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Employee Movement Form - Permanent

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 completed to document changes to an existing employee's position, status or terms of employment. Please complete all sections indicating N/A where relevant. Employees inherit the characteristics of the positional information (including cost centre). Employees must be moved into a position which is costed appropriately.

Employee Details

Person ID: [REDACTED] Personnel assignment number (PAN): [REDACTED] Please indicate (✓) here if you work in more than one position in QLD Health.

Title: **Mr** Family name: **WALDER** First name/s: **ADRIAN**

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

Proposed Position

Request to Fill a Vacancy Form attached

Position Number: **3 0 4 6 9 7 1 1** Position title: **CLINICAL NURSE- HIGH SECURE HIGH ACUITY- DAINTREE**

Start date: **03-02-2014** Classification: **GRADE 6** Probationary Period: **N/A** months

Organisational unit number: **7 0 0 7 1 5 7 4** Organisational unit name: **HIGH SECURE HIGH ACUITY- DAINTREE**

Facility address: **THE PARK CENTRE FOR MENTAL HEALTH** Job advertisement reference (if applicable): [REDACTED]

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

New Employment and Payroll Details

Appointment type
Internal temporary employee Internal permanent employee Other public sector employee Priority placement employee

Employment basis
Full-time Part-time Casual Other Please Specify: **0.5 to DAINTREE**
Split between 2 posn. nos
No part-time hours/fortnight (hh:mm): **0.5 to WONDALLA-30477090**

First Day Contact Name: **FELICITY MORGAN** First day contact phone number: [REDACTED]

Award/EBA Name: **Queensland Health Nurses and Midwives Award - State 2012 - Section C - Psychiatric Hospitals and Eventide H**

Staff Movement Details

Reason for vacancy: **VACANT**

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 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.

This area is provided for ease of filing.



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Employee Reference Person ID Personnel assignment number (PAN)

[Redacted]

[] [] [] [] [] [] [] [] [] []

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 (e.g. 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 (i.e. 7.6)	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)					Start time (hh:mm)	End time (hh:mm)	
Monday						Monday					
Tuesday						Tuesday					
Wednesday						Wednesday					
Thursday						Thursday					
Friday						Friday					
Saturday						Saturday					
Sunday						Sunday					
Total weekly hours						Total weekly hours					

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

Pre-Employment Checks

Criminal History Check completed* (Please attach a copy of email confirmation)

If Criminal History Check not required, please insert reason below

Current QLD Health employee

*In accordance with Queensland Health Criminal Checking policy, no offer of employment can be made until completion of a relevant criminal history check (refer Queensland Health policy B40 for exclusions)

Working with Children check (Blue Card) (if applicable) Status Expiry date

Other (if applicable) Please specify Status

Qualification Payments

Does the employee possess any approved qualifications that will entitle them to additional payment (e.g. relevant AQF qualifications) under Queensland Health policy?

No Yes If yes, please provide details here:

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

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