

## COMPLIANCE INFORMATION FOR FACILITATORS WITHIN A NSW PUBLIC HEALTH FACILITY

To supervise students on clinical placement within a NSW public health facility, all facilitators are required to meet the NSW Health mandatory requirements. These requirements are to protect you and to protect others. The screening process for a facilitator is a separate process to if you are employed by NSW Health as you are being employed by the education provider not NSW Health. Therefore you are required to provide the evidence to the verification team to enter into your ClinConnect Facilitator profile.

### Submitting your documentation for assessment

- All your documentation must be combined into a single PDF file attachment,
- File name is labelled with your first and surname,
- In the body of the email write your full name, facilitator and which education provider you are employed with,
- Only use your education providers email address for all correspondence,
- In the subject line of the email write in capitals **FACILITATOR ATTN VERIFICATION TEAM**. As we receive a thousands of emails writing this in the subject line your email will stand out and we will be able to assess your information in a timely manner,
- Submit to [HNELHD-ClinConnect@health.nsw.gov.au](mailto:HNELHD-ClinConnect@health.nsw.gov.au).

You will receive an automatic email reply to confirm your documents have been received.

### Evidence of Protection against Vaccine Preventable Diseases

Please read the [Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases \(nsw.gov.au\) PD2022\\_030](#). On pages 34 & 36 of the Policy Directive is the Appendix 11, Evidence of protection it is essential you meet these requirements. More information for Hepatitis B requirement can be found in the Policy Directive on pages 37 & 39. If you require TB Screening, screening must commence before temporary compliance can be granted, refer to pages 13 – 16 & 41 of the policy

### Acceptable forms of Immunisation Evidence

- Your facility staff health service may be able to provide you with this information
- A immunisation history statement from the Australian Immunisation Register  
Hyperlink to [How to get an immunisation history statement - Australian Immunisation Register - Services Australia](#)  
**For privacy reasons you must redact your Individual Healthcare Identifier (IHI) before submitting**
- A NSW Health Vaccination Record Card for Healthcare Workers and Students (VRC)  
Hyperlink to [record-card-hcws-students.pdf \(nsw.gov.au\)](#)
- A childhood immunisation book (blue book) or school vaccine card
- A detailed immunisation summary on letterhead from your doctor, signed by your doctor or nurse and dated to confirm it is an accurate and correct record

All evidence must include at least your full name and DOB

The vaccination evidence must include the full date when each vaccination was given, brand name or batch number of the vaccination.

### Serology/Blood Test Results

Serology reports are acceptable or can be recorded on a vaccination record card.

The following details must be recorded:

- Date the test was conducted
- Test results in words or numbers (whichever is applicable)
- Signature and name of the person who or is transcribing/reading test results and the practice/facility stamp

The Undertaking Declaration Form - [Undertaking declaration.pdf \(nsw.gov.au\)](#)

(To avoid your declaration being returned to you. Read carefully, select & tick only one part for each part for parts 1-4 by ticking a box in the right hand column.)

The TB Assessment Tool - [tb-assessment-tool.pdf \(nsw.gov.au\)](#)

(Please check you have answered all parts A, B & C, answered all questions on the tool and completed the personal details on all pages)

Hepatitis B Vaccination Declaration - [Hepatitis B declaration.pdf \(nsw.gov.au\)](#)

(Only an appropriately trained assessor can witness the vaccination declaration – Doctor/Nurse Immuniser)

For digital copies of the above forms follow the link below

[Immunisation programs \(nsw.gov.au\)](#)

Code of Conduct Agreement

Read the NSW Health Code of Conduct PD2015\_049 - [NSW Health Code of Conduct](#)

Sign the Code of Conduct Declaration form at the end of the policy. Only return the signed Code of Conduct Agreement page, not the whole policy thank you.

Facilitators in ClinConnect

GL2018\_009 Guidelines for Clinical Placements in NSW Health.

Hyperlink - [GL2018\\_009.pdf \(nsw.gov.au\)](#)

Facilitators in ClinConnect Consent Form - [Facilitator Information in ClinConnect Consent Form - August 2022 \(nsw.gov.au\)](#)

National Criminal Record Check (NCRC) & Working with Children Check (WWCC)

Read the Working with Children Checks and Other Police Checks PD2019\_003

Hyperlink - [Working with Children Checks and Other Police Checks \(nsw.gov.au\)](#)

When applying for a police check and WWCC ensure your name is the same in all documents & your facilitator ID card. If not you will need to provide evidence of name change.

If you are a NSW Health employee you can email a colour copy of staff ID & facilitator ID to [HETI-StudentPlacements@health.nsw.gov.au](mailto:HETI-StudentPlacements@health.nsw.gov.au) and they will use the NSW Health police check and enter the details into your ClinConnect profile

Police check: you can apply from an Australian State or Territory Police Force, an Australian Criminal Intelligence Commission accredited body or the Australian Federal Police

[I need a check on myself | Australian Criminal Intelligence Commission \(acic.gov.au\)](#)

Working with Children Check: must be to work in NSW

Hyperlink - [Application process | Office of the Children's Guardian \(nsw.gov.au\)](#)

# Immunisation and Screening Evidence Checklist



	Evidence type	Comments
<b>COVID-19</b>		
	3 doses <u>of</u> a TGA approved or recognised COVID-19 vaccine	Refer to PD2022_030 page 35 & 36 Appendix 11.1.5. This evidence must be either a copy of your Immunisation History Statement or COVID-19 Certificate
<b>Diphtheria/tetanus/pertussis (dTpa) – you must provide a vaccination record, <u>blood test is not acceptable</u></b>		
	Vaccination received within the last 10yrs	This vaccine is part of the school vaccination program
<b>Hepatitis B – One of these options of vaccination evidence is required <u>AND blood test results</u></b>		
Option 1	3 doses at ages 2, 4, & 6 months <u>OR</u>	You may have received either 3 doses as a baby <u>OR</u> 2 doses at high school <u>OR</u> 3 doses
Option 2	2 doses between ages 10-15 years (school) <u>OR</u>	
Option 3	3 adult doses	
Option 4	Hepatitis B Vaccination Declaration – <b>witnessed by an approved assessor</b>	<b><u>If all attempts fail to obtain vaccination record</u></b>
<b><u>AND</u></b>	Blood test for Hepatitis B surface antibodies	<b><u>Must have blood test as well as vaccinations</u></b>
<b>Measles/Mumps/Rubella – One of these options of evidence is required</b>		
Option 1	2 doses <u>OR</u>	Blood test only <b><u>if no record of vaccination. For Rubella must record both numerical value and immunity status</u></b>
Option 2	IgG results for each disease <u>OR</u>	
Option 3	Born before 1966	
<b>Varicella – One of these options of evidence is required</b>		
Option 1	1 dose if given before the age of 14 years <u>OR</u>	Blood test only <b><u>if no record of vaccination</u></b>
Option 2	2 doses if given ≥14 years old <u>OR</u>	
Option 3	IgG results for varicella <u>OR</u>	
Option 4	History of chickenpox recorded in AIR	Will only be accepted if it is recorded in the Australian Immunisation Register (AIR) by a doctor
<b>Influenza</b>		
	Southern Hemisphere Influenza Vaccination received current year (before 1 <sup>st</sup> June)	Refer to PD2022_030, Appendix 11.1.5., page 35

### **Checklist of Documentation Required**

Please send colour copies for assessment of the following:

- Current colour copy of your Facilitator ID Card
- Record of Vaccination and Serological Confirmation of Protection
- Completed and signed NSW Health Undertaking/Declaration Form
- Completed and signed NSW Health Tuberculosis (TB) Assessment Tool
- Completed and signed NSW Health Code of Conduct Agreement
- Completed and signed Facilitators in ClinConnect Consent Form
- Colour copy of Australian National Criminal Record Check (NCRC)/ National Police Check (NPC)
- Working with Children Check (WWCC)

Assessment is in line with NSW Health policies and further documentation may be requested from you.

### **Further Information**

The link below is the NSW Health Education and Training (HETI) Clinical Placements Information Site, which provides useful information on how to complete the compliance requirements. It is for students but there is some information available for facilitators

[Student Compliance | HETI \(nsw.gov.au\)](#)

# Undertaking/Declaration Form

## Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases

1. This form must be completed by all new workers, students and existing staff applying for new positions or undergoing vaccination and screening requirements outlined in the NSW Health *Occupational Assessment, Screening and Vaccination against Specified Infectious Diseases Policy Directive* (the "**policy directive**"). This includes volunteers/facilitators/contractors (including visiting medical officers and agency staff) who provide services for or on behalf of NSW Health.
2. **Category A workers** as defined in the policy directive must complete:
  - each part of this document; **and**
  - each part of the *Tuberculosis (TB) Assessment Tool*; **and**
  - provide evidence of protection which may include a *NSW Health Vaccination Record Card for Category A Workers and Students*; **and**
  - provide evidence of protection for COVID-19 as specified in Appendix 1 of the policy directive *Evidence of protection*; **and**
  - provide evidence of protection (serological and/or vaccination) for other requirements as specified in Appendix 1 *Evidence of protection*; **and**
  - return these forms to the health facility with their application/enrolment or before attending their first clinical placement. (*Parent/guardian to sign if student is under 18 years of age*).

Category A workers will only be permitted to commence employment/attend clinical placements if they have submitted this form, have evidence of protection as specified in Appendix 1 *Evidence of protection* and submitted the *Tuberculosis (TB) Assessment Tool*.

Failure to complete outstanding hepatitis B, TB or COVID-19 vaccination requirements within the appropriate timeframe(s) will result in suspension from further clinical placements/duties and may jeopardise their course of study/ work/ employment.

3. **Category B workers** as defined in the policy directive must complete:
  - each part of this document; **and**
  - provide evidence of protection for COVID-19 as specified in Appendix 1 of the policy directive *Evidence of protection*; **and**
  - return this form to the health facility with your application/enrolment. (*Parent/guardian to sign if student is under 18 years of age*).

Category B workers will only be permitted to commence employment/attend placements if they have submitted this form and have evidence of COVID-19 protection as specified in Appendix 1 of the policy directive *Evidence of protection*.

Failure to complete outstanding COVID-19 vaccination requirements within the appropriate timeframe(s) will result in suspension from further placements/duties and may jeopardise their course of study/ work/ employment.

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

# Undertaking/Declaration Form

Occupational Assessment, Screening and  
Vaccination Against Specified Infectious Diseases



Part	Undertaking/Declaration (tick the applicable option)	✓
1	I have read, understand and agree to abide by the requirements of the NSW Health <i>Occupational Assessment, Screening and Vaccination against Specified Infectious Diseases Policy</i>	<input type="checkbox"/>
2	a. I consent to assessment and I undertake to participate in the assessment, screening and vaccination process and I am not aware of any personal circumstances that would prevent me from completing these requirements. <b>(OR)</b>	<input type="checkbox"/>
	b. <b>(For existing workers only)</b> I consent to assessment and I undertake to participate in the assessment, screening and vaccination process; however I am aware of medical contraindications that may prevent me from fully completing these requirements and am able to provide documentation of these medical contraindications. I request consideration of my circumstances.	<input type="checkbox"/>
3	<b>I have provided evidence of protection for hepatitis B as follows (Category A workers only):</b>	<input type="checkbox"/>
	a. history of an age-appropriate vaccination course, <u>and</u> serology result Anti-HBs $\geq 10$ mIU/mL <b>OR</b>	<input type="checkbox"/>
	b. history of an age-appropriate vaccination course and additional hepatitis B vaccine doses, however my serology result Anti-HBs is $< 10$ mIU/mL (non-responder to hepatitis B vaccination) <b>OR</b>	<input type="checkbox"/>
	c. documented evidence of anti-HBc (indicating past hepatitis B infection) or HBsAg+ <b>OR</b>	<input type="checkbox"/>
	d. I have received at least the first dose of hepatitis B vaccine (documentation provided) and undertake to complete the hepatitis B vaccine course (as recommended in <i>The Australian Immunisation Handbook</i> , current edition) and provide a post-vaccination serology result within six months of my initial verification process <b>OR</b> .	<input type="checkbox"/>
	e. I have provided evidence of a medical contraindication to hepatitis B vaccine (e.g. letter from a doctor); <b>AND</b> .	<input type="checkbox"/>
4	f. I have been informed of, and understand, the risks of infection, the consequences of infection and management in the event of exposure (refer Appendix 6 Specified Infectious Diseases: Risks and Consequences of Exposure) and agree to comply with the protective measures required by the health service and as defined by PD2017_013 Infection Prevention and Control Policy.	<input type="checkbox"/>
	<b>I have provided COVID-19 vaccination evidence as follows (Category A workers only):</b>	<input type="checkbox"/>
	a. Evidence of 3 doses of a Therapeutic Goods Administration (TGA) approved or recognised COVID-19 vaccine (in accordance with ATAGI minimum intervals); <b>OR</b>	<input type="checkbox"/>
5	b. Evidence that I have received at least two doses of a TGA approved or a recognised COVID-19 vaccine and will complete the required 3 dose schedule with a TGA approved COVID-19 vaccine, within the dosing time frame stipulated by the Australian Technical Advisory Group on Immunisation (ATAGI) <b>and</b> will provide evidence of completed vaccines within 6 weeks of the dose 3 due date; <b>OR</b>	<input type="checkbox"/>
	c. I have provided evidence of a temporary or permanent medical contraindication to all the available TGA approved COVID-19 vaccines, in the form of an Australian Immunisation Register (AIR) - immunisation medical exemption form (IM011). I understand that if the medical contraindication is temporary, I must be reviewed by the date specified on the Medical Contraindication Form; <b>OR</b>	<input type="checkbox"/>
5	<b>I have provided COVID-19 vaccination evidence as follows (Category B workers only):</b>	<input type="checkbox"/>
	a. Evidence of 2 doses of a Therapeutic Goods Administration (TGA) approved or recognised COVID-19 vaccine (in accordance with ATAGI minimum intervals); <b>OR</b>	<input type="checkbox"/>
5	b. I have provided evidence of a temporary or permanent medical contraindication to all the available TGA approved COVID-19 vaccines, in the form of an Australian Immunisation Register (AIR) - immunisation medical exemption form (IM011). I understand that if the medical contraindication is temporary, I must be reviewed by the date specified on the Medical Contraindication Form.	<input type="checkbox"/>

Declaration: I,  declare that the information provided is correct

Full name  Worker cost centre (if available)

Parent/guardian name  Parent/guardian signature

*(for workers/students under 18 years)*

D.O.B  Worker/Student ID (if available):

Medicare number  Position on card  Expiry date

Email

NSW Health agency / Education provider

Signature  Date

# Tuberculosis (TB) Assessment Tool

## Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases

### Your Personal Information

Family Name		Given Name(s)	
<input type="text"/>		<input type="text"/>	
Date of Birth		Phone Number	
<input type="text"/>		<input type="text"/>	
Medicare Number <i>[if eligible]</i>	Position on card <i>[number next to your name]</i>	Expiry Date	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address (street number and name, suburb and postcode)			
<input type="text"/>			
Email			
<input type="text"/>			
Employer/Education Provider		Stafflink/Student/Other ID	
<input type="text"/>		<input type="text"/>	
Course/Module of Study OR Place of Work			
<input type="text"/>			
Signature		Date completed	
<input type="text"/>		<input type="text"/>	

Please complete all questions in Parts A, B and C.

### Part A: Symptoms requiring investigation to exclude active TB disease

Do you currently have any of the following symptoms that are not related to an existing diagnosis or condition that is being managed with a doctor?	Yes	No
1. Cough for more than 2 weeks?	<input type="radio"/>	<input type="radio"/>
2. Episodes of haemoptysis (coughing blood) in the past month?	<input type="radio"/>	<input type="radio"/>
3. Unexplained fevers, chills or night sweats in the past month?	<input type="radio"/>	<input type="radio"/>
4. Significant* unexpected weight loss over the past 3 months? <small>*loss of more than 5% of body weight</small>	<input type="radio"/>	<input type="radio"/>

# Tuberculosis (TB) Assessment Tool



Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases

Family Name

Given Name(s)

Stafflink/Student/Other ID

Part B: Previous TB treatment or TB screening or increased susceptibility	Yes	No
<b>Have you ever been treated for active TB disease or latent TB infection (LTBI)?</b> If Yes, please state the year and country where you were treated and provide documentation (if available)	<input type="radio"/>	<input type="radio"/>
Year <input type="text"/> Country <input type="text"/>		
<b>Have you ever had a positive TB skin test (TST) or blood test (IGRA or QuantiFERON TB Gold+)?</b> If Yes, please provide copies of TB test results.	<input type="radio"/>	<input type="radio"/>
<b>Have you ever had a chest X-ray that was reported as abnormal?</b>	<input type="radio"/>	<input type="radio"/>
<b>Have you ever been referred to or reviewed in a TB service/chest clinic in Australia?</b>	<input type="radio"/>	<input type="radio"/>
<b>Do you have any medical conditions that affect your immune system?</b> e.g. cancer, HIV, auto-immune conditions such as rheumatoid arthritis, renal disease	<input type="radio"/>	<input type="radio"/>
<b>Are you on any regular medications that suppress your immune system?</b> e.g. TNF alpha inhibitors, high dose prednisone Please provide details here:	<input type="radio"/>	<input type="radio"/>
<input type="text"/>		

Part C: TB exposure risk history					
The following questions explore possible exposure to TB at any time in your life (or since last TB Assessment)					
1. Have you had direct contact with a person with infectious pulmonary TB and did not complete contact screening?			Yes	No	
			<input type="radio"/>	<input type="radio"/>	
2. In what country were you born?			<input type="text"/>		
If born overseas, when did you migrate to Australia?			<input type="text"/>		
3. Is your country of birth on the list of high-TB-incidence countries? <small>For the up-to-date list of high TB incidence countries, please go to <a href="https://www.health.nsw.gov.au/Infectious/tuberculosis/Pages/high-incidence-countries.aspx">https://www.health.nsw.gov.au/Infectious/tuberculosis/Pages/high-incidence-countries.aspx</a></small>			Yes	No	
			<input type="radio"/>	<input type="radio"/>	
3a. If Yes, as part of your visa medical assessment, did you have a negative TB skin test (TST) or blood test (IGRA or QuantiFERON TB Gold+)? <small>*If yes, please provide a copy of the result</small>			<input type="radio"/>	<input type="radio"/>	
4. Have you ever visited or lived in any country/ies with a high TB incidence? <small>If Yes, please list below the countries you have visited, the year of travel and duration of stay</small>			<input type="radio"/>	<input type="radio"/>	
Country visited	Year of travel	Duration of stay (please specify d/w/m)	Country visited	Year of travel	Duration of stay (please specify d/w/m)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



# Tuberculosis (TB) Assessment Tool



Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases

Family Name

Given Name(s)

Stafflink/Student/Other ID

## Other relevant information to assist with determining TB risk

**E.g. pre-migration TB screening - CXR reported as normal and negative IGRA on**

Date

**All workers and students** need to submit this form to their NSW health agency or education provider.

**Education providers** must forward this form to the NSW Health agency for assessment.

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

NSW TB Services contact details:

<https://www.health.nsw.gov.au/Infectious/tuberculosis/Pages/accessing-your-local-TB-service.aspx>

**Privacy Notice:** Personal information about students and employees collected by NSW Health is handled in accordance with the Health Records and Information Privacy Act 2002. NSW Health is collecting your personal information to meet its obligations to protect the public and to provide a safe workplace as per the current Occupational Assessment Screening and Vaccination Against Specified Infectious Diseases Policy Directive. All personal information will be securely stored, and reasonable steps will be taken to keep it accurate, complete and up to date. Personal information recorded on this form will not be disclosed to NSW Health officers or third parties unless the disclosure is authorised or required by or under law. If you choose not to provide your personal information, you will not meet the condition of placement. For further information about how NSW Health protects your personal information, or to learn about your right to access your own personal information, please see our website at [www.health.nsw.gov.au](http://www.health.nsw.gov.au)

## For Official Use of NSW Health Agency or NSW TB Service

**Please refer to Appendix 3 - TB Assessment Decision Support Tool for guidance on documenting outcomes from this**

**TB Assessment:**

- TB Compliant
- Advice sought from local TB service/chest clinic
- TB Screening required – referred to GP or local TB service/chest clinic
- TB Clinical Review required – referred to local TB service/chest clinic
- Other

Name of assessor and role

Contact Number

Health Agency/District/Network

Date of assessment

- 4.5.1 Keep confidential all personal information and records, including not discussing or providing information on social media that could identify patients or divulge patient information
- 4.5.2 Not use or release official information or records without proper authority
- 4.5.3 Maintain the security of confidential and / or sensitive information, including that stored on communication devices
- 4.5.4 Not disclose, use or take advantage of information obtained in the course of official duties, including when they cease to work in NSW Health.

**4.6 Maintain professional relationships with patients or clients.**

Staff must:

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

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

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

..... *Print name*

..... *Signature*

..... *Date*

## Attachment 1: Facilitators in Clinconnect

This document is to be provided to all facilitators prior to them commencing work in a NSW Health facility.

### What is ClinConnect?

ClinConnect is a NSW Health state-wide secure database which is used for managing clinical placements within NSW Health. Authorised staff employed by Educational Institutions receive access to ClinConnect in order to request and book clinical placements and assign students.

### Facilitators and ClinConnect

Facilitators (or student supervisors) who are employed by the Educational Institution will have their details entered into ClinConnect. The main reason for this is to ensure compliance with NSW Health's mandatory requirements. The Educational Institution is responsible for entering a facilitator's details into ClinConnect.

### Who can view my details in ClinConnect?

ClinConnect is a secure database. Only authorised users with approved access can view or amend the details for facilitators in ClinConnect. This includes users from both NSW Health and Educational Institutions. All users of ClinConnect are bound by the relevant confidentiality agreement appropriate to their employing institution.

### Why does NSW Health want to collect my email address and Stafflink ID?

If you are an employee of NSW Health, you will have a Stafflink ID (employee ID). Your Stafflink ID may be used to provide you with access to the NSW Health Online Learning Management System so that you can complete mandatory training courses if required. Please inform NSW Health if you are a current NSW Health employee.

### Facilitator Mandatory Requirements

Please ensure you complete NSW Health's mandatory compliance requirements prior to commencing work as a facilitator in NSW Health facilities. Your compliance with these requirements will be verified by NSW Health and entered into ClinConnect. If you do not meet these requirements prior to commencing your work as a facilitator, you will not be able to commence work in this role. Please note that you may also need to be verified again upon expiry of your documentation, e.g. National Criminal Record Check, Working with Children Check, Professional Registration.

For further information regarding these requirements or your compliance status, please contact the Educational Institution or Agency who is employing you in this role.

## Attachment 2: Facilitators in Clinconnect Consent Form

Please fill in the details below:

First Name\* \_\_\_\_\_

Middle Name \_\_\_\_\_

Surname\* \_\_\_\_\_

Preferred Name (if applicable) \_\_\_\_\_

Date of Birth\* \_\_\_\_\_

Stafflink ID (if applicable) \_\_\_\_\_

Discipline\* (Profession) \_\_\_\_\_

Email address\* \_\_\_\_\_

Professional Registration Number\* \_\_\_\_\_

Professional Registration Expiry Date\* \_\_\_\_\_

*\*Denotes Mandatory Information*

### Declaration

I give consent for my personal details listed above to be stored in the ClinConnect database. I understand that my details will only be used for the purposes of:

- managing my compliance with NSW Health's mandatory requirements and
- informing NSW Health when I will be performing in the role of a facilitator

Signed \_\_\_\_\_



Date \_\_\_\_\_

