the proposed position ☐

Employment Basis

Full-time ☐

Part-time ☒

No. of part-time hours / fortnight:

64

Award/EBA Name

Queensland Health Nurses and Midwives Award - State 2012 - Section C - Psychiatric Hospitals and Eventide Homes

Staff Movement Details

Reason for vacancy

VACANT

Work Contract

Working arrangements

19 day month (ADO accrual) ☐

Standard hours (non ADO accrual) ☐

Variable working hours ☐

9 day fortnight ☐

Shift arrangements

Single shift only ☒

Two shifts ☐

Continuous shift work ☐

12 hour shift arrangement applies ☐

Recreation leave accrual

4 weeks / annum ☐

5 weeks / annum ☒

6 weeks / annum ☐

Reason for additional weeks leave

Working public holidays ☒

Continuous shift work ☐

Working with radium (radiographers only) ☐

Special conditions/Allowances (e.g. RANIP Nurses, uniform, laundry allowance etc.). Please refer to the Payroll and Rostering Intranet Site (PARIS) for more information.



Employee Movement - Temporary (Higher Duties/Acting at Level)

Employee Reference

Person ID

Personnel assignment number (PAN)

Work Schedule

Please indicate (✓) here if this employee works either:

A cyclic roster (where the roster pattern repeats at regular intervals e.g. fortnightly / monthly) ☐ OR

A non-cyclic roster (a roster pattern that varies from one cycle to the next) ☐

Please complete the table below using 24 hour time format (eg. 07:00 - 15:30) to advise the employee's roster for their initial two week period of employment.

Week one

Day	Start time (hh:mm)	End time (hh:mm)	Meal break*		Total daily hours (i.e. 7.6)
			Start time (hh:mm)	End time (hh:mm)	
Monday	as per	BAU	roster		
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Total weekly hours					

Week two

Day	Start time (hh:mm)	End time (hh:mm)	Meal break*		Total daily hours (i.e. 7.6)
			Start time (hh:mm)	End time (hh:mm)	
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Total weekly hours					

*Where a paid meal break applies, please insert N/A for meal break start and end times.

Qualification Payments

Please list here any approved qualifications that this employee possesses that will entitle them to additional payment (e.g. relevant AQF qualifications or nursing credentials) under Queensland Health policy.

QLD Health HR Solution User Access Request status

Does the employee have/require Workbrain/SAP access?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the current access to Workbrain/SAP require a change?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has a QLD Health HR Solution User Access Request Form been completed for the change?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not applicable

Supervisor Certification (mandatory completion required)

I certify that I have:

- (where the employee is seeking release or extension of a previously approved movement from another work unit) successfully negotiated the terms of the agreement with the line manager of the employee's substantive position
- informed this employee of any changes to their FBT Concession Eligibility status as a consequence of this variation to their employment
- discussed with this employee the consequences of this change to their position, employment status, terms of employment and/or roster and
- informed the employee where this change applies to a temporary employee moving between temporary assignments, of any impact (i.e. the ending or likelihood of extension of their previous contract) as a consequence of accepting appointment to this proposed position.

Supervisor's signature

Date

Area code

Contact number

18-09-2013

(07)

Supervisor's full name (please print)

Supervisor's position title

A/NURSE MANAGER



Employee Movement - Temporary (Higher Duties/Acting at Level)

Employee Reference

Person ID

Personnel assignment number (PAN)

Employee Certification (mandatory completion required - refer note* below)

I agree to the above changes to my employment hours/position. I hereby claim for the extra remuneration for hours worked in a higher duties capacity (where applicable). I also certify that I have been informed by my line manager/supervisor of the consequences of this change to my:

- FBT Concession Eligibility status that may result from this variation to my employment contract and
- position, employment status, terms of employment and/or roster. I also acknowledge that as this appointment is of a temporary nature, the contract may be ended by my line manager with the appropriate notice in accordance with award provisions.

Employee's signature

Date

Supervisor's signature in lieu*

*In exceptional circumstances where the employee is unable to sign this form (as above) the Supervisor may submit this form for processing where it has otherwise been completed in full and details of the reason that the employee cannot sign the form is listed below. The signature of the employee must be obtained on this form as soon as they become available to sign the form so that it can be retained as a formal contract of employment.

on leave.

Delegate Approval (mandatory completion required)

If the employee's entitlement to recurring allowance changes, please complete and forward the relevant form/s.

HES / SES Higher Duties only:

Will the employee be allocated a government owned motor vehicle for private use or home garaging during this period of relief?

Yes ☐No ☐

Delegate's signature

Date

Area code

Delegate's Contact number

[Redacted Signature]

23/9/13

(07)

[Redacted Contact Number]

Delegate's full name (please print)

Delegate's position title

[Redacted Full Name]

ED MM TSS

Processing Area Use Only

Processor's signature

Date

Reviewer's signature

Date

Processed fortnight ending

[Redacted Signature]

[Redacted Date]

[Redacted Signature]

[Redacted Date]

[Redacted Fortnight Ending]

hr_emp_mov_high_dut/Sep2013/v13

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West Moreton Hospital and Health Service Establishment Management Process Request to Fill Vacancy Form

Position Details			
<input checked="" type="checkbox"/> Frontline	<input type="checkbox"/> Non Frontline	Position Title: REGISTERED NURSE- Barrett Adolescent Unit	
Position ID: [REDACTED]		Business Unit/Division: BU2 Mental Health	Facility/Location: The Park
Vacancy Details			
<input checked="" type="checkbox"/> Permanent vacancy		<input type="checkbox"/> Temporary Vacancy	<input type="checkbox"/> Casual Vacancy
Proposed Filling Arrangements			
<input type="checkbox"/> Permanent - Request to advertise*		<input type="checkbox"/> Higher Duties/Acting at Level	<input type="checkbox"/> Temporary Engagement / Contractor/ Agency Staff
<input type="checkbox"/> Secondment In	<input checked="" type="checkbox"/> Casual Employee	Start Date: 30/09/2013	End Date: 29/12/2013
* A Role Description must be provided for all permanent vacancies			
Proposed Appointment (If known)			
Surname: PAGE	Name: BRENTON	Person ID: [REDACTED]	Pay Level: GRADE 5
Additional Vacancy Information			
If permanent position, is it substantively vacant?		If currently vacant, how long has the position been vacant?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Years 4 Months	

Background, Service Need and Financial Implications

- Why is this position vacant?

Resignation of permanent RN. Implementation of new mental Health structure

- What is the rationale for filling this position for the period requested? What are the implications if the position is not filled?

For consistency with patient care. To reduce casual use and risk of overtime and agency usage.

If this position is filled, will the Business Unit be over the current budgeted FTE?

YES, 10.74 FTE Budget, 11.52 OCCUPIED IF THIS IS FILLED

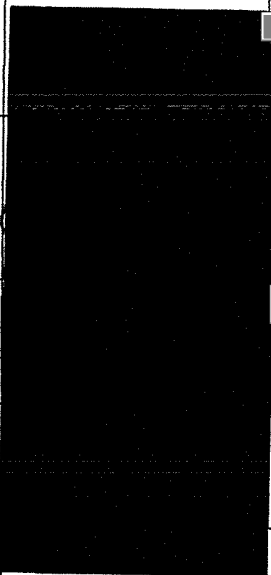



- Is the Business Unit currently within the approved budget?

NO, Payroll anomaly for VMO/MEDICAL leave back pay \$108,243 OVER BUDGET AS AT 31/3/13

- If this request to fill is for leave relief, is backfill for leave in the approved budget?

N.A.

Please ensure you attach all relevant Payroll forms to this form (for example Employee Movements Form).

Role	Name	Contact Number	Date	Comments	
Requested by 1			17/09/2013		
Assistant Business Manager			19/9/13		
Line Manager / Service Director			17/09/2013		
Executive Director			23/9/13		
Executive Director & Corporate uses					

Chief Executive Officer Approval

Request to fill vacancy:

☐ Approved Comments/Conditions:

☐ Not Approved Comments:

Chief Executive
West Moreton HHS

Signature

Name

Position

Date

For HR Use Only

For Permanent Substantively Vacant Positions
(irrespective of proposed filling action)

Report forwarded to System Manager EMP

Date

Signature

Name and Position

Run Date: 18/09/2013



Staffing Profile for Adolescent Unit

Process Nu: 01-Sep-2013(05)



Emp Name	Emp No.	Cost Centre	Paypoint	QHD Job Code	Position ID	Employ Type	Pay Status	Occupied Status	End Date	Employed Hours	Occupied HC	Occupied FTE	Appointed FTE
	996240	30NRG5P	07	RN - Mental Health		PT - Perm Cont Shift	Unpaid	SUBSTANTIVE	1/09/2013	63.84	0.00	0.00	0.84
	996240	30NRG5P	07	RN - Mental Health		FT - Perm Cont Shift		SUBSTANTIVE	29/12/2013	0.00	0.00	0.00	0.84
	996240	30NRG5P	07	RN - Mental Health		PT - Perm Cont Shift	Active	SUBSTANTIVE	29/12/2013	63.84	1.00	0.84	0.84
	996240	30NRG5P	06	RN - Mental Health		FT - Perm Cont Shift		SUBSTANTIVE	29/12/2013	0.00	0.00	0.00	0.84
	996240	30NRG5P	03	RN - Mental Health		FT - Perm Cont Shift	Active	SUBSTANTIVE		76.00	1.00	1.00	1.00
	996240	30NRG5P	07	RN - Mental Health		FT - Perm Cont Shift	Paid	SUBSTANTIVE		76.00	1.00	1.00	1.00
	996240	30NRG5P	07	RN - Mental Health		FT - Perm Cont Shift	Active	SUBSTANTIVE		76.00	1.00	1.00	1.00
	996240	30NRG5P	05	RN - Mental Health		PT - Temp Cont Shift	Active	SUBSTANTIVE	29/12/2013	63.84	1.00	0.84	0.00
	996240	30NRG5P	07	RN - Mental Health		PT - Perm Cont Shift	Paid	SUBSTANTIVE		63.84	1.00	0.84	0.84
	996240	30NRG5P	07	RN - Mental Health		FT - Perm Cont Shift	Active	SUBSTANTIVE		76.00	1.00	1.00	1.00
	996240	30NRG5AP	07	RN - Mental Health		FT - Perm Cont Shift	Active	SUBSTANTIVE		76.00	1.00	1.00	1.00
	996240	30NRG5P	07	RN - Mental Health		FT - Perm Cont Shift	Active	SUBSTANTIVE		76.00	1.00	1.00	1.00
	996240	30NRG5P	07	RN - Mental Health		FT - Temp Cont Shift	Active	SUBSTANTIVE	15/09/2013	76.00	1.00	1.00	0.00
	996240	30NRG5P	07	RN - Mental Health		FT - Perm Cont Shift	Active	SUBSTANTIVE		76.00	1.00	1.00	1.00
	996240	30NRG5P	02	RN - Mental Health		FT - Perm Cont Shift		SUBSTANTIVE	29/12/2013	0.00	0.00	0.00	1.00
	996240	30NRG5P	02	RN - Mental Health		FT - Perm Cont Shift	Active	SUBSTANTIVE	8/09/2013	76.00	1.00	1.00	1.00
Position: RN ADOL WT (30469706)										939.36	12.00	11.52	13.20
Facility: THE PARK CENTRE FOR MENTAL HEALTH										Approved FTE: 15.00		Var: -3.48	-1.80
Org Unit: Adolescent Nursing MH The Park (70071571)										Position Type: Perm			
Reports to: NUM ADOL WT													

Comments:

Name:

Verified and Corrected where required:

Date verified:

Position:

Position Occupancy Report for 70071571 - Period 201306 (Current as at 26/08/2013)

Adolescent Nursing MH The Park - Pay Team: WM2 Hub: Ipswich

Position ID Occ Status	Position Title Employee ID PAN	Name	Status RecLveWksRDIndicat	Sub Grp	Wage Rate	Costcentre Standard Hrs	FTE	% Aggregate	% End Date	Comments
	NUM Adol WT		PFCS	Nse QPHS-B-	NRG7P.01-NRG7P.	996240			100	
		Organisational Unit: Work Centre:	Adolescent Nursing MH The Park (70071571) The Park Centre For Mental Health		Reports To: Nursing Director BU2 WT (30469589) Current Headcount: 0 Substantive Vacancy: 1.00		Approved FTE: 1.00 Occupied FTE: 0.00 Perm Appointed FTE: 0.00		Hours: 76.00 Hours: 0.00 Hours: 0.00	Position Not Occupied
	CN Adol WT		PFCS	Nse QPHS-B-	NRG6P.01-NRG6P.	996240			100	
H		Beswick, Matthew	PFCS	5	NRG6P.03	64.00	0.84	0.00	29/12/2013	
H		Clayworth, Vanessa	PFCS	5RD	NRG6P.01	76.00	1.00	0.00	29/12/2013	
S		Walder, Adrian	PFCS	5RD	NRG6P.04	76.00	1.00	0.00		Not Current Position
H		Yorke, Peta-Louise	PFCS	5RD	NRG6P.01	76.00	1.00	0.00	29/12/2013	
		Organisational Unit: Work Centre:	Adolescent Nursing MH The Park (70071571) The Park Centre For Mental Health		Reports To: NUM Adol WT (30469542) Current Headcount: 3 Substantive Vacancy: 2.00		Approved FTE: 3.00 Occupied FTE: 2.84 Perm Appointed FTE: 1.00		Hours: 228.00 Hours: 216.00 Hours: 76.00	
	CN Com Liaison Adol WT		PFCS	Nse QPHS-B-	NRG6P.01-NRG6P.	996250			100	
S			PFCS	5RD	NRG6P.04	76.00	1.00	0.00		
		Organisational Unit: Work Centre:	Adolescent Nursing MH The Park (70071571) The Park Centre For Mental Health		Reports To: NUM Adol WT (30469542) Current Headcount: 1 Substantive Vacancy: 0.00		Approved FTE: 1.00 Occupied FTE: 1.00 Perm Appointed FTE: 1.00		Hours: 76.00 Hours: 76.00 Hours: 76.00	
	RN Adol WT		PFCS	Nse QPHS-B-	NRG5P.01-NRG5P.	996240			100	
S		Armstrong, Kerrie	PFCS	5RD	NRG5AP.07	76.00	1.00	0.00		Not Current Position
A		Armstrong, Kerrie	PFCS	5	NRG5P.07	64.00	0.84	0.00	1/09/2013	
S		Beswick, Matthew	PFCS	5RD	NRG5P.07	76.00	1.00	0.00		Not Current Position
A		Burton, Lucinda	PFCS	5	NRG5P.07	64.00	0.84	0.00	29/12/2013	
S		Clayworth, Vanessa	PFCS	5RD	NRG5P.06	76.00	1.00	0.00		Not Current Position
S		Huxter, Liam	PFCS	5RD	NRG5P.03	76.00	1.00	0.00		
A		Kochardy, Mara	TFCS	5RD	NRG5P.05	76.00	1.00	0.00	29/12/2013	
S		Kop, Peter	PFCS	5RD	NRG5P.07	76.00	1.00	0.00		

Position Occupancy Report for 70071571 - Period 201306 - Current as at 26/08/2013)

Adolescent Nursing MH The Park - Pay Team: WM2 Hub: Ipswich

Position ID Occ Status	Position Title Employee ID PAN	Name	Status RecLveWksRDIndicat	Sub Grp	Wage Rate	Costcentre Standard Hrs	FTE	% Aggregate	% End Date	Comments
✱ S		Macleod, Moira	PFCS	5RD	NRG5P.07	76.00	1.00	0.00		
A		Page, Brenton	TPCS	5	NRG5P.05	64.00	0.84	0.00	29/12/2013	
S		Richardson,	PPCS	5	NRG5P.07	64.00	0.84	0.00		
S		Sadler, Kimberley	PFCS	5RD	NRG5P.07	76.00	1.00	0.00		
S		Sault, Stephen	PFCS	5RD	NRG5AP.07	76.00	1.00	0.00		
S		Sheraton, Maree	PFCS	5RD	NRG5P.07	76.00	1.00	0.00		
A		Tooman, Henry	TFCS	5RD	NRG5P.07	76.00	1.00	0.00	15/09/2013	
S		Wong, Lourdes	PFCS	5RD	NRG5P.07	76.00	1.00	0.00		
S		Yorke, Peta-Louise	PFCS	5RD	NRG5P.03	76.00	1.00	0.00		Not Current Position
A		Young, Victoria	PFCS	5RD	NRG5P.02	76.00	1.00	0.00	27/10/2013	
		Organisational Unit: Work Centre:	Adolescent Nursing MH The Park (70071571) The Park Centre For Mental Health		Reports To: NUM Adol WT (30469642) Current Headcount: 14 Substantive Vacancy: 3.16		Approved FTE: 15.00 Occupied FTE: 13.36 Perm Appointed FTE: 11.84		Hours: 1140.00 Hours: 1016.00 Hours: 900.00	
		RN Graduate ADOL WT	PFCS	Nse QPHS-B-	NRG5P.01-NRG5P.	996240			100	
A		Archer, Roderick	PFCS	5RD	NRG5P.03	76.00	1.00	0.00	10/11/2013	
S		Barber, Jamie	TFCS	5RD	NRG5P.02	76.00	1.00	0.00	10/11/2013	
A		Rance, Genae	TFCS	5RD	NRG5P.01	76.00	1.00	0.00	10/11/2013	
S		Singh, Reeta	TFCS	5RD	NRG5P.01	76.00	1.00	0.00	10/11/2014	
		Organisational Unit: Work Centre:	Adolescent Nursing MH The Park (70071571) The Park Centre For Mental Health		Reports To: NUM Adol WT (30469642) Current Headcount: 4 Substantive Vacancy: 2.90		Approved FTE: 2.90 Occupied FTE: 4.00 Perm Appointed FTE: 0.00		Hours: 220.40 Hours: 304.00 Hours: 0.00	
		Ward Administrator	PF	DHSEA-Admin	AO3.01-AO3.04	996241			100	
S		Ramsey, Elaine	PF	4	AO3.04	76.00	1.00	0.00		
		Organisational Unit: Work Centre:	Adolescent Nursing MH The Park (70071571) The Park Centre For Mental Health		Reports To: Assistant Business Manager Mental Health (30469650) Current Headcount: 1 Substantive Vacancy: 0.00		Approved FTE: 1.00 Occupied FTE: 1.00 Perm Appointed FTE: 1.00		Hours: 76.00 Hours: 76.00 Hours: 76.00	

Fiscal by Division QH_ALT_7, Paypoint, Measures

Status: Effective Date: 11/29/2013 Current Date: 18/09/2013 1:26:34 PM			2014					
			Jul 2013	Aug 2013	Sep 2013	Oct 2013	Nov 2013	Dec 2013
Clinical-Adolesc...	Registered Nurses / Midwife - Grad...	QH FTE	15.16	17.26	16.85			
		Budgeted FTE	14.32	14.13	14.14	13.89	14.18	13.90
		QH FTE Var	-0.84	-3.13	-2.71	13.89	14.18	13.90

Fiscal Measures by Division QH_ALT_7, Account

		2014						
		Jul 2013						
		Actual	Budget	Budget Varia...	YTD Actual	YTD Budget	YTD Budget Variance	Full Year Budget
Clinical-Adolescent	Labour - Health Practitioners	29,073	35,050	5,977	29,073	35,050	5,977	398,981
	Labour - General	6,105	5,129	-976	6,105	5,129	-976	61,455
	Labour - Medical	80,241	13,545	-66,696	80,241	13,545	-66,696	156,367
	Labour - Nursing	205,...	196,...	-8,945	205,476	196,531	-8,945	2,430,...
	Labour - Visiting Medical Officers	74,047	35,129	-38,918	74,047	35,129	-38,918	387,746
	Other Employee Related Expen...	2,055	2,386	331	2,055	2,386	331	28,658
	Labour Related Taxes	-75		75	-75		75	
	Non Labour Expenses	4,726	5,635	909	4,726	5,635	909	77,851

- \$108,243



Employee Movement - Temporary (Higher Duties/Acting at Level)

Privacy disclaimer: Personal information collected by Queensland Health is handled in accordance with the Information Privacy Act 2009. The information provided by you will be securely stored and will be made available to appropriate authorised officers of Queensland Health or agents employed by Queensland Health. Personal information recorded on this form will not be disclosed to other parties without your consent unless required by law.

An approved 'Validation of Claims Older Than Three Months Form' must be provided in addition to this form if this claim is older than three months from the effective date.

This form is to be used by Queensland Health employees and line managers to document a temporary change to an employee's existing position or temporary appointment to a position either in an 'at level' or higher duties capacity.

Employee Details

Person ID <div></div>	Personnel assignment number (PAN) <div></div>	Please indicate (✓) here if you work in more than one position in QLD Health. <input type="checkbox"/>
Family name PAGE	First name/s BRENTON	

Visa Notification (if applicable)

If the employee to whom this movement applies holds a Temporary Business (Long Stay) Subclass 457 visa, the Department of Immigration and Citizenship (DIAC) must be notified within 10 working days of the transfer to a new location or position.

Email address: QLD.Sponsor.Monitoring@immi.gov.au

Note: The sponsorship obligations for visa holders are transferred to the new HR Unit (refer HR Policy B46 for details).

Proposed Change Type

Higher duties ☐ Acting at level ☒

Indicate below if this form relates to either a new appointment, an extension to an existing appointment or a modification of a previously documented appointment

New ☐ Extension ☒ Modification ☐

Proposed Position Details

Request to Fill a Vacancy Form attached <input checked="" type="checkbox"/>		Position title REGISTERED NURSE ADOLE WT	Classification (eg. AO4) GRADE 5
Position ID <div></div>	Start date 30-12-2013	End date 26-01-2014	Percentage of allowance <div></div> %
Organisational unit number <div></div>	Organisational unit name BARRETT ADOLESCENT UNIT		
Facility address THE PARK CENTRE FOR MENTAL HEALTH	Job advertisement reference (if applicable) <div></div>		
Current occupant (if applicable) VACANT	Reason for higher duties / acting at level <div></div>		

Employment Basis

Full-time ☐ Part-time ☒ No. of part-time hours / fortnight: **64** Concurrent / Aggregate: Please Indicate (✓) here if the employee will continue to hold their existing position in conjunction with the proposed position. ☐

Award/EBA Name

Queensland Health Nurses and Midwives Award - State 2012 - Section C - Psychiatric Hospitals and Eventide Homes

Staff Movement Details

Reason for vacancy

IMPLEMENTATION OF NEW MENTAL HEALTH STRUCTURE

Work Contract

Working arrangements	Shift arrangements	Recreation leave accrual	Reason for additional weeks leave
19 day month (ADO accrual) <input checked="" type="checkbox"/>	Single shift only <input checked="" type="checkbox"/>	4 weeks / annum <input type="checkbox"/>	Working public holidays <input checked="" type="checkbox"/>
Standard hours (non ADO accrual) <input type="checkbox"/>	Two shifts <input type="checkbox"/>	5 weeks / annum <input checked="" type="checkbox"/>	Continuous shift work <input type="checkbox"/>
Variable working hours <input type="checkbox"/>	Continuous shift work <input type="checkbox"/>	6 weeks / annum <input type="checkbox"/>	Working with radium (radiographers only) <input type="checkbox"/>
9 day fortnight <input type="checkbox"/>	12 hour shift arrangement applies <input type="checkbox"/>		

Special conditions/Allowances (e.g. RANIP Nurses, uniform, laundry allowance etc.). Please refer to the Payroll and Rostering Intranet Site (PARIS) for more information.



Employee Movement - Temporary (Higher Duties/Acting at Level)

Employee Reference

Person ID

Personnel assignment number (PAN)

Work Schedule

Please indicate (✓) here if this employee works either:

A cyclic roster (where the roster pattern repeats at regular intervals e.g. fortnightly / monthly) ☐ OR

A non-cyclic roster (a roster pattern that varies from one cycle to the next) ☐

Please complete the table below using 24 hour time format (eg. 07:00 - 15:30) to advise the employee's roster for their initial two week period of employment.

Week one

Day	Start time (hh:mm)	End time (hh:mm)	Meal break*		Total daily hours (i.e. 7.6)
			Start time (hh:mm)	End time (hh:mm)	
Monday	as	per	roster		
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Total weekly hours					

Week two

Day	Start time (hh:mm)	End time (hh:mm)	Meal break*		Total daily hours (i.e. 7.6)
			Start time (hh:mm)	End time (hh:mm)	
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Total weekly hours					

*Where a paid meal break applies, please insert N/A for meal break start and end times.

Qualification Payments

Please list here any approved qualifications that this employee possesses that will entitle them to additional payment (e.g. relevant AQF qualifications or nursing credentials) under Queensland Health policy.

QLD Health HR Solution User Access Request status

Does the employee have/require Workbrain/SAP access?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the current access to Workbrain/SAP require a change?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has a QLD Health HR Solution User Access Request Form been completed for the change?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not applicable

Supervisor Certification (mandatory completion required)

I certify that I have:

- (where the employee is seeking release or extension of a previously approved movement from another work unit) successfully negotiated the terms of the agreement with the line manager of the employee's substantive position
- Informed this employee of any changes to their FBT Concession Eligibility status as a consequence of this variation to their employment
- discussed with this employee the consequences of this change to their position, employment status, terms of employment and/or roster and
- informed the employee where this change applies to a temporary employee moving between temporary assignments, of any impact (i.e. the ending or likelihood of extension of their previous contract) as a consequence of accepting appointment to this proposed position.

Supervisor's signature

Date

Area code

Contact number

Supervisor's full name (please print)

Supervisor's position title

DIRECTOR OF NURSING



Employee Movement - Temporary (Higher Duties/Acting at Level)

Employee Reference

Person ID

Personnel assignment number (PAN)

Employee Certification (mandatory completion required - refer note* below)

I agree to the above changes to my employment hours/position. I hereby claim for the extra remuneration for hours worked in a higher duties capacity (where applicable). I also certify that I have been informed by my line manager/supervisor of the consequences of this change to my:

- FBT Concession Eligibility status that may result from this variation to my employment contract and
- position, employment status, terms of employment and/or roster. I also acknowledge that as this appointment is of a temporary nature, the contract may be ended by my line manager with the appropriate notice in accordance with award provisions.

Employee's signature

Date

Supervisor's signature in lieu*

20/11/13

*In exceptional circumstances where the employee is unable to sign this form (as above) the Supervisor may submit this form for processing where it has otherwise been completed in full and details of the reason that the employee cannot sign the form is listed below. The signature of the employee must be obtained on this form as soon as they become available to sign the form so that it can be retained as a formal contract of employment.

Answer

Delegate Approval (mandatory completion required)

If the employee's entitlement to recurring allowance changes, please complete and forward the relevant form/s.

HES / SES Higher Duties only:

Will the employee be allocated a government owned motor vehicle for private use or home garaging during this period of relief?

Yes ☐ No ☐

Delegate's signature

Date

Area code

Delegate's Contact number

19/11/13

(07)

Delegate's full name (please print)

Delegate's position title

A/ Executive Director

Mental Health & Specialised Services

Processing Area Use Only

Processor's signature

Date

Reviewer's signature

Date

Processed fortnight ending



Queensland
Government

"BP-3"

**Darling Downs-West Moreton
Health Service District**

Queensland Health

www.health.qld.gov.au/workforus



Job ad reference: H10WM09204
Role title: Registered Nurses
Status: Two Temporary Full Time Positions (up to six weeks)
Unit/Branch: Barrett Adolescent Unit
Division/District: The Park – Centre for Mental Health, Treatment, Research and Education
 Darling Downs-West Moreton Health Service District
Location: Wacol
Classification level: Nurse Grade 5
Salary level: \$2090.80 - \$2686.60 per fortnight
Closing date: Monday, 20 September 2010
 (Applications will remain current for the duration of the vacancy)
Contact: Kim McManus
Telephone: [REDACTED]
Email applications: [REDACTED]
Fax application: [REDACTED]
Post application: Darling Downs-West Moreton Health Service District, Recruitment Services, PO Box 2221, MANSFIELD BC 4122
Deliver application: Darling Downs-West Moreton Health Service District, Nexus Building, 96 Mt Gravatt Capalaba Road, Upper Mt Gravatt.

About our organisation

Queensland Health's mission is 'creating dependable health care and better health for all Queenslanders'. Within the context of this organisation, there are **four core values** that guide our behaviour:

- **Caring for People:** Demonstrating commitment and consideration for people in the way we work.
- **Leadership:** We all have a role to play in leadership by communicating a vision, taking responsibility and building trust among colleagues. Queensland Health applies the National Health Service (NHS) Leadership Qualities Framework.
- **Respect:** Showing due regard for the feelings and rights of others.
- **Integrity:** Using official positions and power properly.

Purpose

To provide client focused nursing care to patients as an independent professional nurse.

Your key responsibilities

- Fulfil the responsibilities of this role in accordance with Queensland Health's core values, as outlined above.
- Complete handover, review caseload and plan shift accordingly at commencement of shift to ensure continuity of patient care.
- Complete all relevant patient assessments.
- Act as a care coordinator for a group of allocated consumers
- Work in collaboration with the nursing team
- Participate in multi-disciplinary teams and liaise with other professionals and agencies to effectively coordinate patients' care.
- Preceptor, mentor and share information with undergraduates and enrolled nurses.
- Initiate emergency response when required and follow emergency procedures under instruction.

To find out more about Queensland Health, visit www.health.qld.gov.au

- Educate, inform, counsel and support patients, families, other care providers and support services.
- Safely administer medication as prescribed
- Prepare work environment, check equipment and work within standards and procedures to ensure a safe and patient care focused working environment.
- Work with clients to assist in the management of activities of daily living.
- Manage a portfolio in a specialist area of interest/allocation and complete specific responsibilities relevant to the portfolio.
- Provide ethical decision making in the achievement of organisational goals.
- To comply with the requirements of workplace health and safety, equal employment opportunity and anti-discrimination practices and behaviours in the work environment.

Qualifications/Professional registration/other requirements

- Appointment to this position requires proof of qualification and registration or membership with the appropriate registration authority or association. Certified copies of the required information must be provided to the appropriate supervisor/manager, prior to the commencement of clinical duties
- (Currently for all nursing positions registration as a Registered Nurse under the Queensland Nursing Act 1992 with a current annual practicing certificate is required).

Are you the right person for the job?

You will be assessed on your ability to demonstrate the following key attributes. Within the context of the responsibilities described above, the ideal applicant will be someone who can demonstrate the following:

Clinical Knowledge	Give direct nursing care based on the Australian Nursing & Midwifery Competencies and National Mental Health Standards, to a group of consumers experiencing mental health problems.
Patient Focus	Consistently and enthusiastically delivers high levels of patient services to exceed patients' expectations.
Team Focus	Supports and respects team members, communicating effectively and demonstrating a commitment to the team.
Work Ethics	Demonstrate strong self-management skills, a commitment to nursing and flexibility to adapt to unexpected changes.
Quality Focus	Knowledge of and a demonstrated commitment to quality processes and evidence based practices, identifying areas for improvement and contributing to these improvements.
Work Values	Demonstrate honesty, integrity and respectful patient carers and staff.

How to apply

Please provide the following information to the panel to assess your suitability:

- **A short response** (1 page) on how your experience, abilities, knowledge and personal qualities would enable you to achieve the key accountabilities and meet the key skill requirements..
- Your current CV or resume, including referees. Applicants must seek approval prior to nominating a person as a referee. Referees should have a thorough knowledge of your work performance and conduct, and it is preferable to include your current/immediate past supervisor. By providing the names and contact details of your referee/s you consent for these people to be contacted by the selection panel. If you do not wish for a referee to be contacted, please indicate this on your resume and contact the selection panel chair to discuss.
- **Application form** (only required if not applying online).

To find out more about Queensland Health, visit www.health.qld.gov.au

About the Health Service Area/District/Division/Branch/Unit

The Darling Downs – West Moreton Health Service District covers approximately 95,000km² to the west of Brisbane, extending south from the New South Wales border to Wandoan in the north and Glenmorgan in the west. The District services a population of approximately half a million people. The District's demographics are diverse and include metropolitan, large rural town and small rural community settings.

The District is home to two major regional hospitals, two mental health facilities, 22 rural and remote acute facilities, seven aged care facilities, community and oral health services.

The District also has a major teaching role providing both undergraduate and postgraduate clinical experience for members of the multidisciplinary health care team.

If you are looking for a challenging and supportive working environment, we encourage you to consider progressing your career with us.

This position sits within **The Division of Mental Health**.

The Division is responsible for providing comprehensive mental health services to the District and some specialised services outside the District as determined by Queensland Mental Health Policy. It includes two large stand alone psychiatric hospitals – Baillie Henderson Hospital and The Park – Centre for Mental Health.

The Division provides specialist primary, secondary and tertiary level services including acute and extended inpatient services.

Acute inpatient services are provided at Toowoomba and Ipswich Hospitals. Extended inpatient services are provided at The Park – Centre for Mental Health and Baillie Henderson Hospital. Community Mental Health services are provided from two major sites – Ipswich & Toowoomba, 8 principal sites across the District and outreach services across the whole District.

Pre-Employment screening

Pre-employment screening, including criminal history and discipline history checks, may be undertaken on persons recommended for employment. The recommended applicant will be required to disclose any serious disciplinary action taken against them in public sector employment.

Roles providing health, counselling and support services mainly to children will require a Blue Card. Please refer to the Information Package for Applicants for details of employment screening and other employment requirements.

Health professional roles involving delivery of health services to children and young people

All relevant health professionals (including registered nurses and medical officers) who in the course of their duties formulate a reasonable suspicion that a child or young person has been abused or neglected in their home/community environment, have a legislative and a duty of care obligation to immediately report such concerns to the Department of Child Safety.

All relevant health professionals are also responsible for the maintenance of their level of capability in the provision of health care and their reporting obligations in this regard.

Disclosure of Previous Employment as a Lobbyist

Applicants will be required to give a statement of their employment as a lobbyist within one (1) month of taking up the appointment. Details are available at <http://www.psc.qld.gov.au/library/document/policy/lobbyist-disclosure-policy.pdf>

Probation

Employees who are permanently appointed to Queensland Health may be required to undertake a period of probation appropriate to the appointment. For further information, refer to Probation HR Policy B2 http://www.health.qld.gov.au/hrpolicies/resourcing/b_2.pdf

To find out more about Queensland Health, visit www.health.qld.gov.au

Native File (Non-image file)...Printing skipped



“BP-4”**(Standards Appendix)****CASE COORDINATOR’S ROLE****(Barrett Adolescent Centre)**

Case Coordinators are responsible for the effective management of a patient’s care as directed by the Treatment Team. This is primarily a role of nursing staff. Case Coordinators are individually allocated prior to or on admission by the Nurse Practice Coordinator – Clinical Nurses Consultant in consultation with the Clinical Liaison Person and the nominated Case Coordinator. Selection is made with regard to clinical experience, caseload and specific skills or training. *(Related Standards NSMHS)*

Responsibilities of the Case Coordinator includes:

- Reporting to the Treatment Team at Case Conference. The Case Coordinator is to advise the team on the patient’s recent and present well-being using identified problems (as per clinical history or Individual Treatment Plan). The Case Coordinator is to report on progress in relation to treatment objectives and the effectiveness of interventions. The Case Coordinator may present or document planned interventions for discussion and ratification by the team. Whenever unable to attend Case Conference, this clinical input is to be clearly documented for presentation. *(10.4, 10.5)*
- Being the primary liaison person with all other care agencies. These include other hospitals, Department of Families, schools, community clinics eg Child and Youth Mental Health Service, accommodation services, and other health practitioners involved in the patient’s care. *(8.1.2, 8.1.3, 8.2, 8.3, 11.4.E.5, 11.4.E.4)*
- Attending all treatment plan review meetings (Intensive Case Workups) to assist the team in evaluating and developing treatment strategies for identified problems. *(11.5.1, 8.1.2, 8.1.3, 10.6)*
- Coordinating the implementation of treatment programs or strategies as directed by the team. This may include the monitoring of baselines, formulating behaviourally orientated interventions, assisting the adolescent with the use or mastery of various therapeutic strategies eg relaxation or behaviour rehearsal, and devising structured plans for other staff/carers to follow to promote a consistent approach to the patient’s care. *(11.5, 11.4.E.5)*
- Building and maintaining a good therapeutic relationship with the patient and their carers. This enables the Case Coordinator to use cooperative and collaborate processes in addressing the patient’s problems or day to day difficulties. The Case Coordinator engages the patient in participatory planning to facilitate the use of more effective problem-solving skills and coping strategies.
- Ensuring care is culturally appropriate if the patient is from a different cultural background. Liaising with the relevant cultural agencies, eg NESB cultural advisors, interpreter services, ATSI Liaison Officer and community support groups. Identifies sensitive cultural issues, bringing these to the attention of the team and taking appropriate action to address these. *(11.4.E.13, 7.1, 7.2, 7.3, 7.4)*

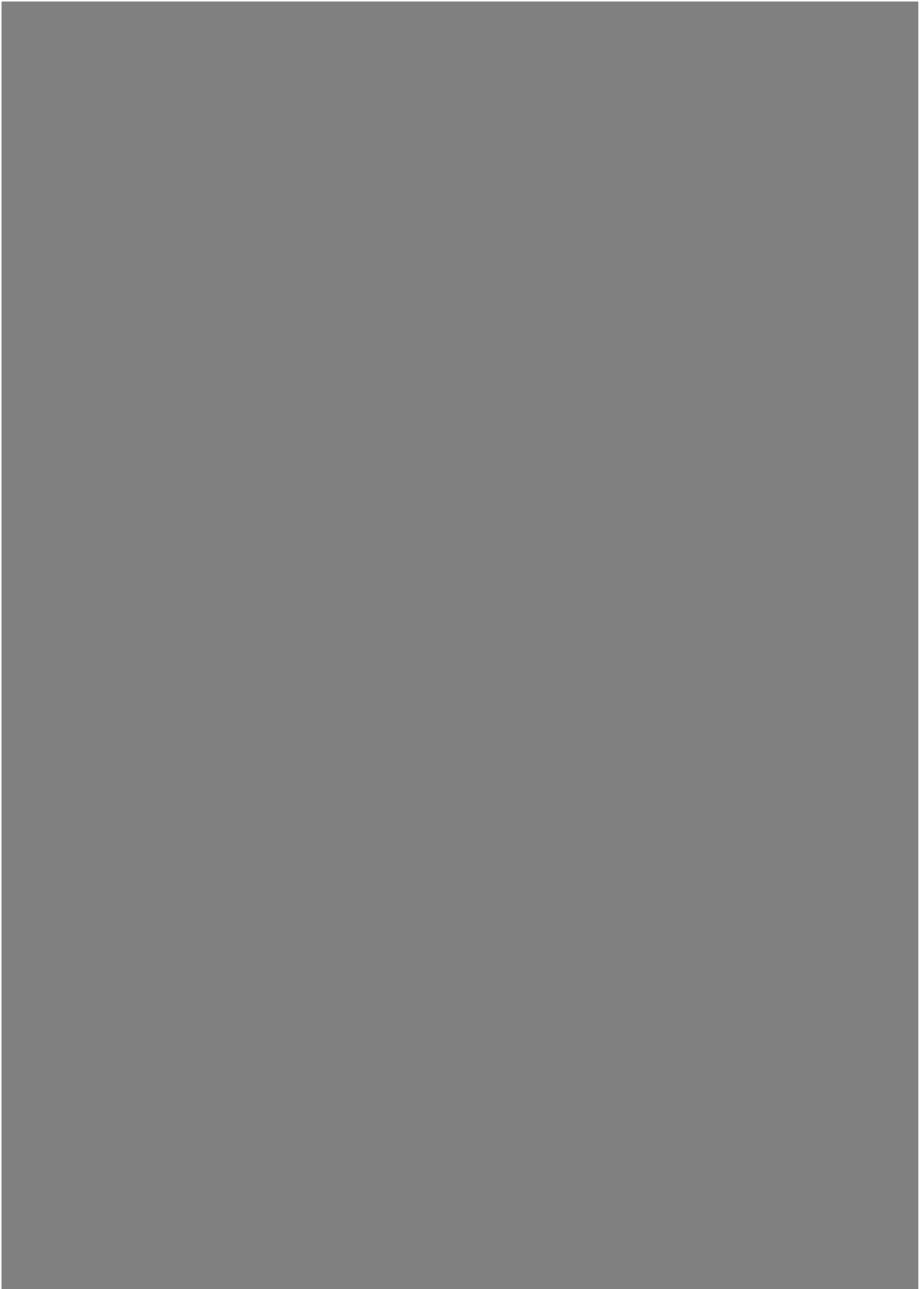
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- 2 -

- Working in cooperation with the designated family therapist by arranging sessions with the families and participating as co-therapist. The Case Coordinator is largely responsible for dealing with family issues at times when problems arise. Acts as a support for family members and if required may facilitate attendance at other support agencies, eg Relationships Australia, ARAFMI. (1.8, 3.2, 11.4.E.7)
- Communicating on a regular basis with the parent or legal guardian to keep them well informed of the patient's well-being, treatment program and any changes that may occur. (3.1, 3.2)
- Accessing information from previous treatment teams or practitioners to assist in the assessment and treatment of the patient. This may include results of previous organic screening, psychometric testing and discharge summaries. (8.2.4, 8.3.3)
- Coordinating arrangements between staff, carers and other agencies concerning:
 - leaves on weekends and during holidays
 - financial needs, eg banking, pocket money
 - attending external appointments, eg medical consultations
 - school attendance or reintegration
 - respite care or alternative living arrangements(8.1.2, 8.1.3, 8.2.2, 8.2.3, 8.3, 11.4.E.8, 11.4.E.7, 11.4.E.5)
- Dealing with complex problems or care issues and arranging meetings with various individuals who may include the primary therapists, teacher, carers and the patient to develop treatment strategies. This may be a continuing process with meetings occurring throughout the assessment, treatment and discharge planning phases of the admission. (11.4.D, 11.5)
- Arranging a relief Case Coordinator prior to taking any leave of absence. Must give a comprehensive handover of the case. When not rostered on duty the Clinical Nurse will ensure continuity of care by attending to any of the above responsibilities as required. (11.1.4, 11.4.D.6)

"BP-5"

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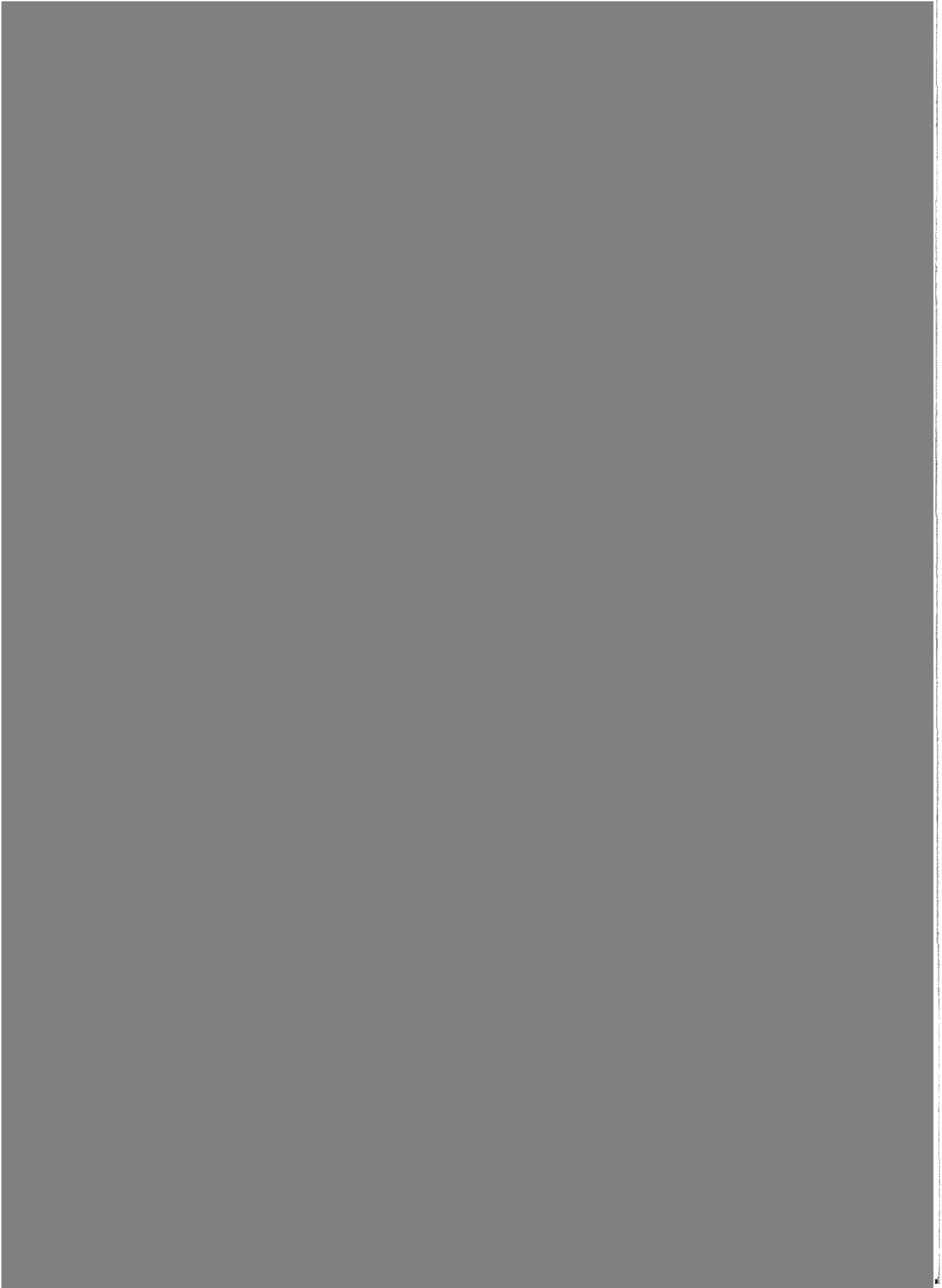


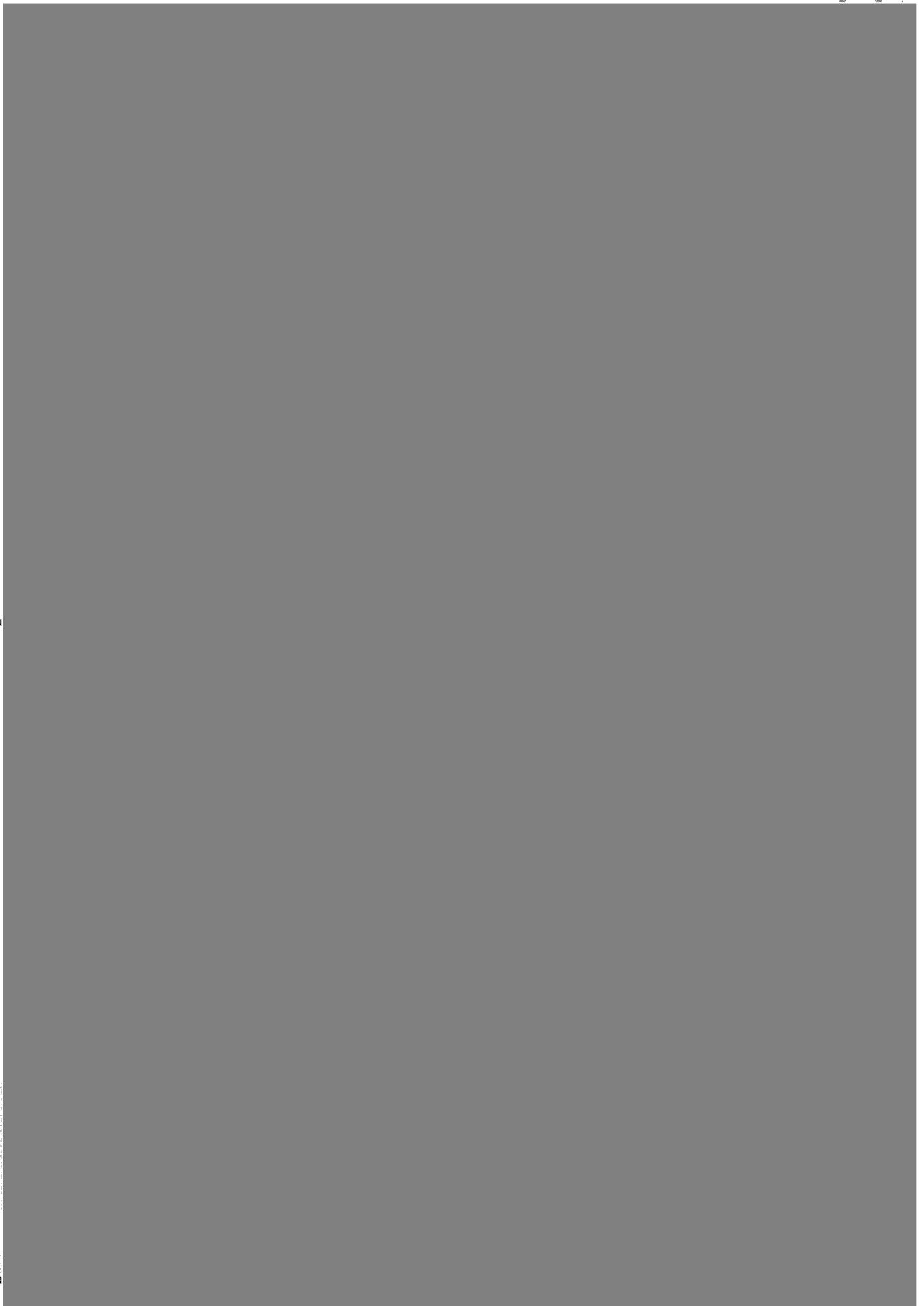
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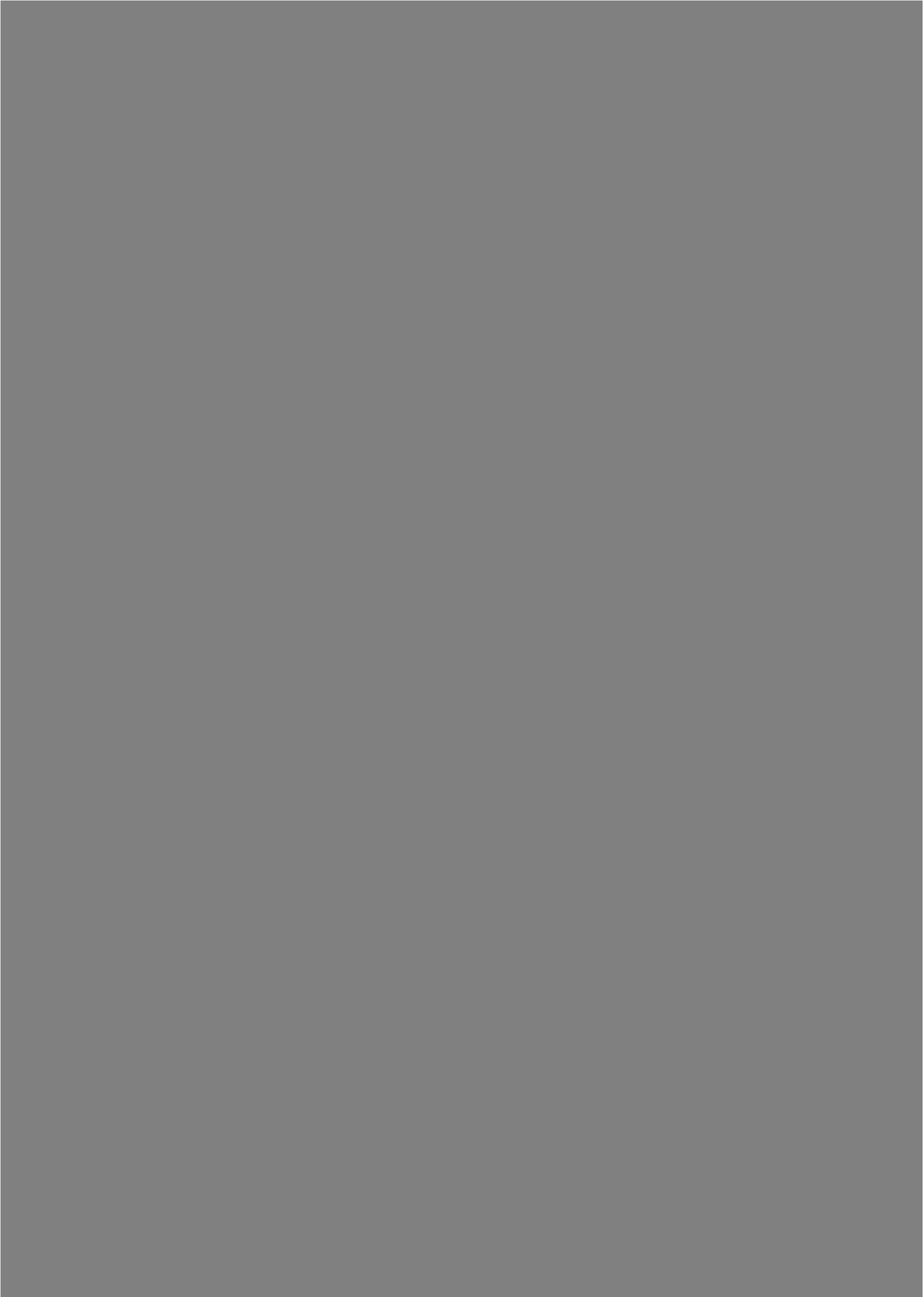
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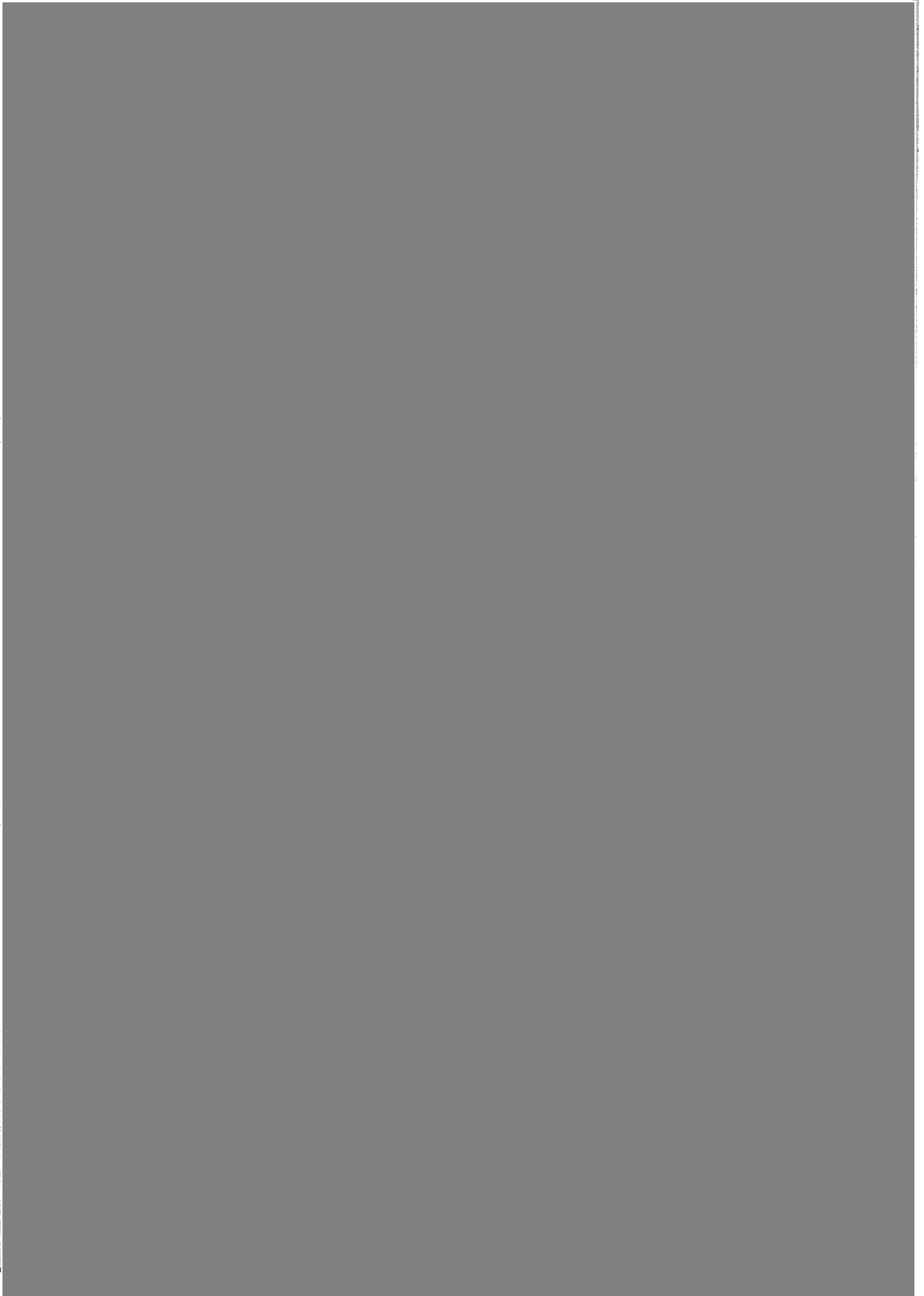






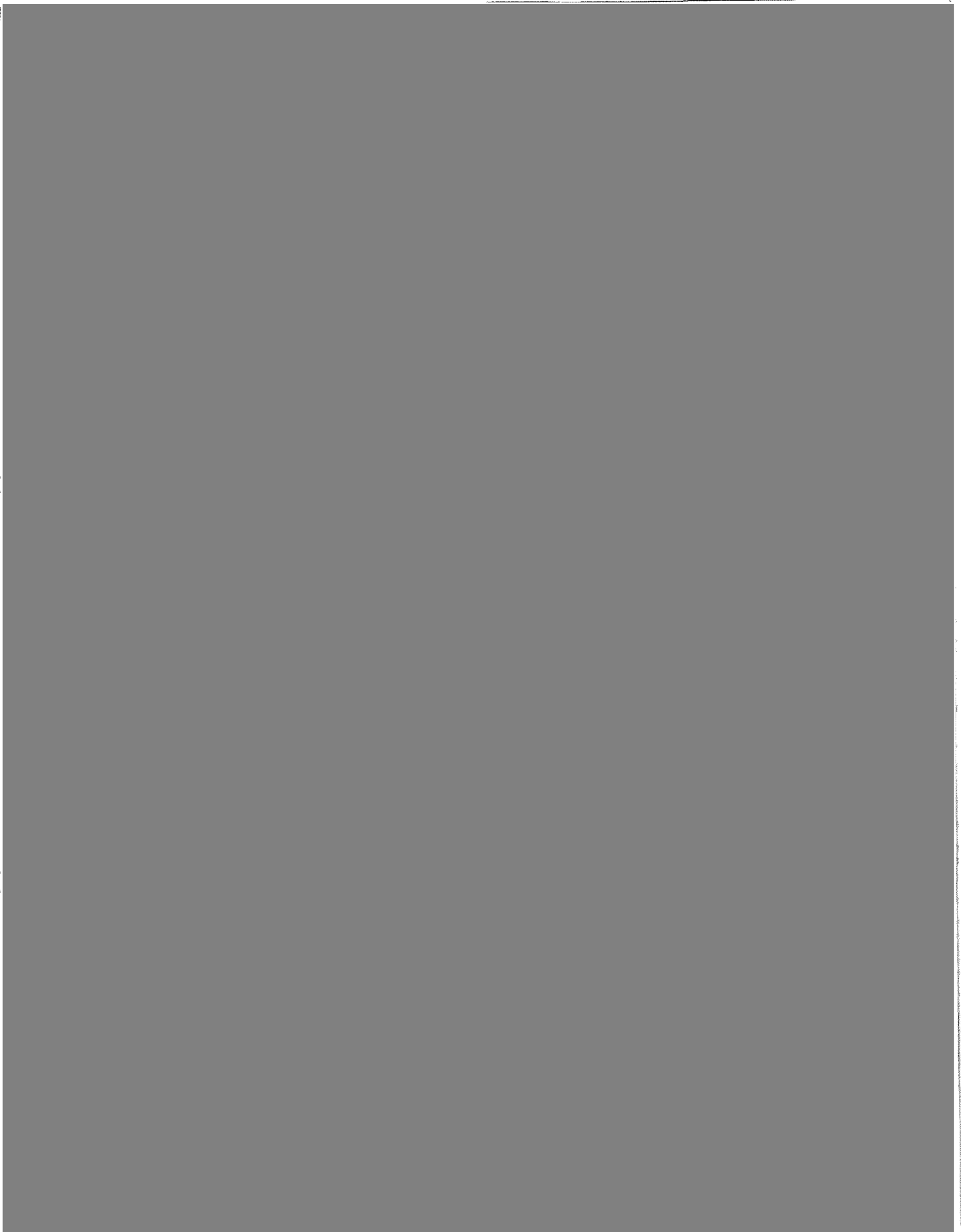


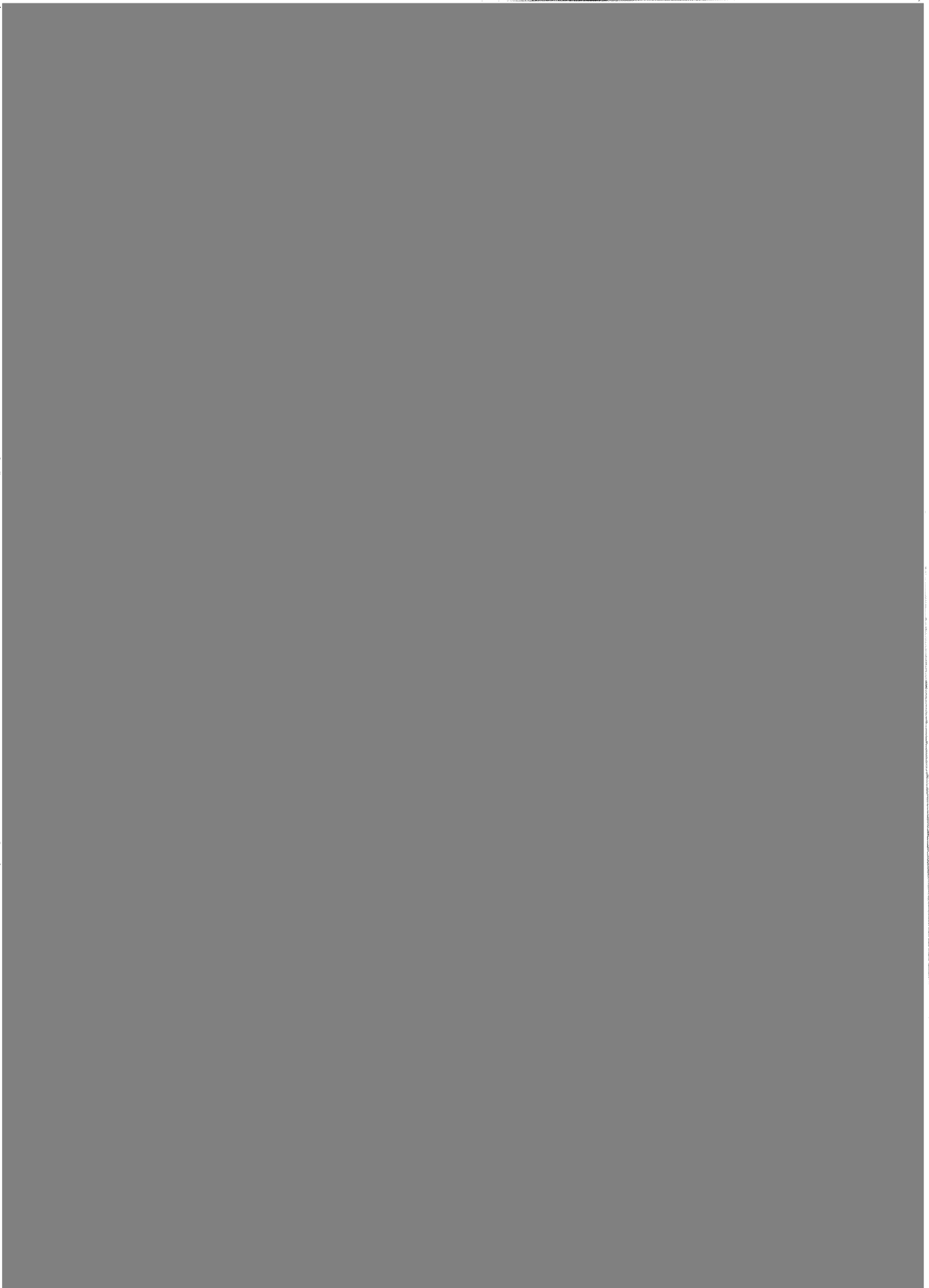


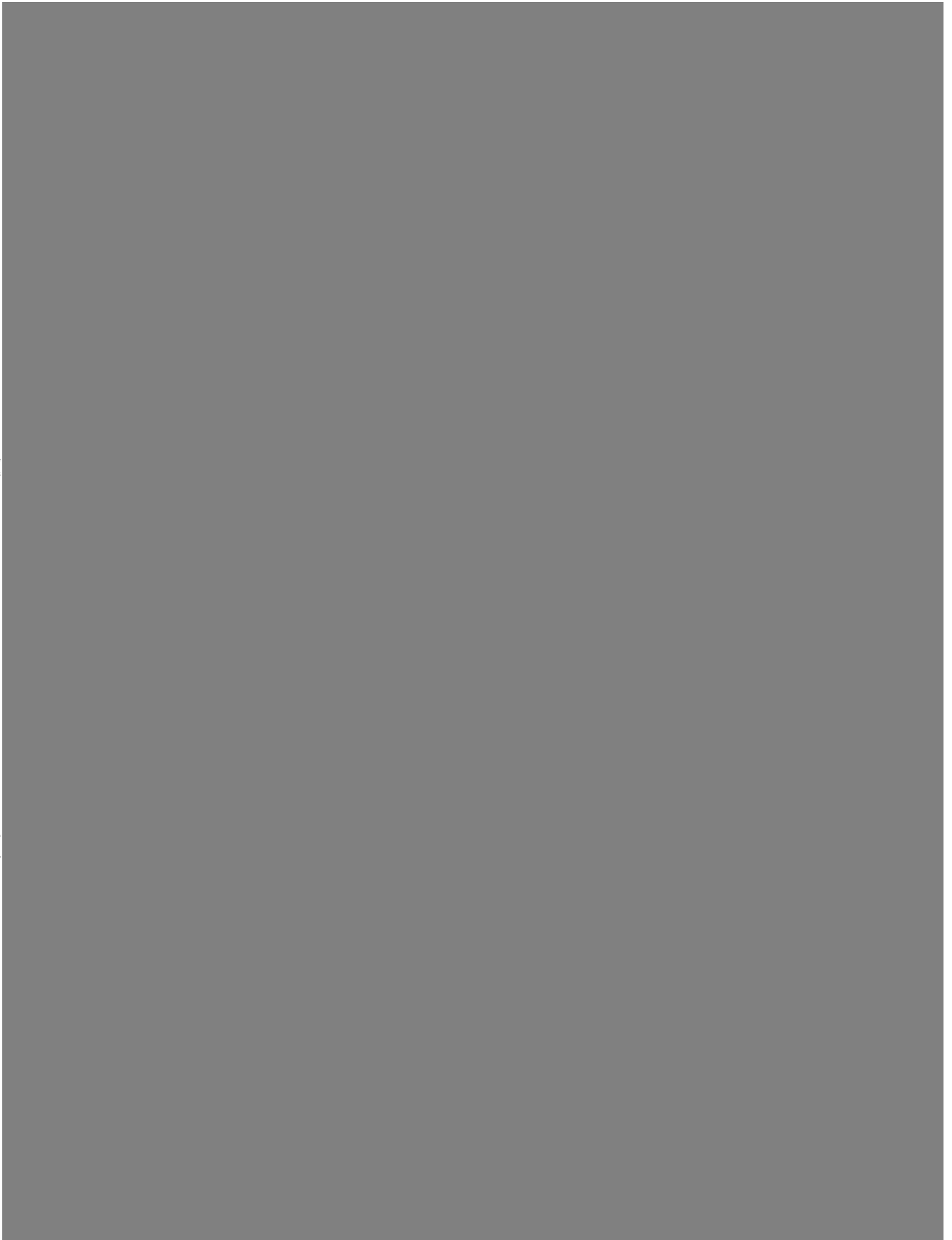


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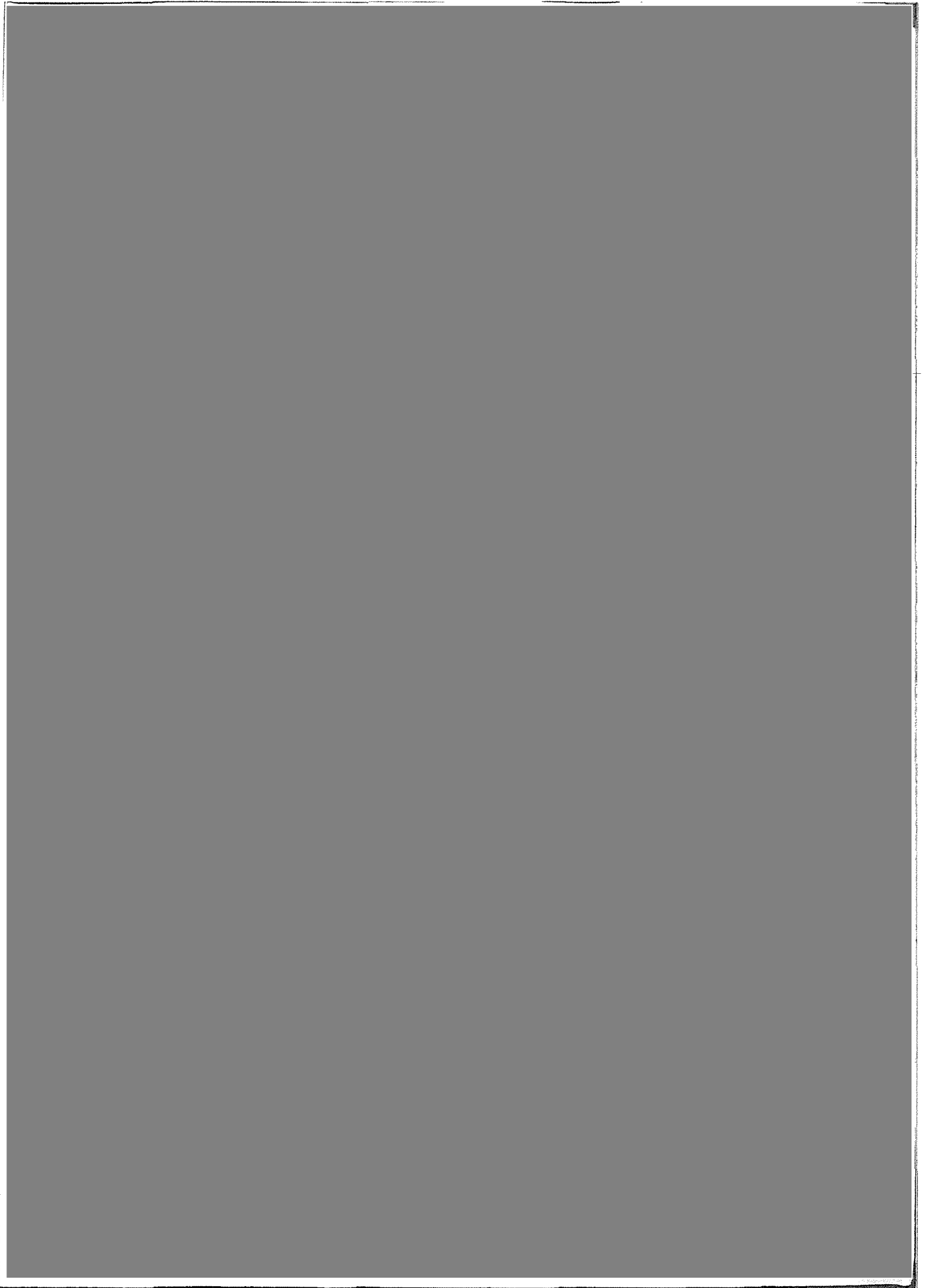


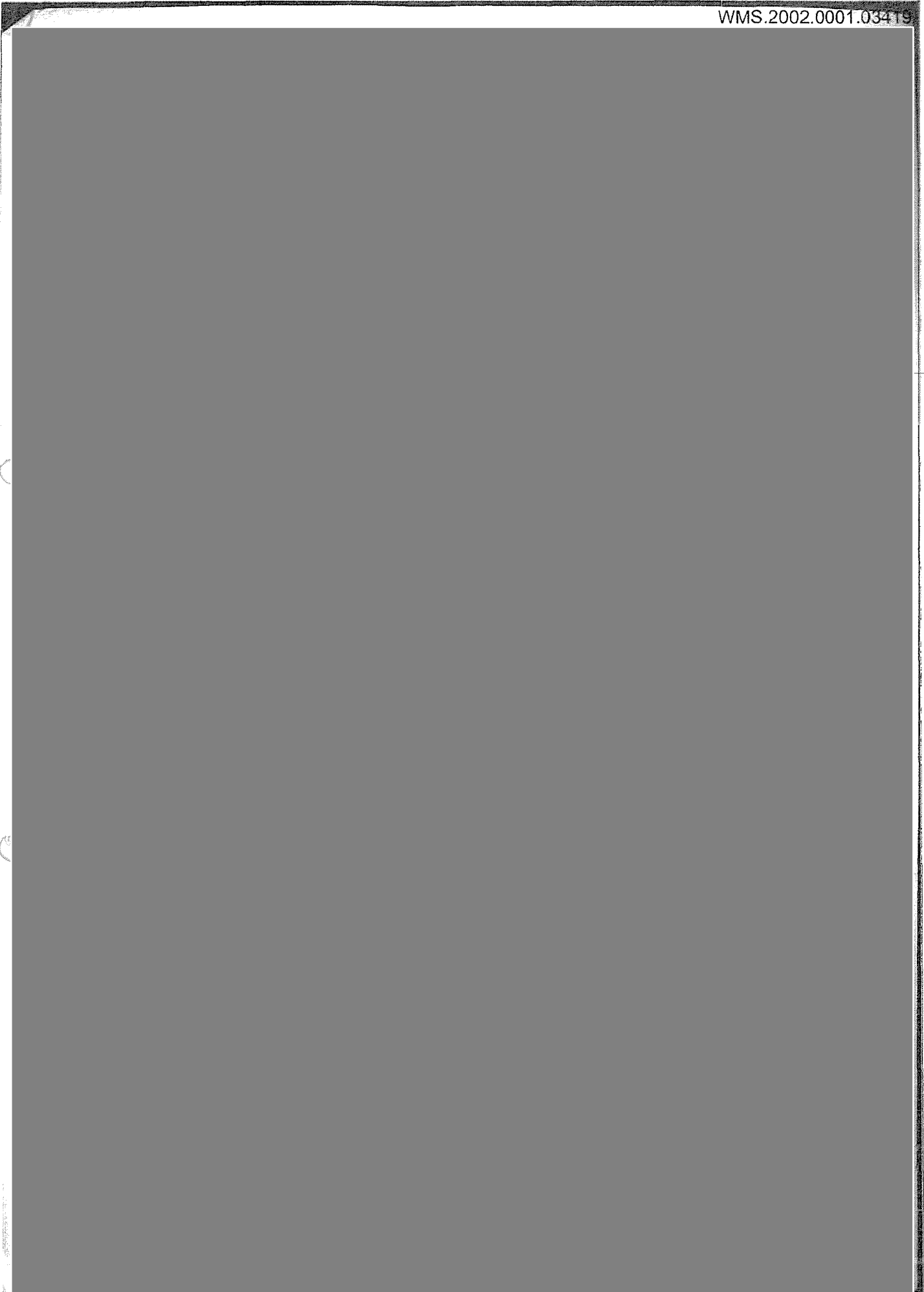
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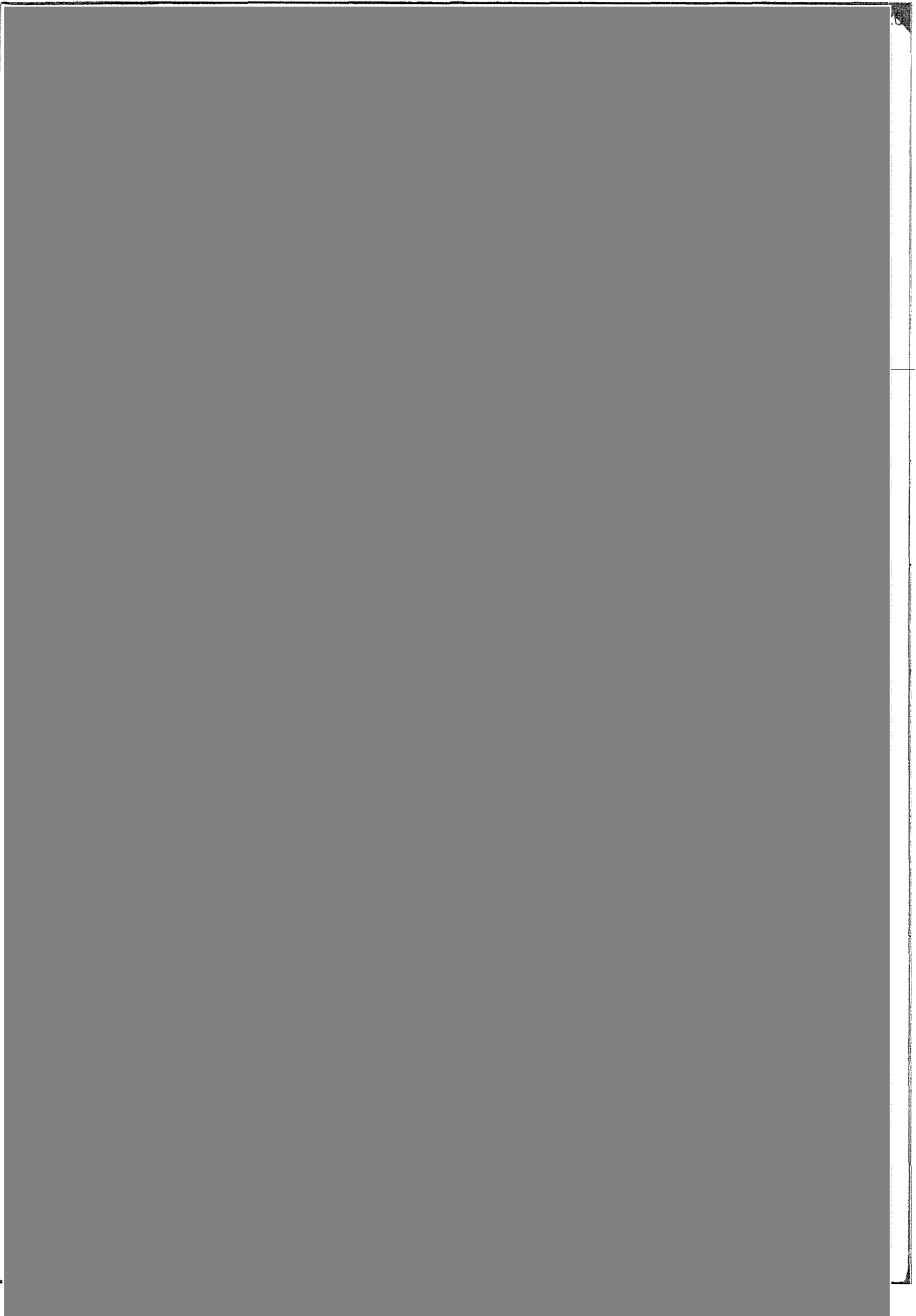
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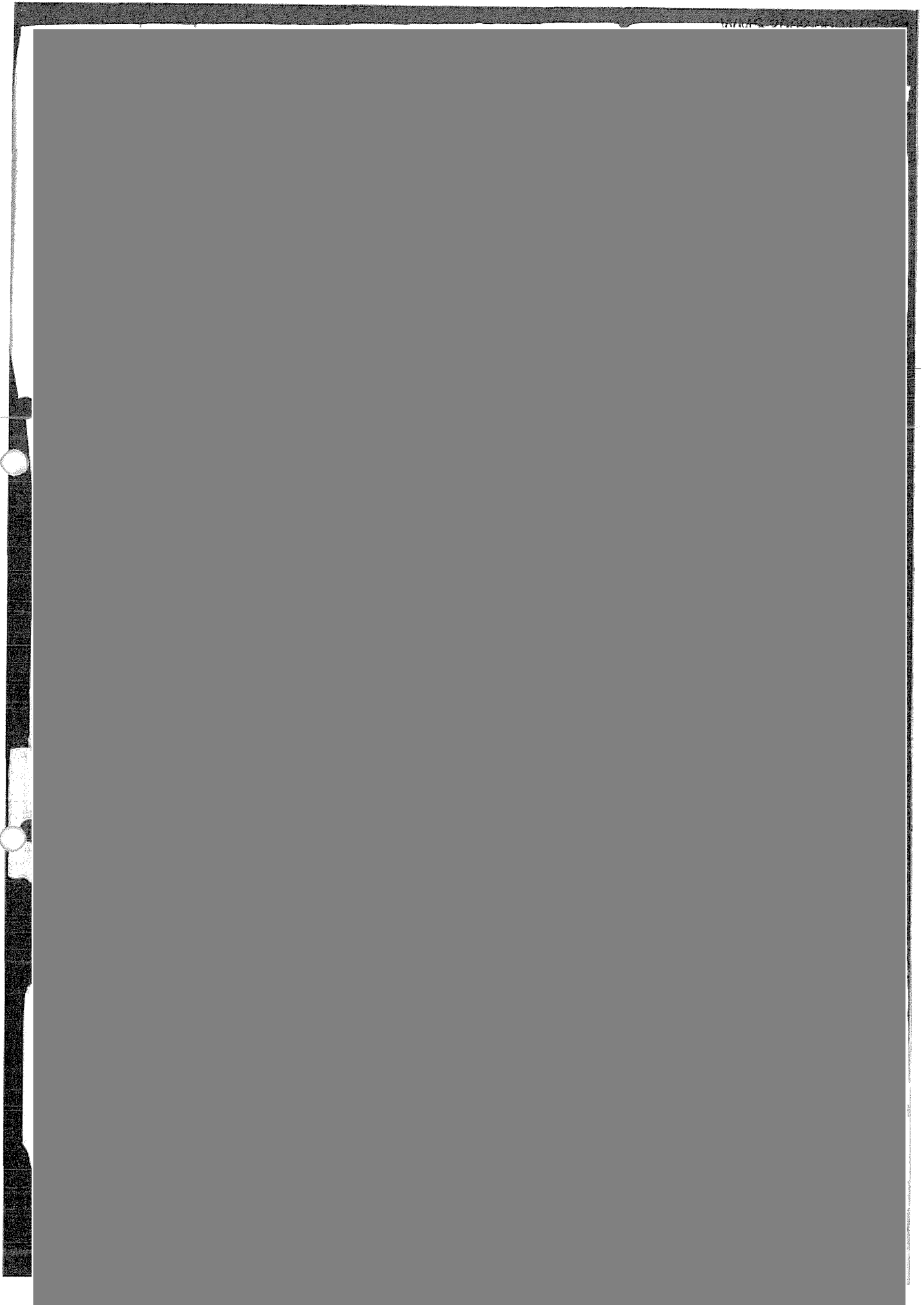
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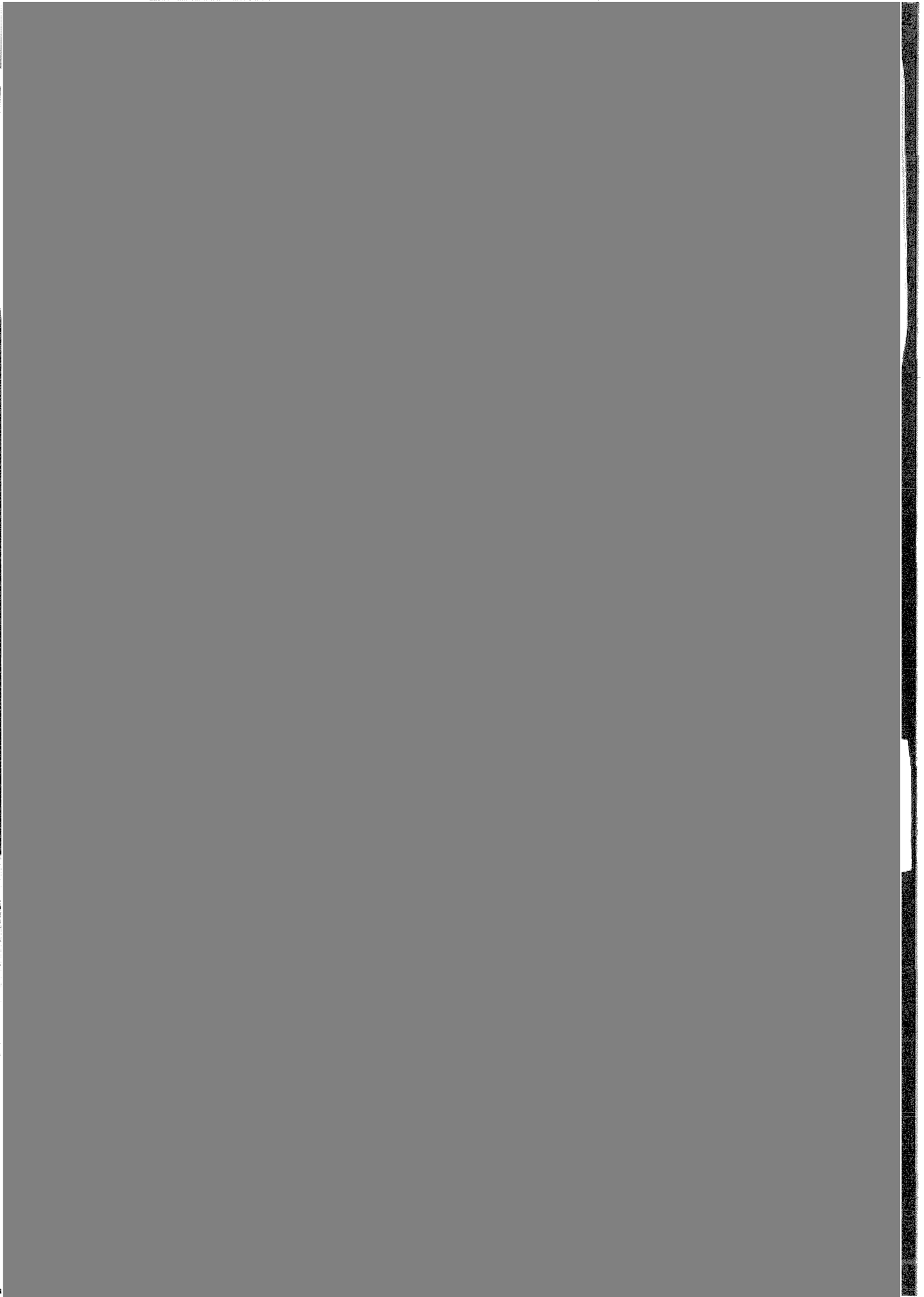




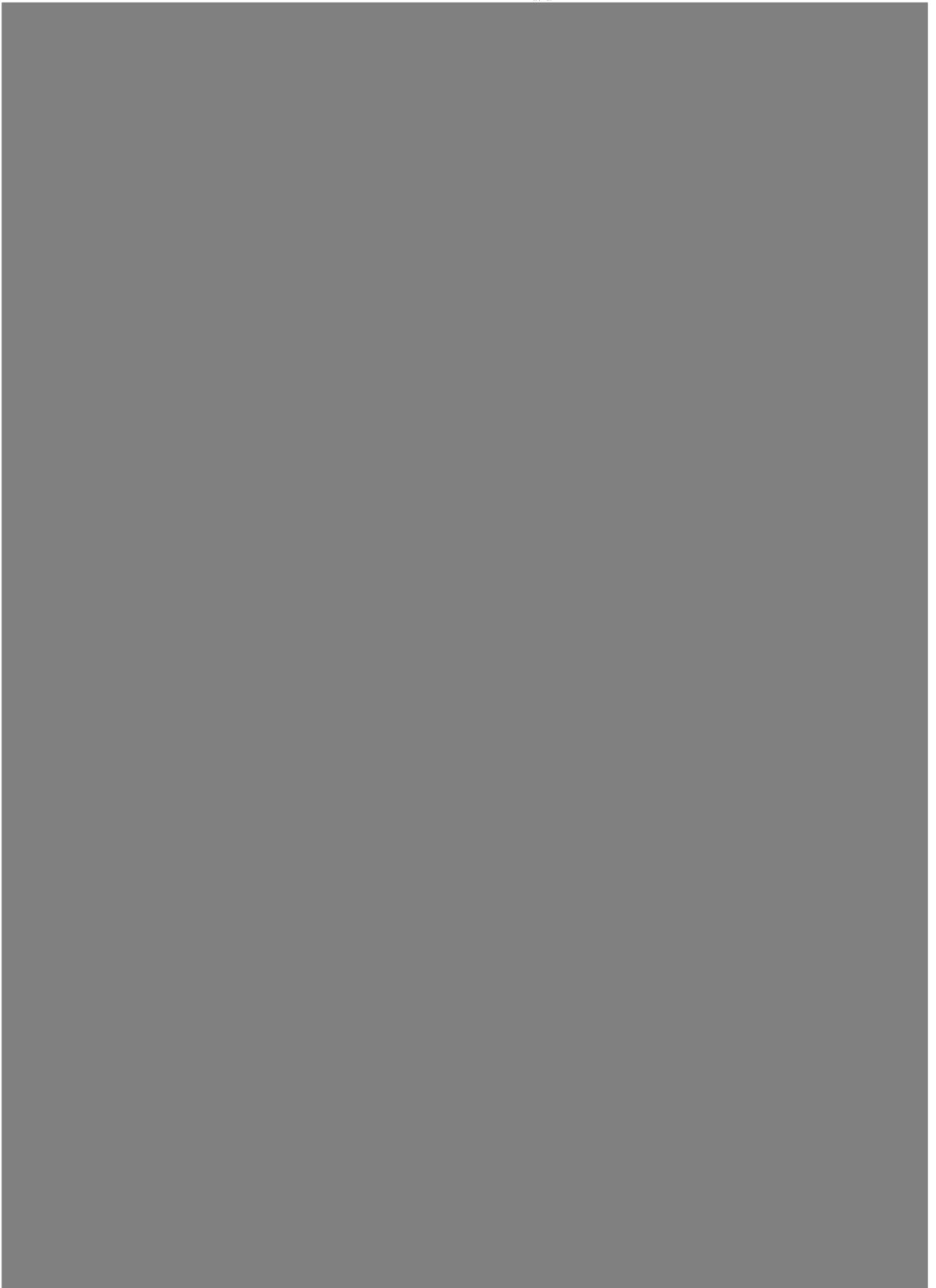




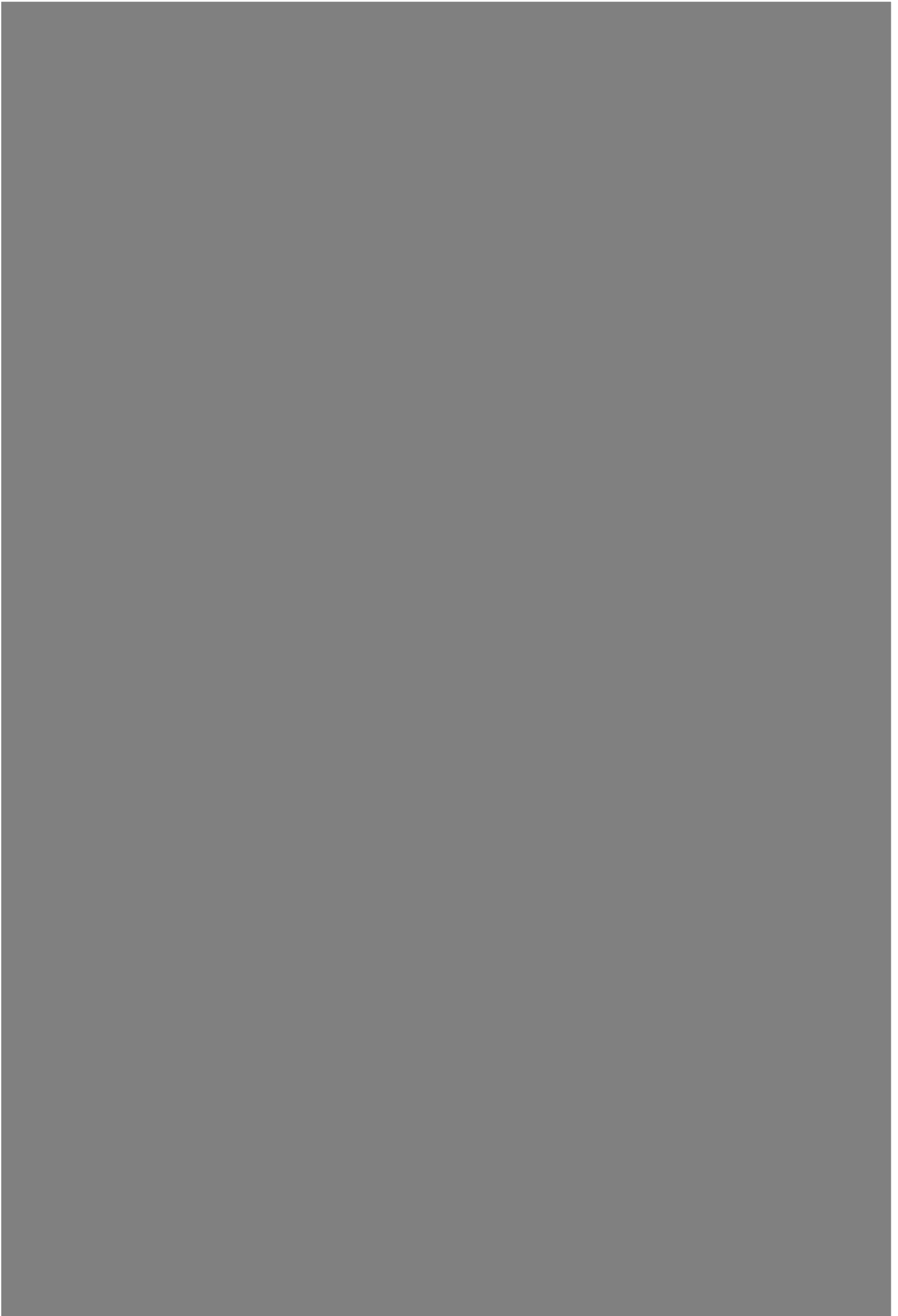


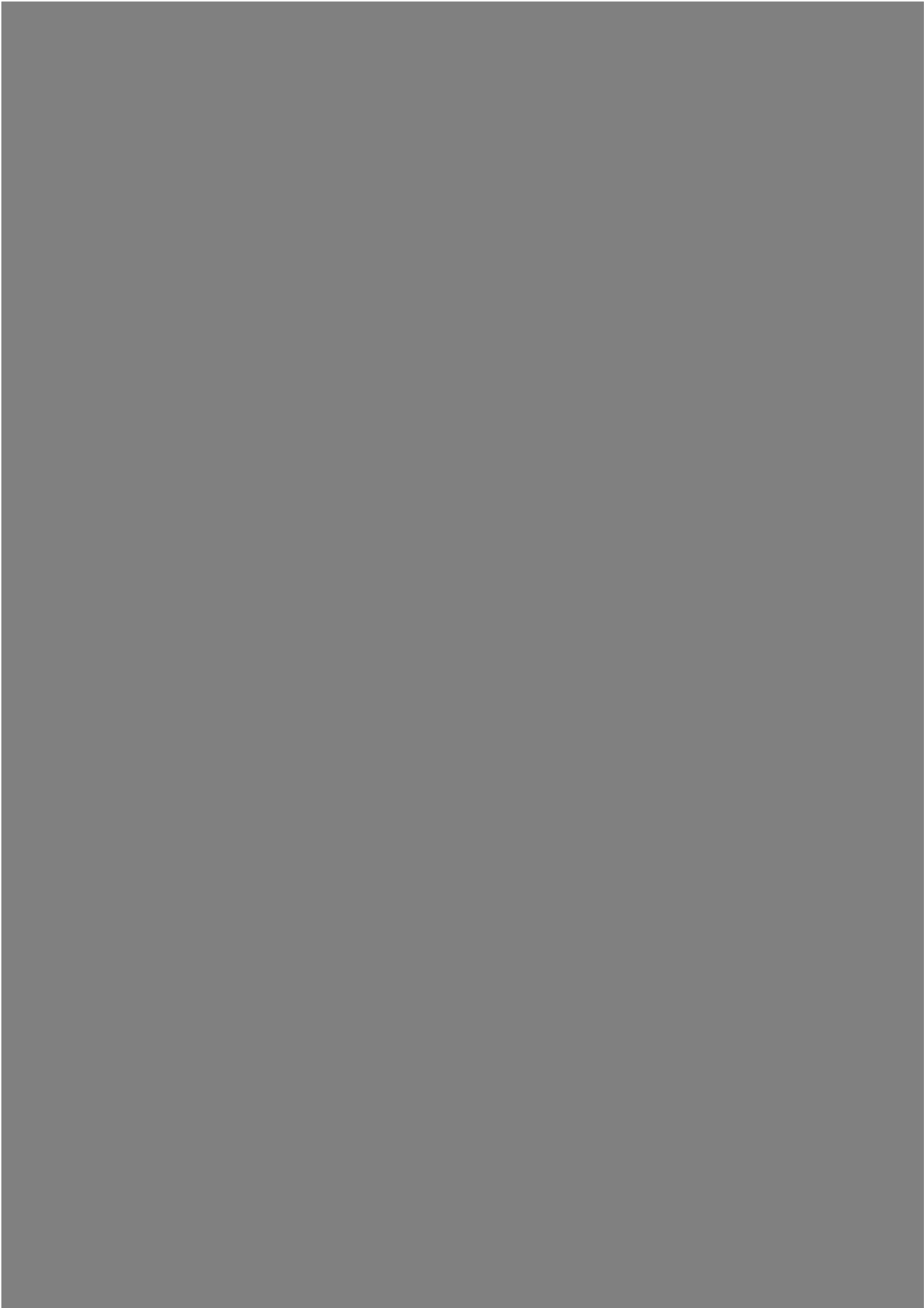


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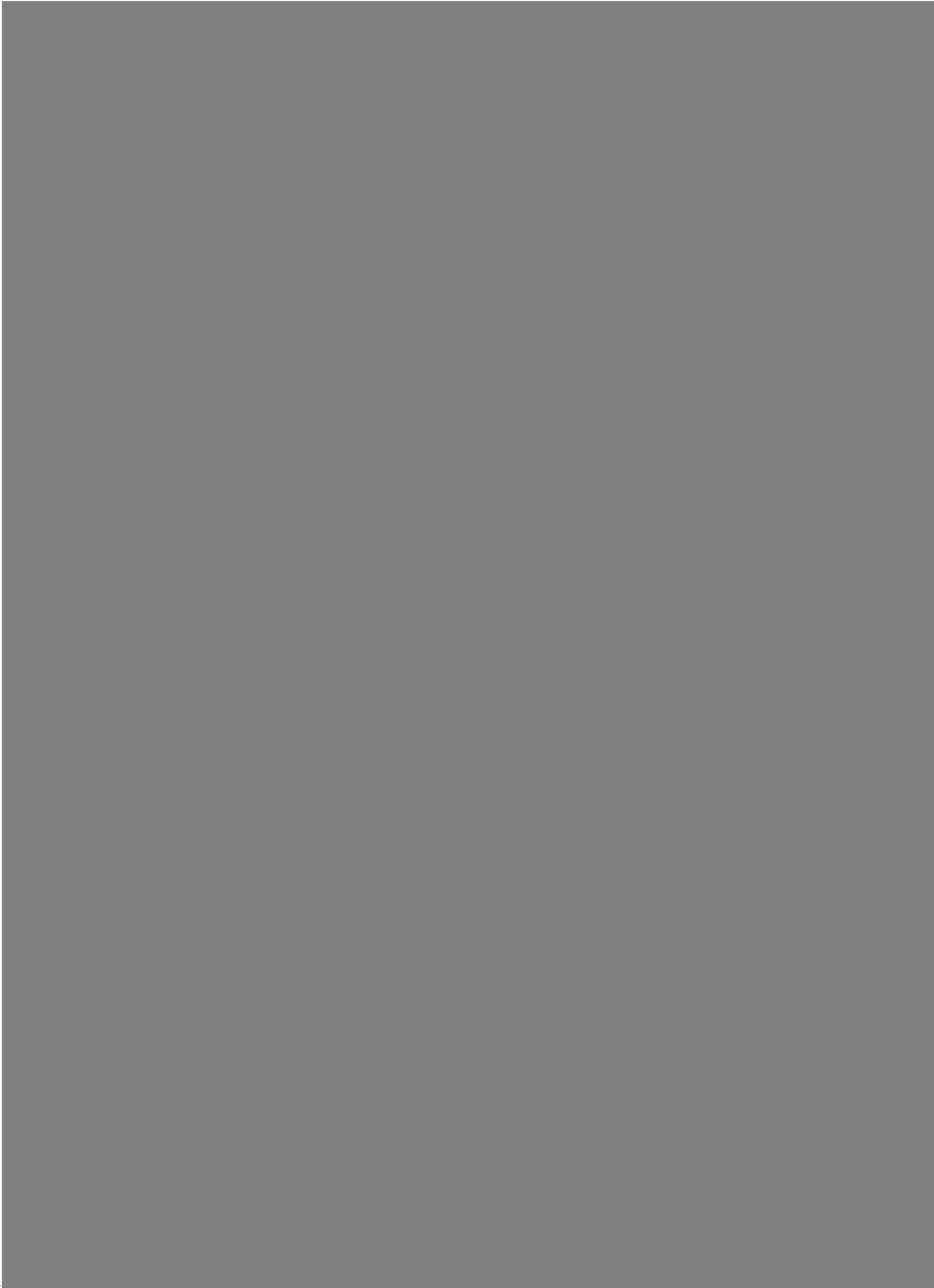


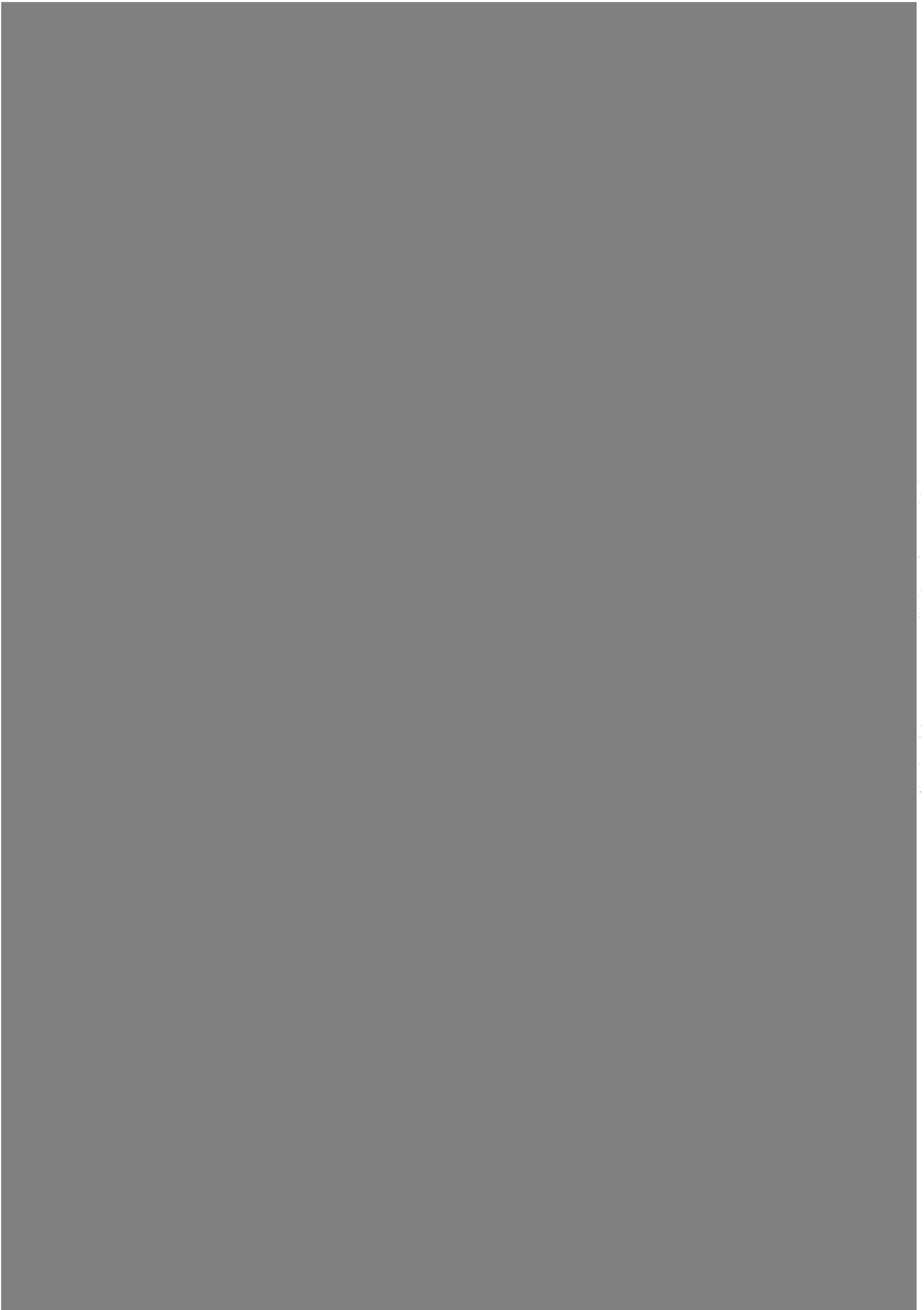
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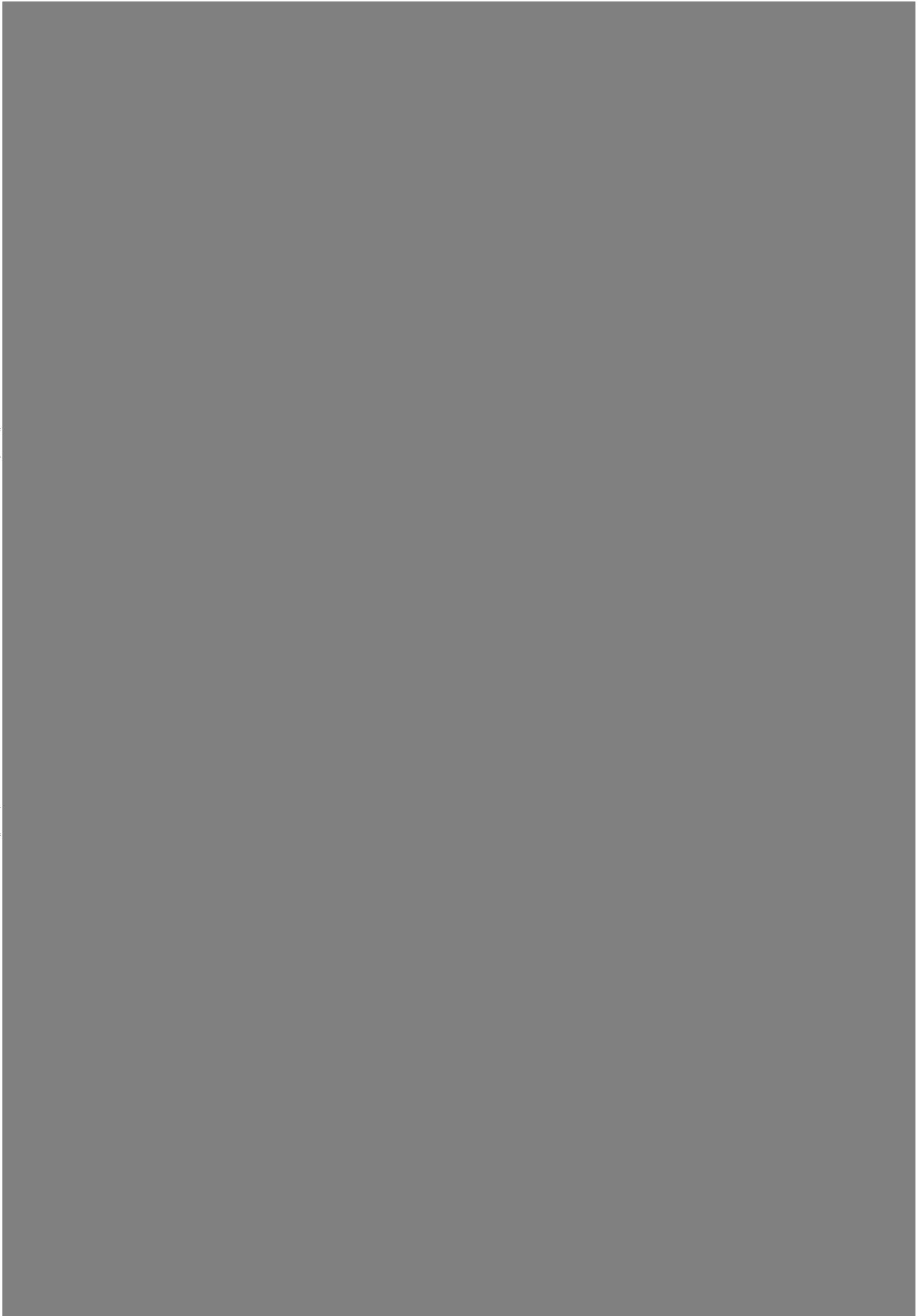
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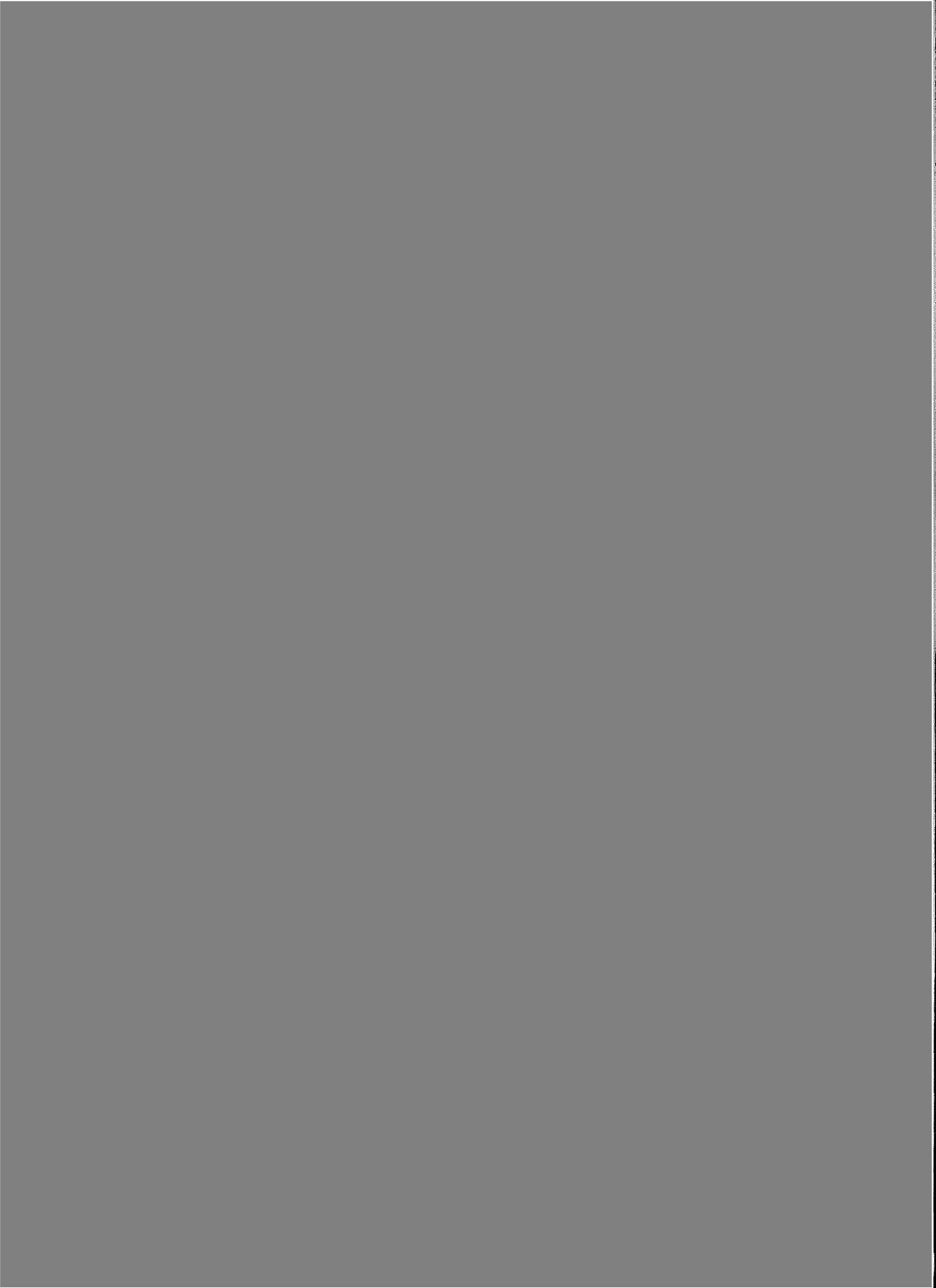
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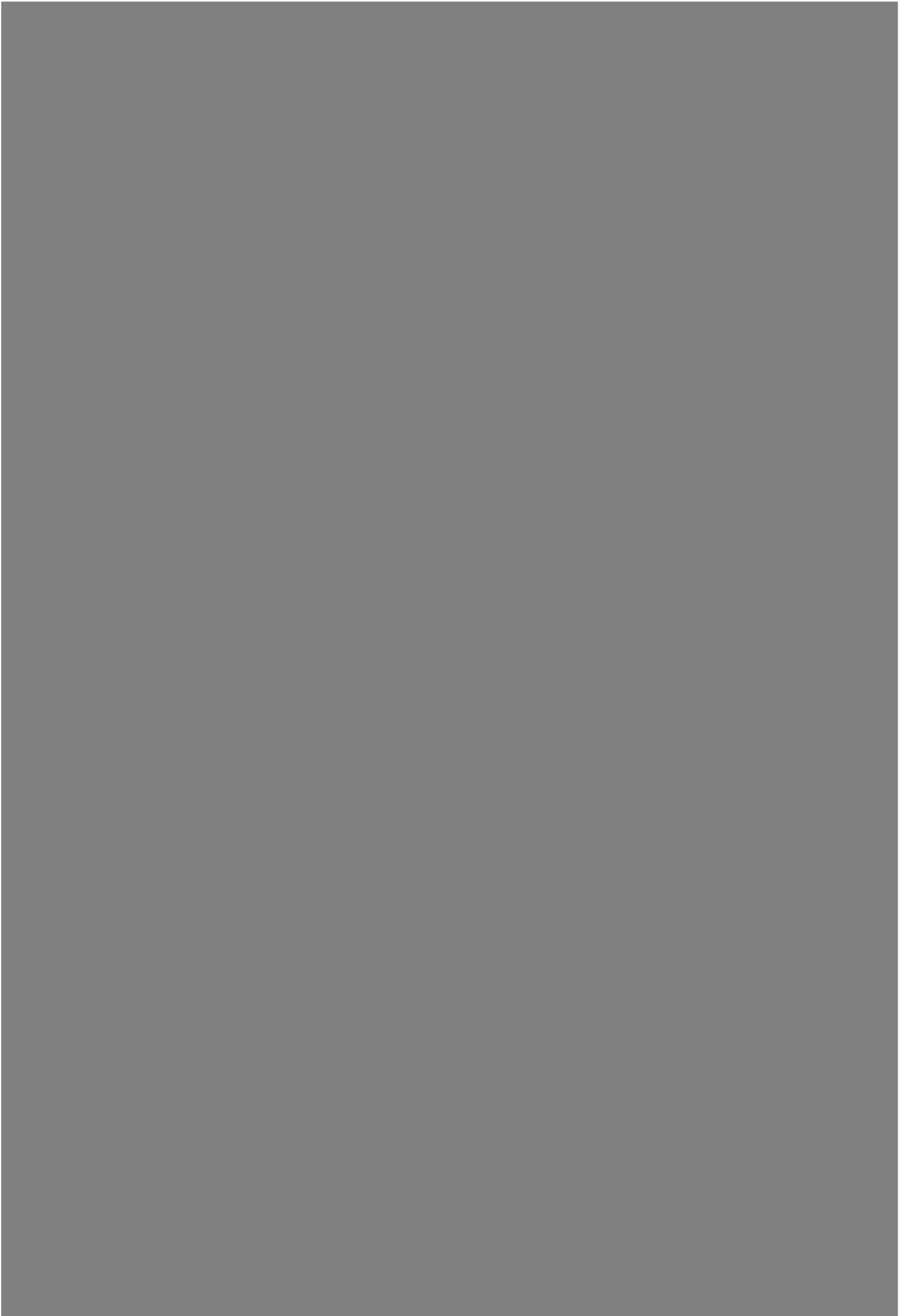


“BP-14”





“BP-16”



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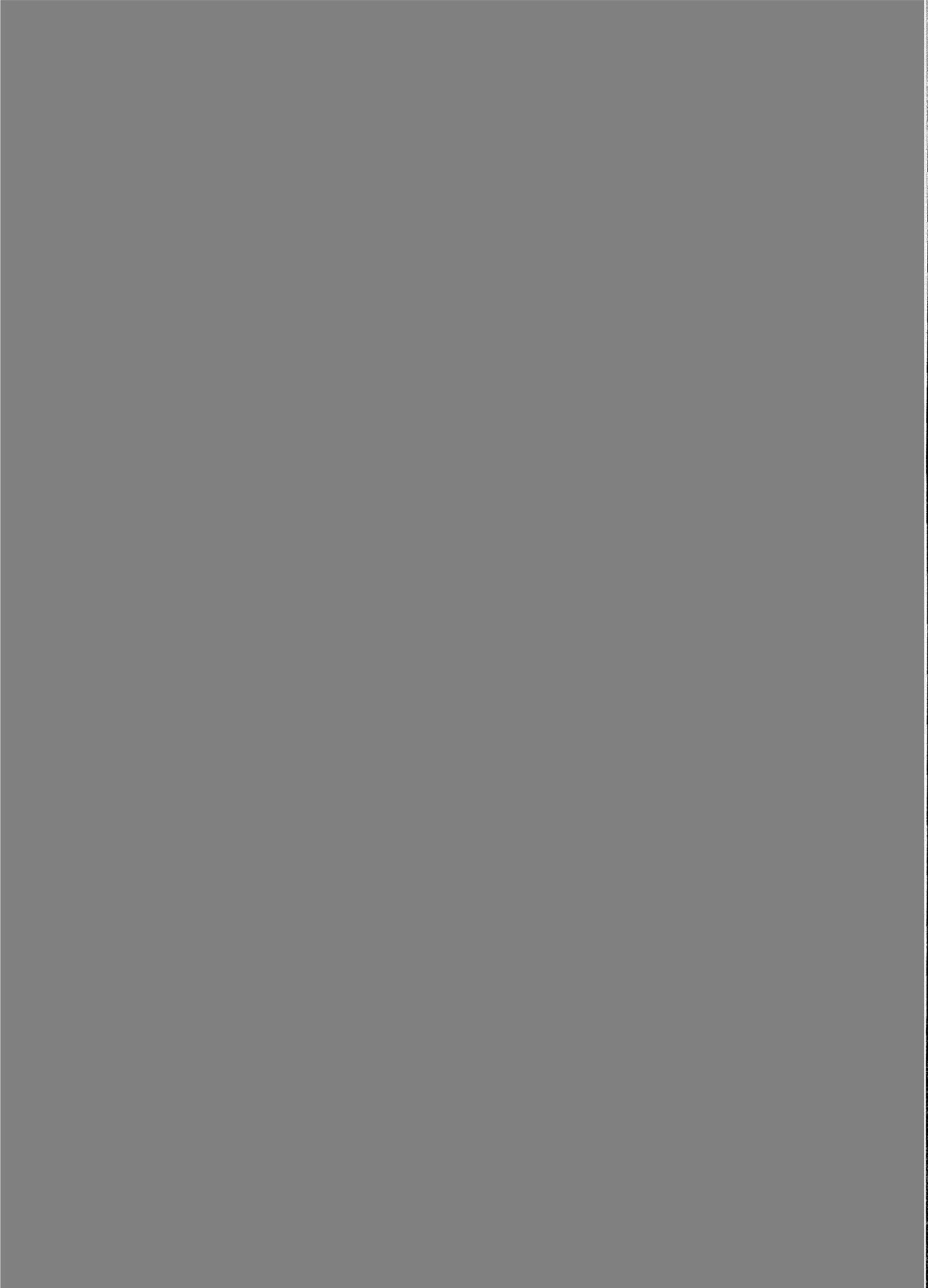
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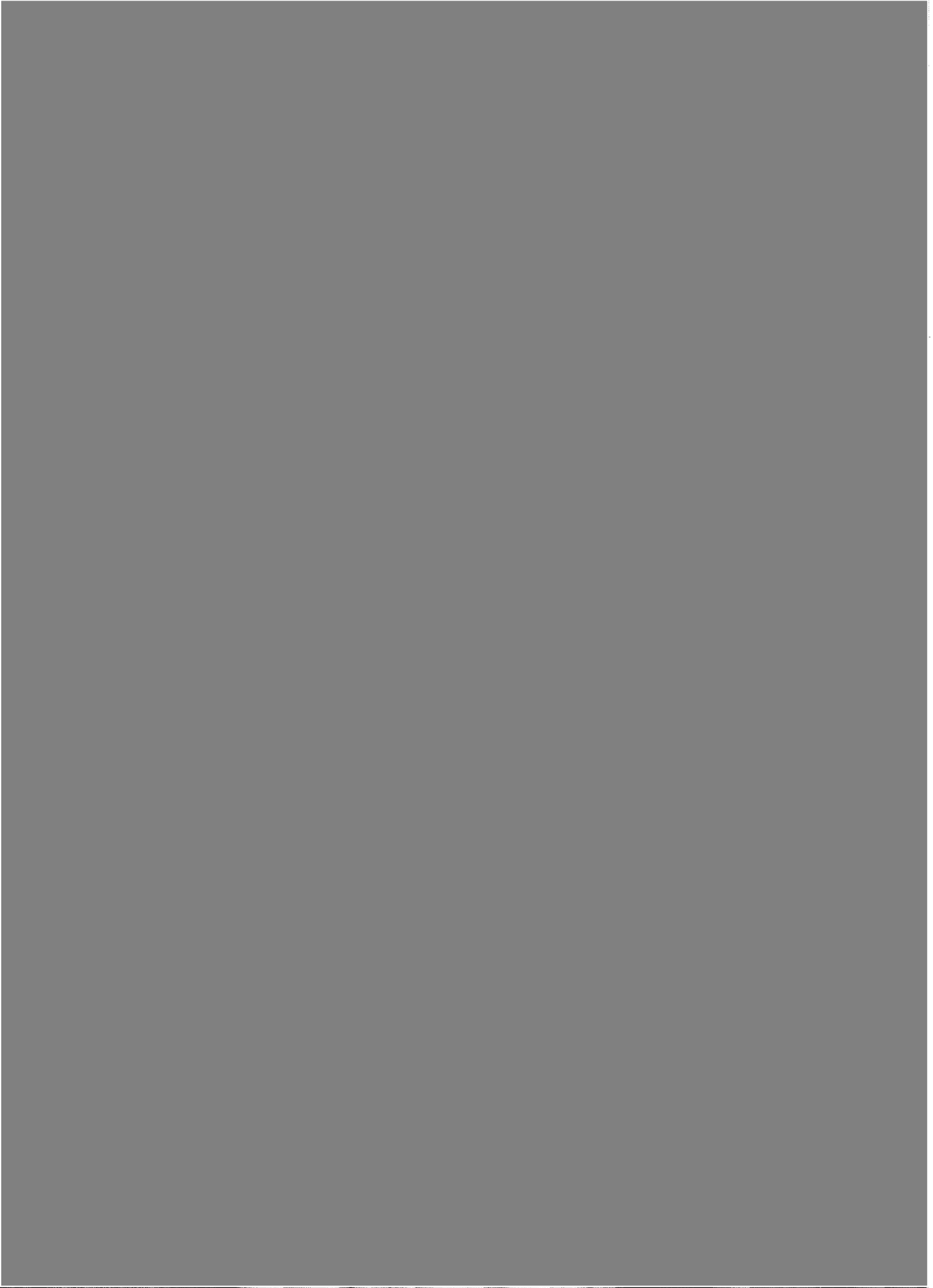
v5.00 - 10/2012
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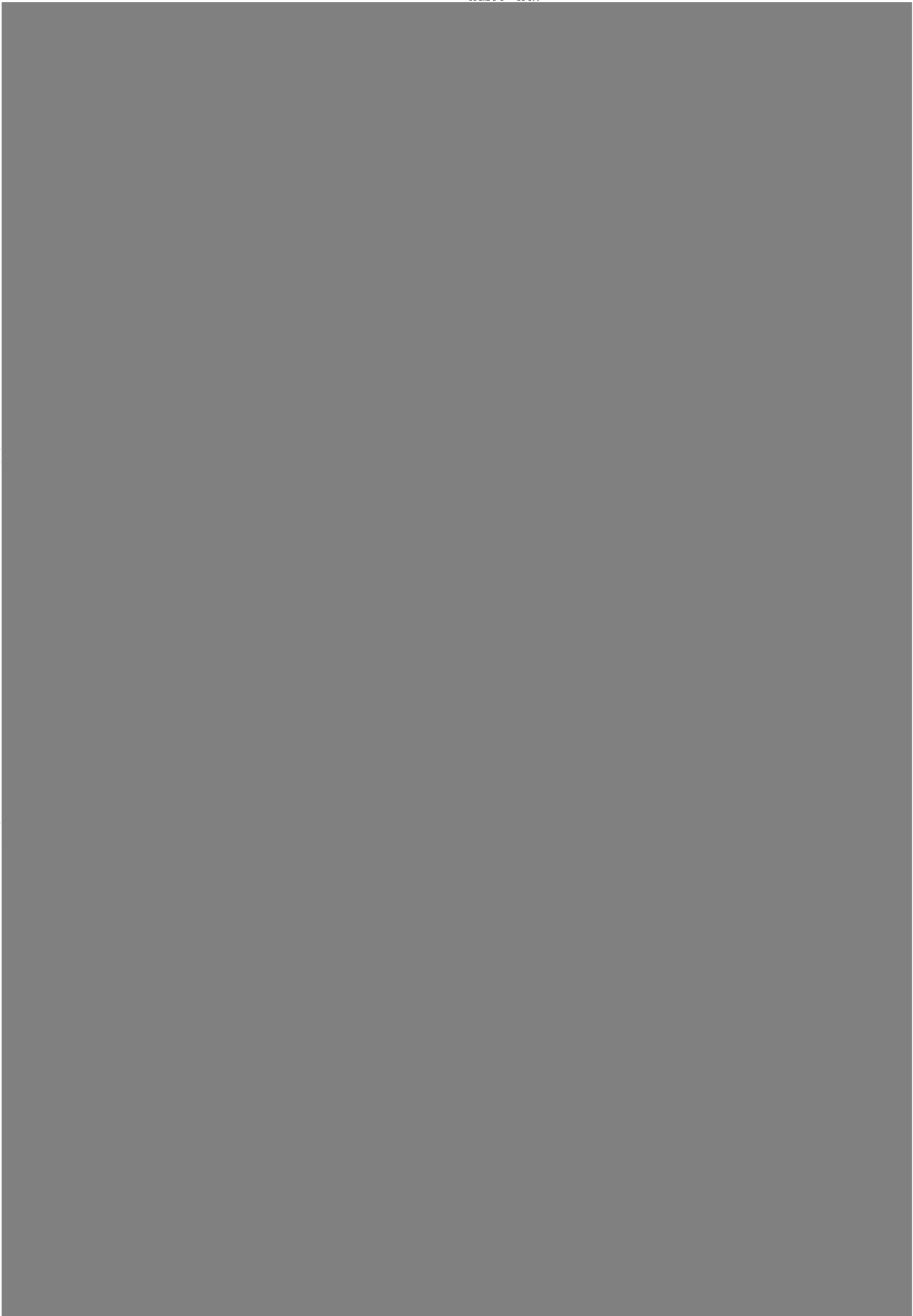
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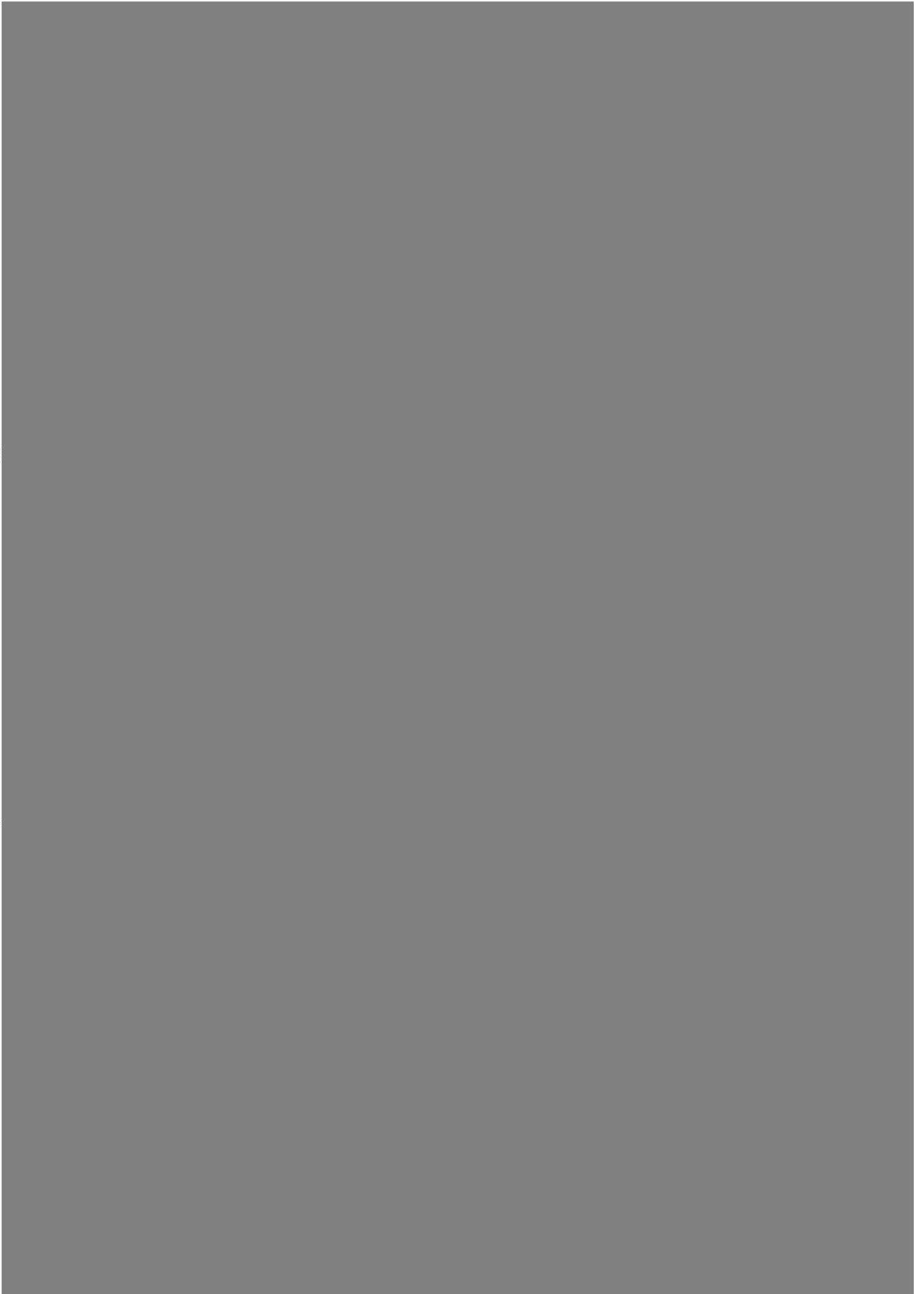


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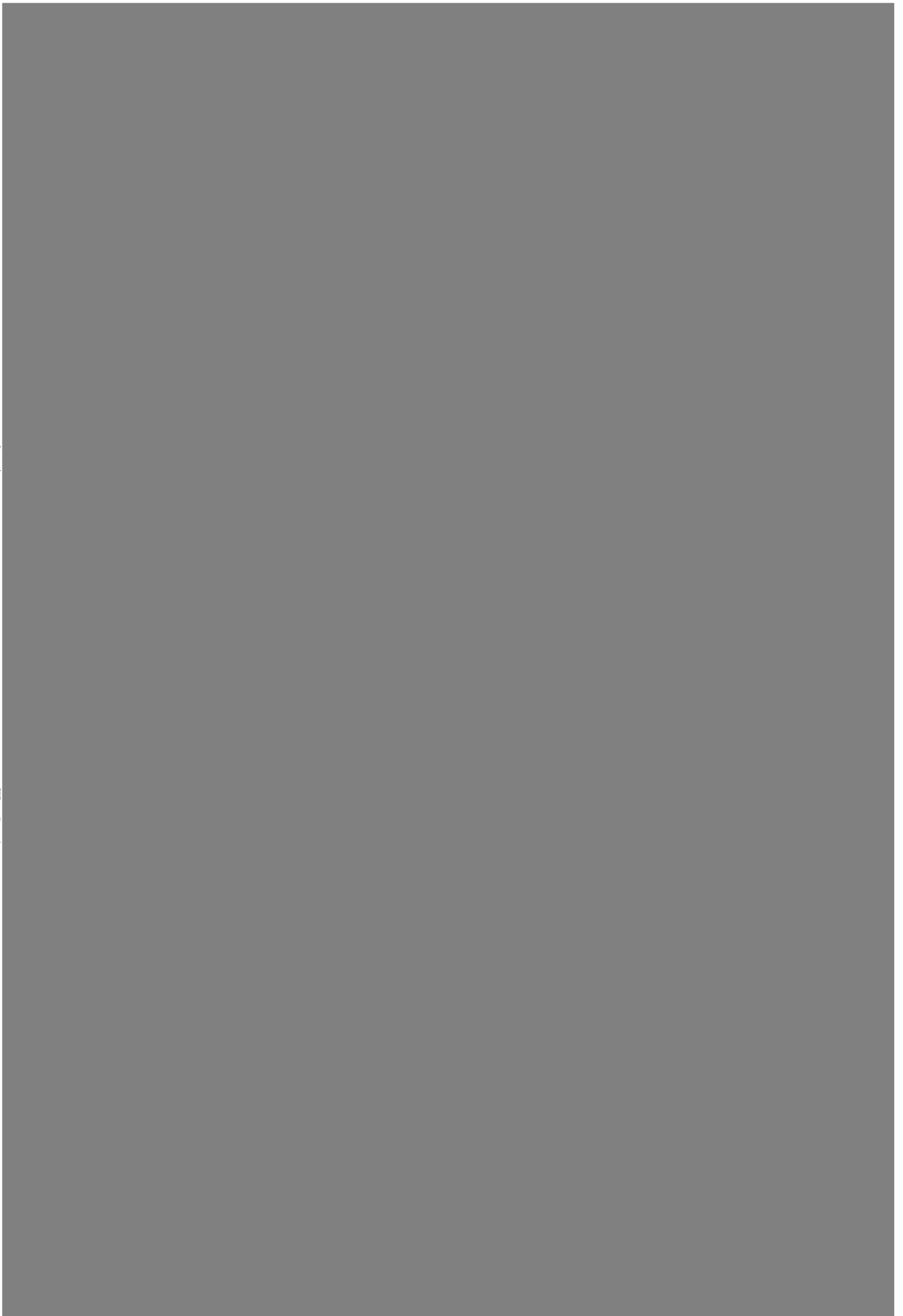


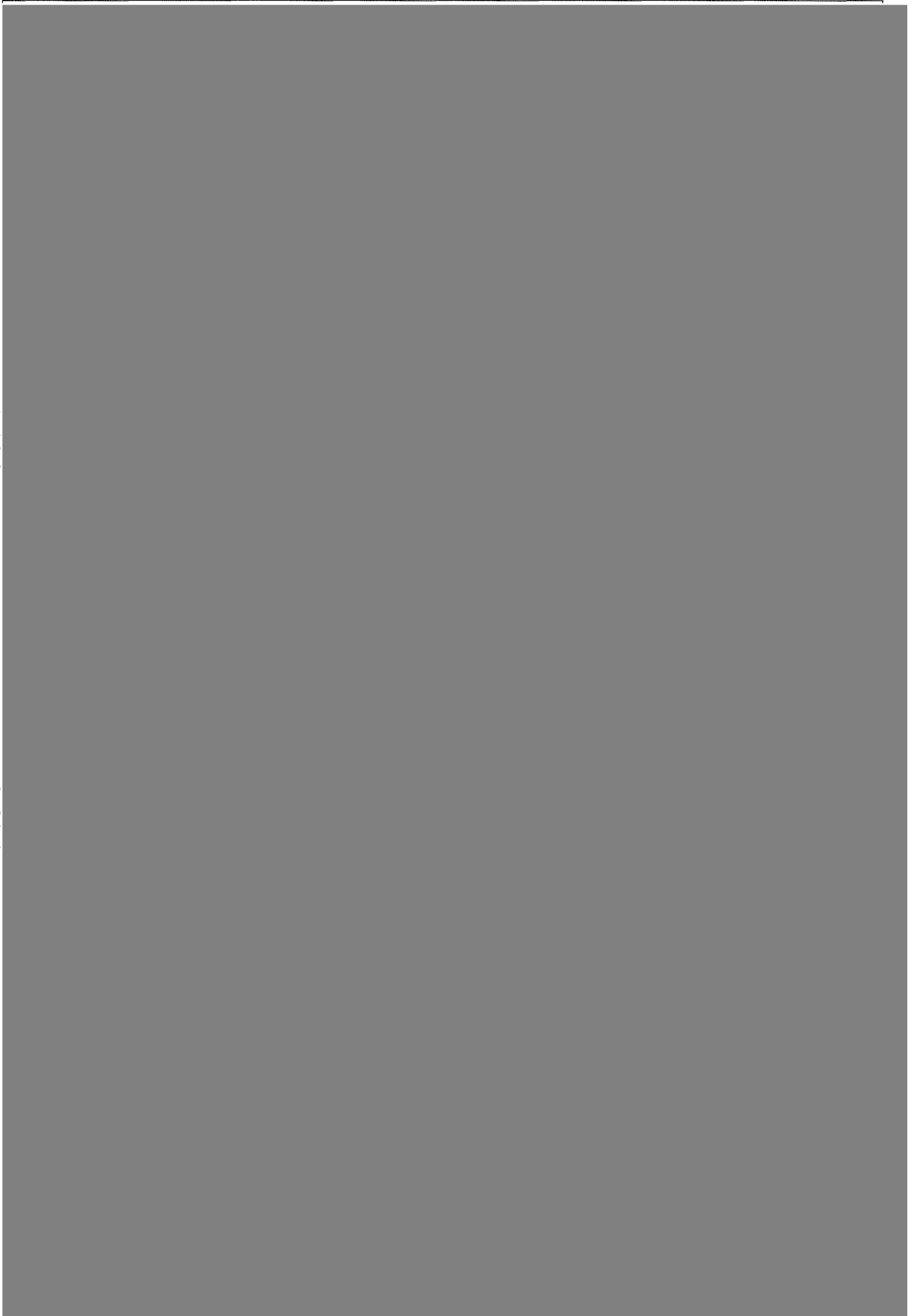
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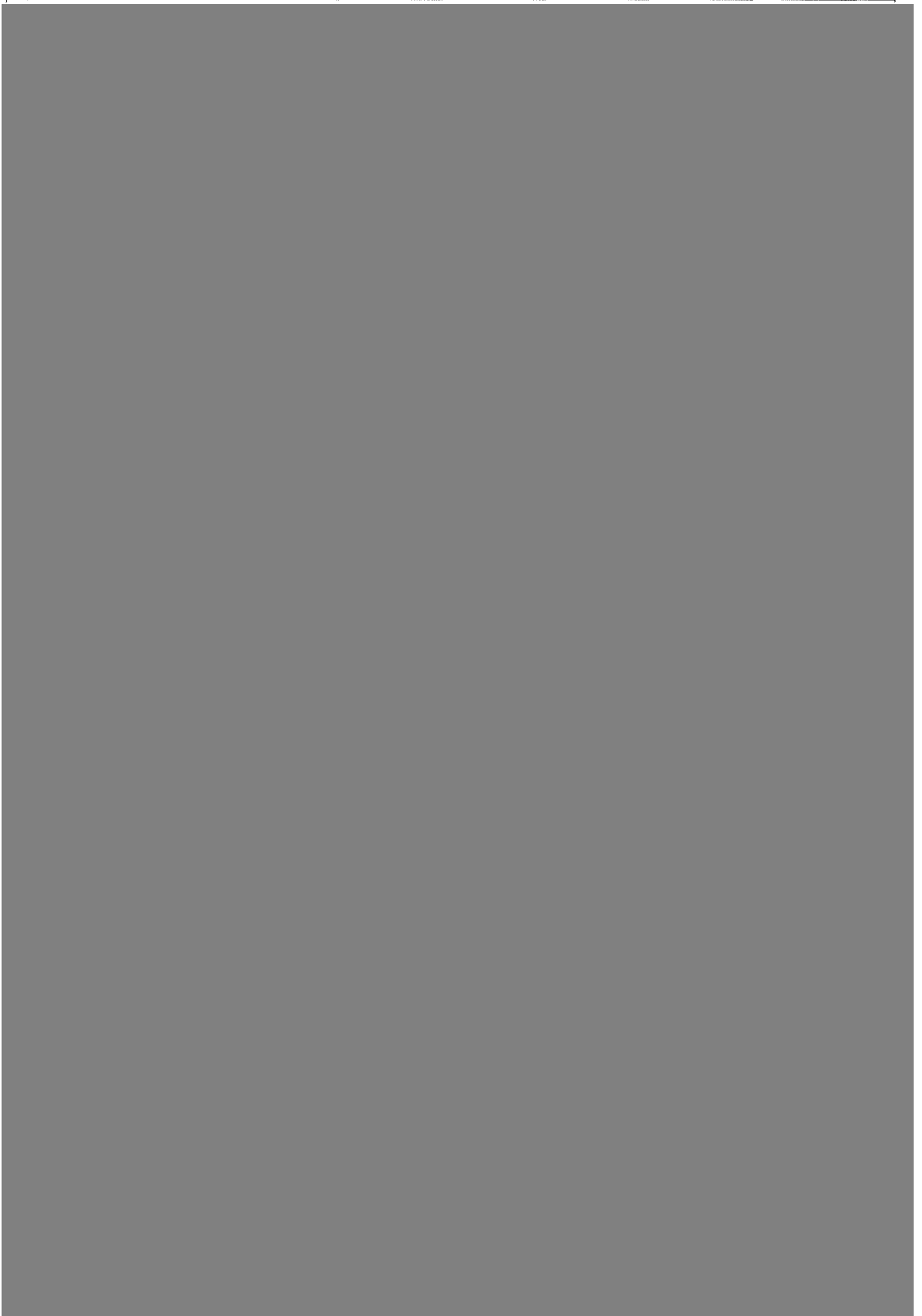


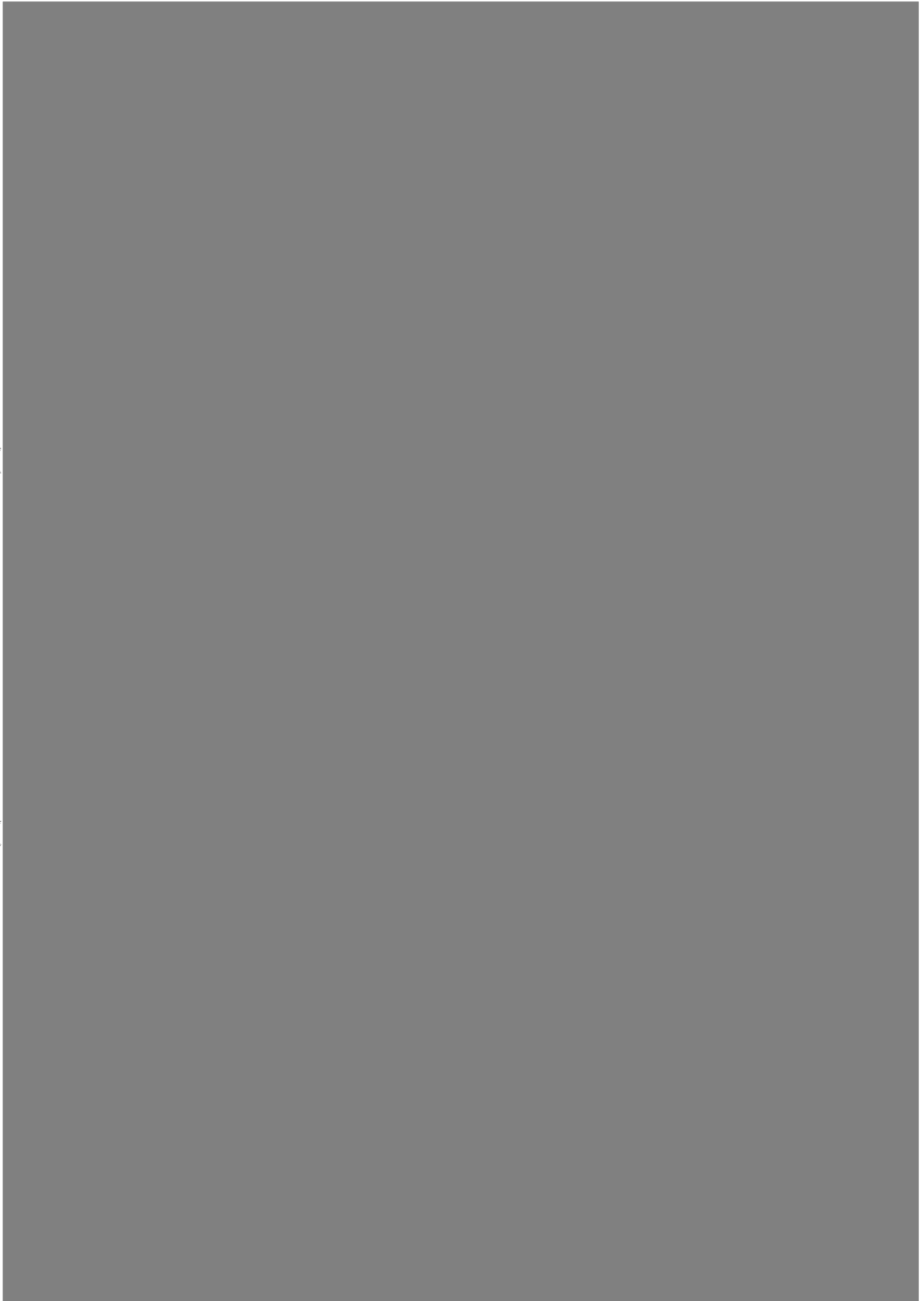








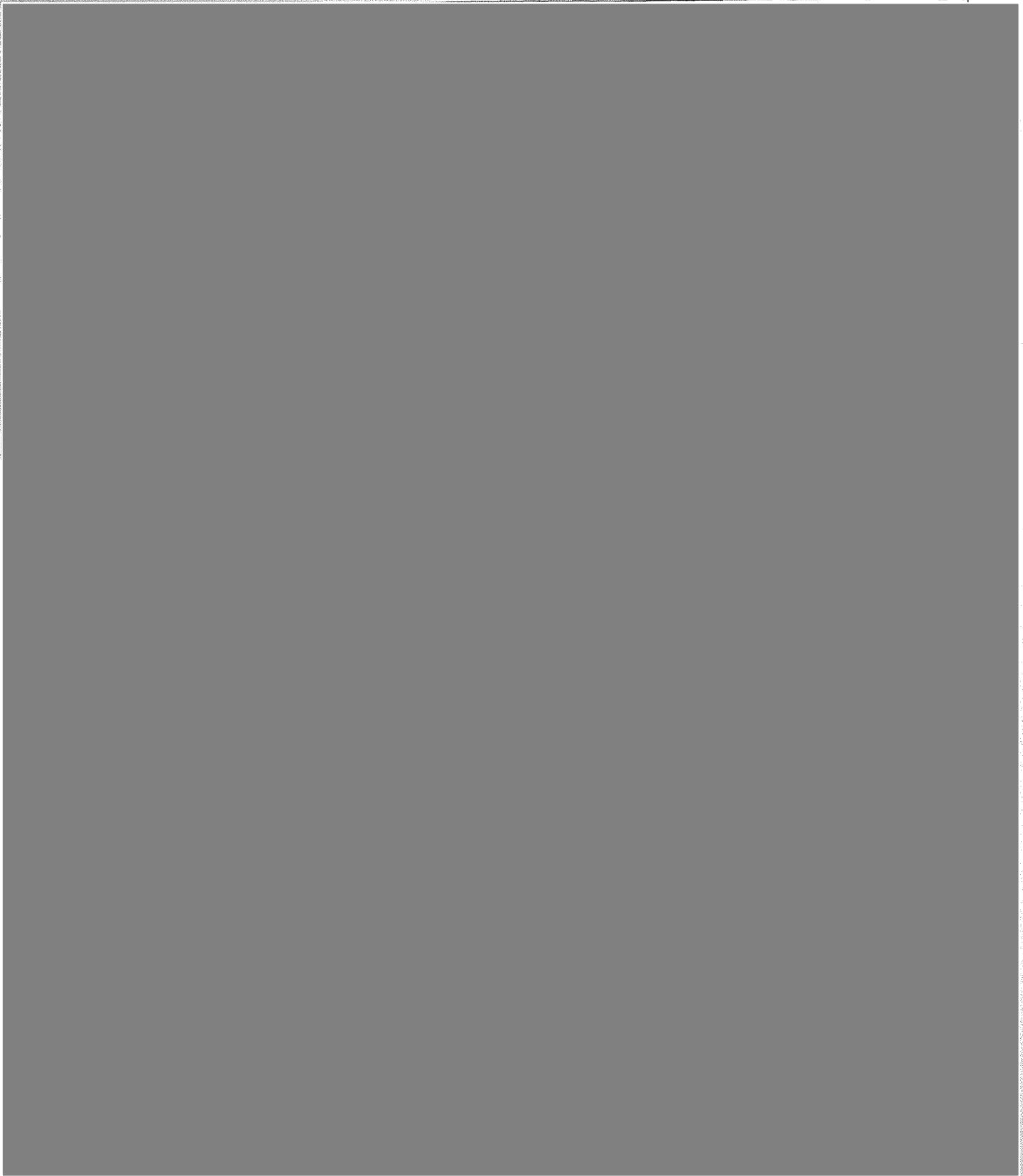




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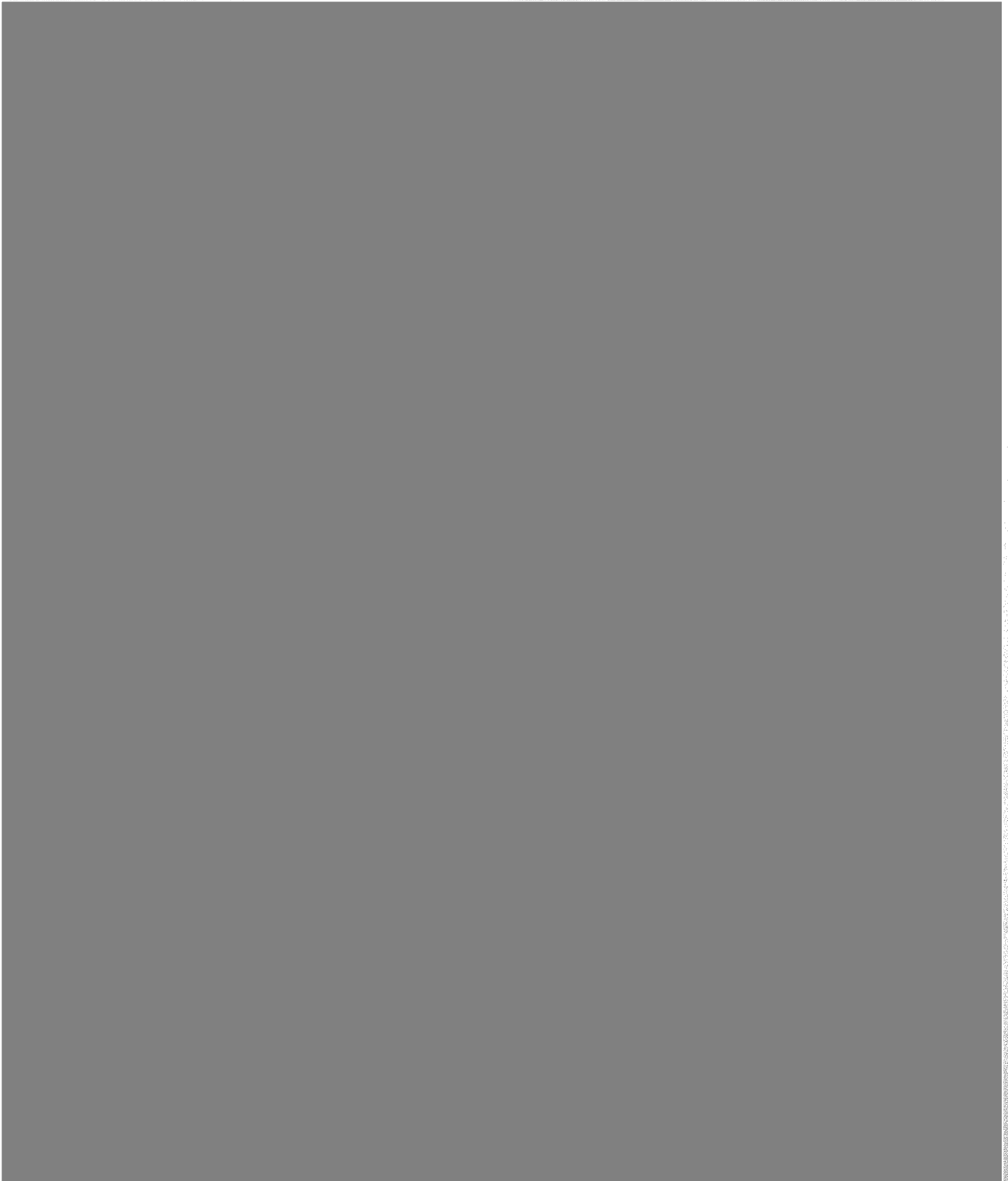


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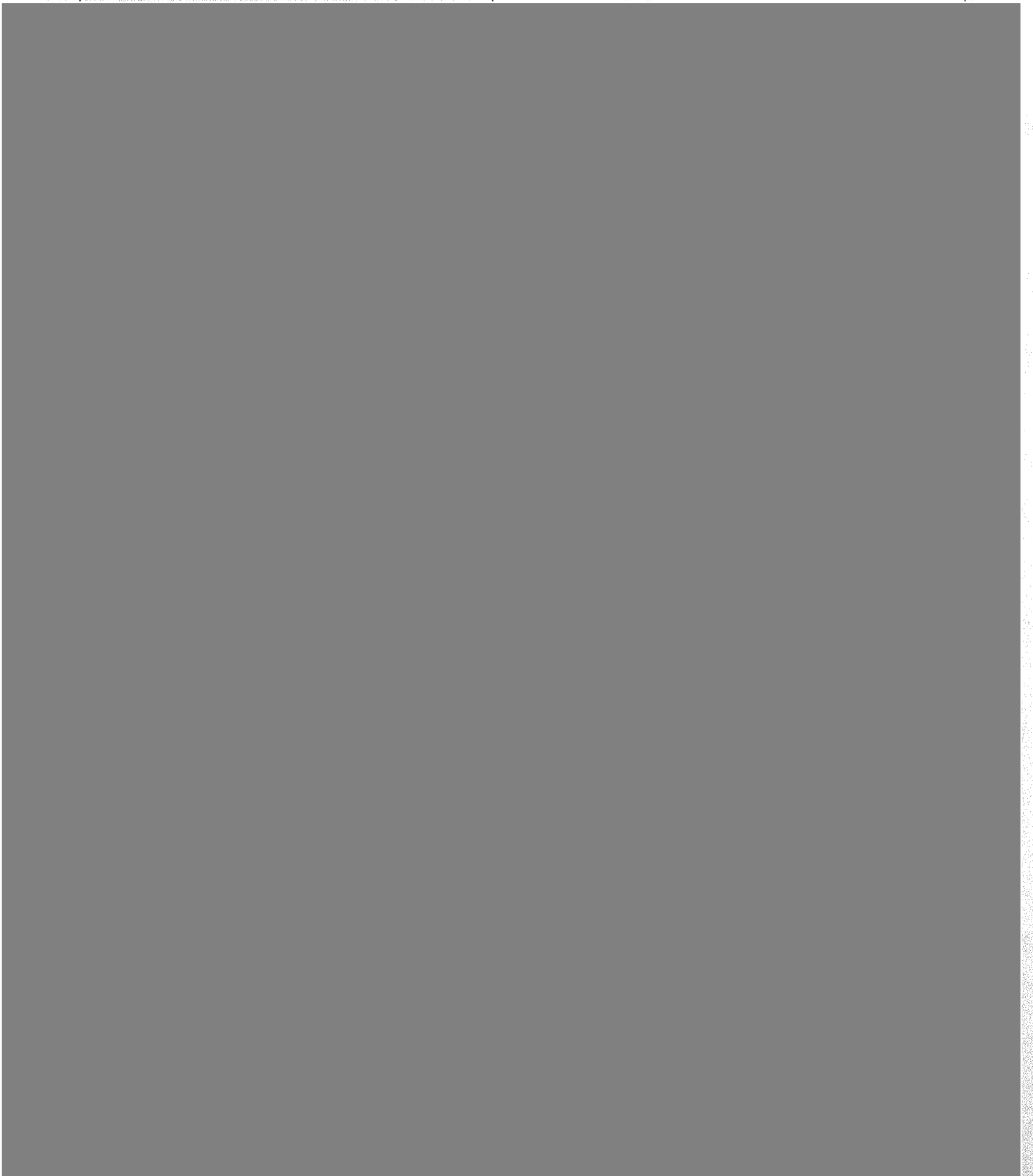


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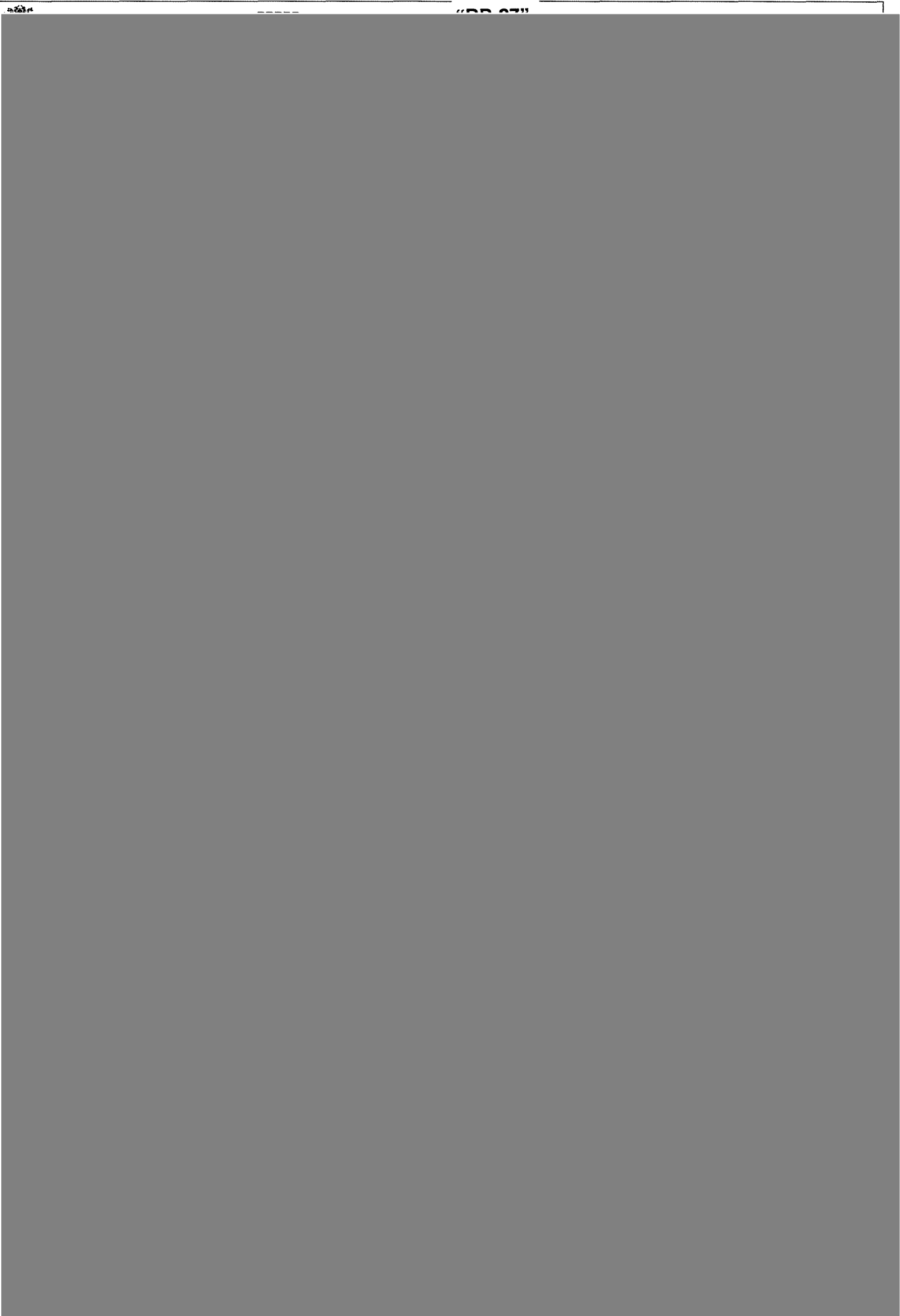
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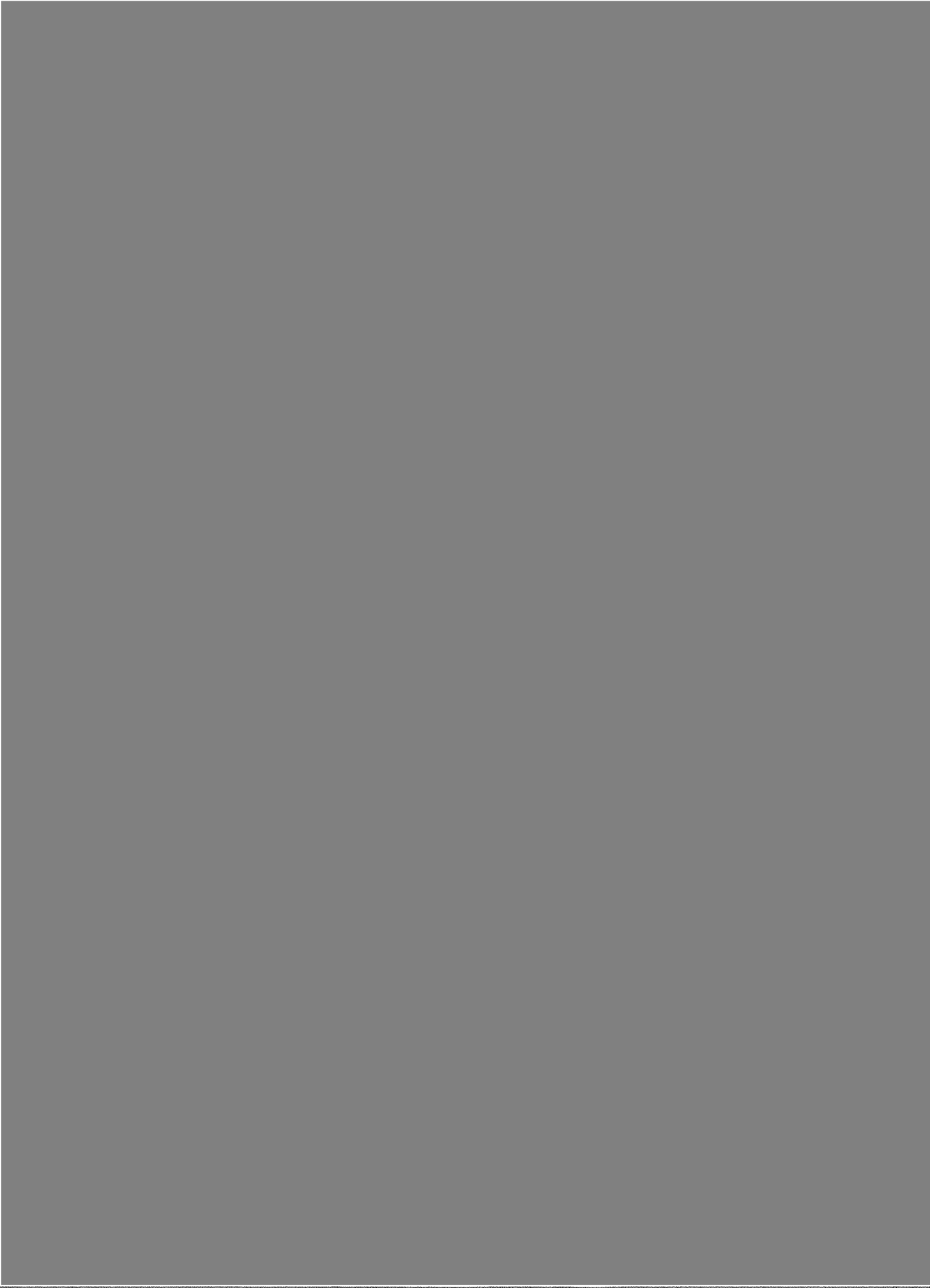


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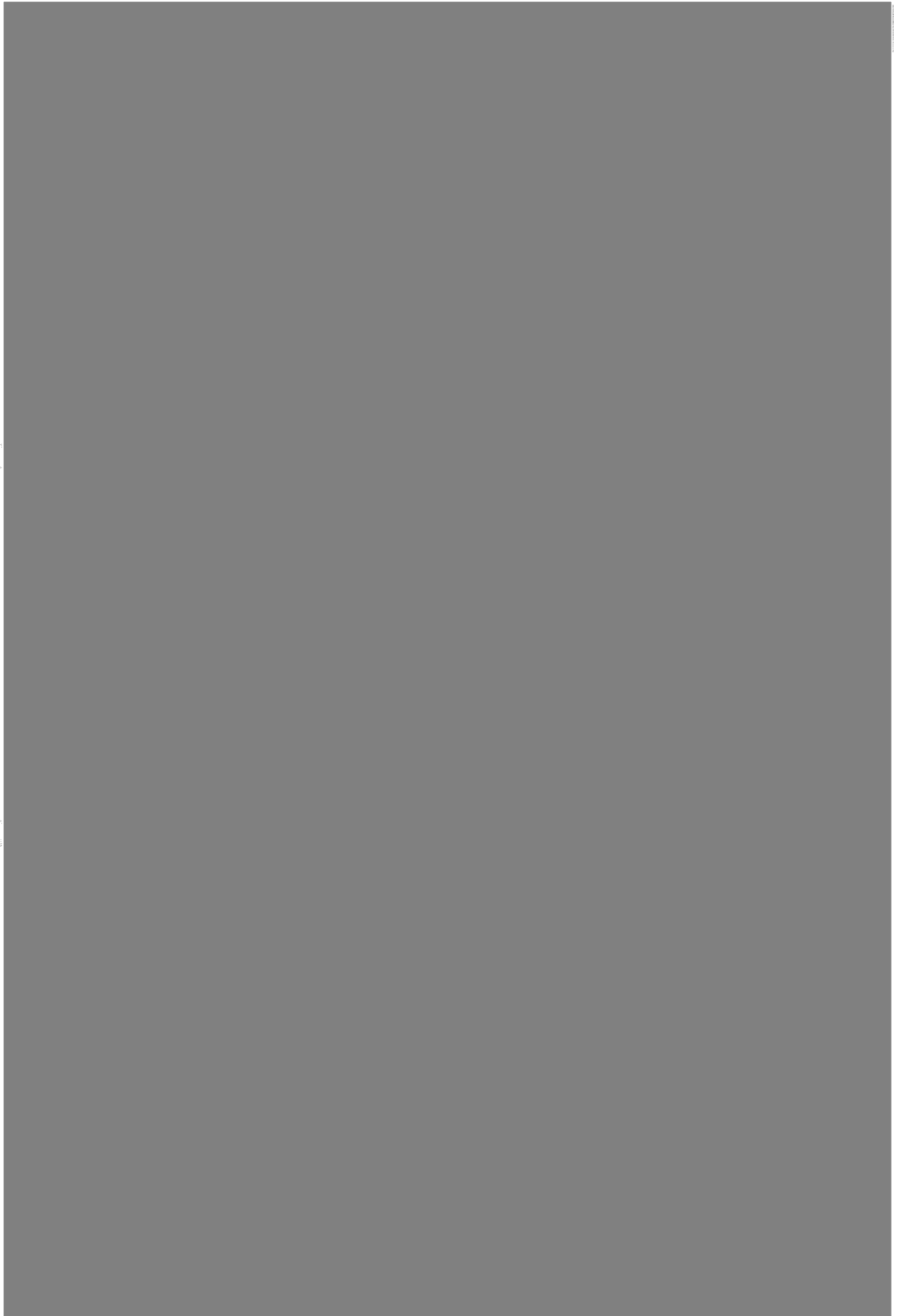


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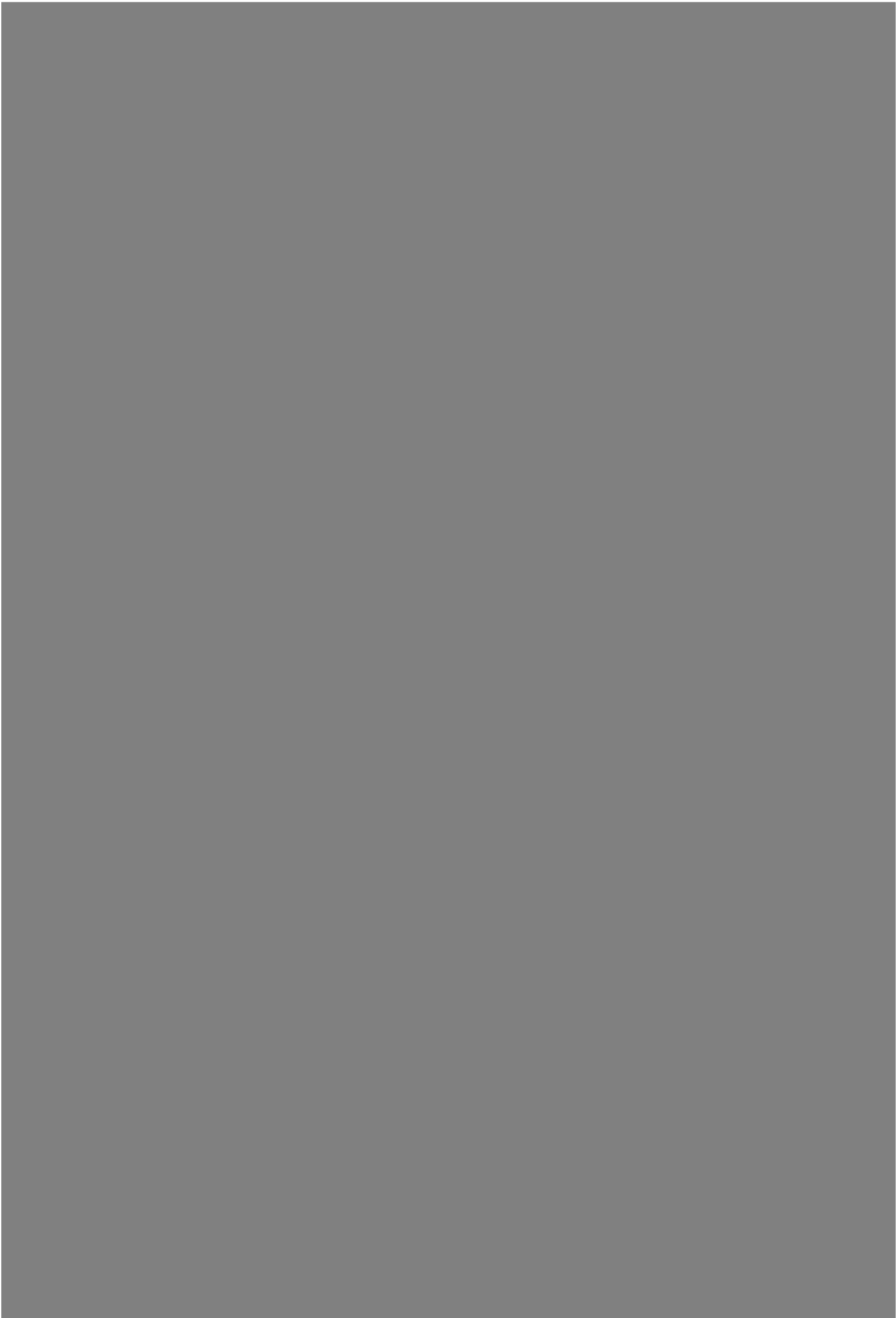


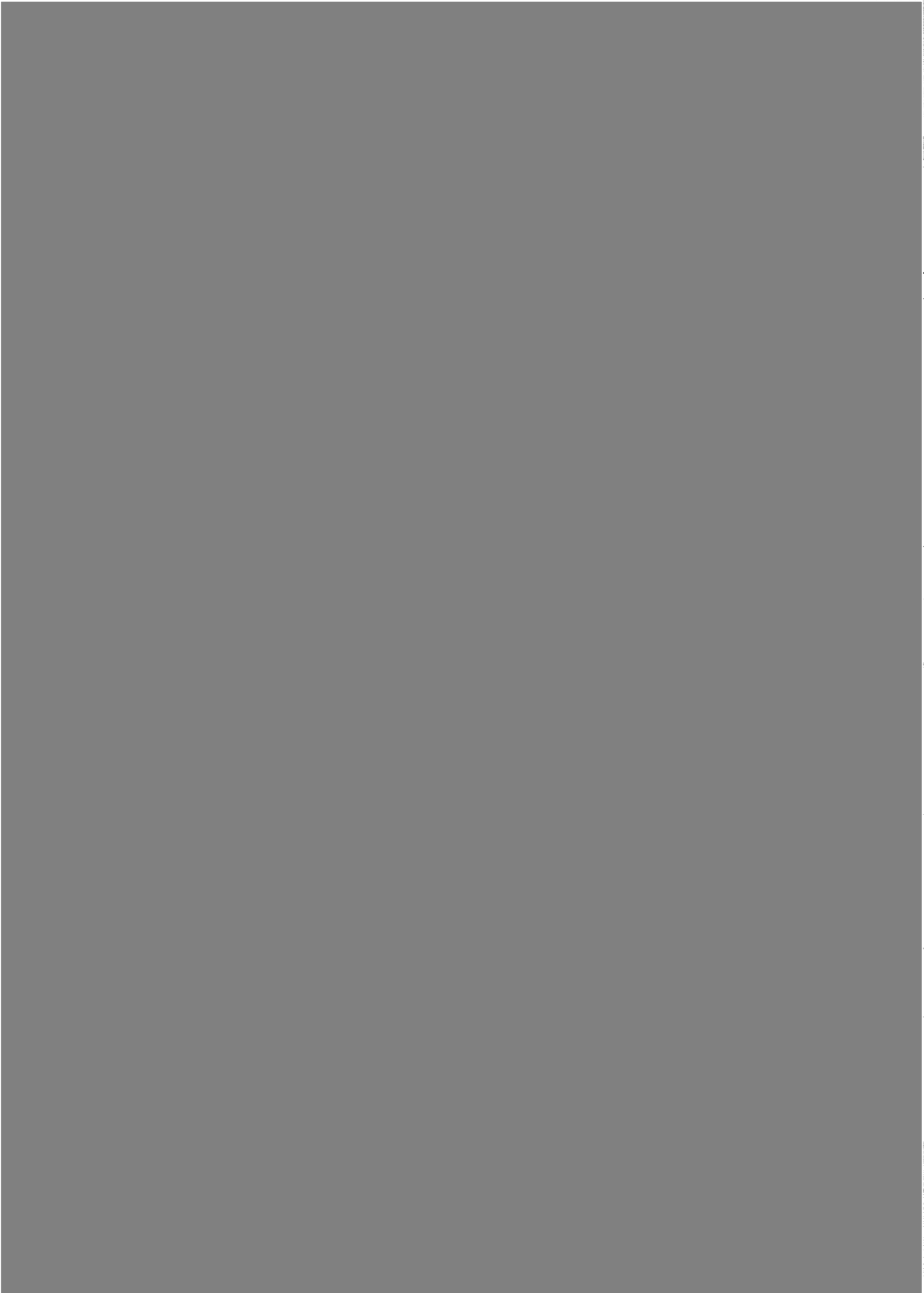


“BP-29”



“BP-30”





“BP-32”

