

New Appointment - Checklist for on-boarding

To accept this offer and ensure your appointment, you are required to read, complete and immediately return this Onboarding Documentation Pack, along with a signed copy of your employment contract and the documents listed below to: via email: northerndoctorsworkforce@nh.org.au

The items listed with an asterisk (*) are Required

Northern Doctors - Junior Medical Workforce Unit (JMWU)
Northern Health
185 Cooper Street, Epping, Victoria 3076

CHECKLIST

• Letter of appointment/contract *	
• Position description	
• Fit2Work National Criminal History Record Check consent form * - <i>(not required for joint Austin JMOs)</i>	
• 4 points of Photo Identification for Fit2Work Check * <i>(please ensure you meet the identification criteria listed)</i>	
• Proof of current registration with the Australian Health Practitioner Regulation Agency *	
• Current Victorian (Employee) Working With Children Check * <i>(please provide copy of your WWCC card)</i>	
• Staff Health (Immunisation) Questionnaire* <i>(With appropriate evidence)</i>	
• JMO Personal Details Form *	
• Banking Details Form *	
• Tax File Number Declaration *	
• Superannuation Fund Nomination *	
• JMO Medicare Provider and Prescriber Form * <i>(Form downloaded from https://www.humanservices.gov.au/organisations/health-professionals/forms/hw019)</i>	
• Salary Packaging form	
• Junior Medical Staff Association membership form	
• Sent Items to northerndoctorsworkforce@nh.org.au	

Northern Doctors - Junior Medical Workforce Unit (JMWU)

The Northern Doctors JMWU is located on the Ground Floor – Area A5 (opposite the courtyard).

Key Contacts – Medical Workforce Unit

Name	Position	Number	E-Mail
Michelle Rovetto	Manager of Junior Medical Workforce	x58045	Michelle.rovetto@nh.org.au
Elijah Armour	DiT Co-Ordinator Emergency Services	x52044	Elijah.Armour@nh.org.au
Joshua Wallace	DiT Co-Ordinator Surgical & Critical Care Services	x52584	Joshua.Wallace@nh.org.au
Debra Hutchinson	DiT Co-Ordinator Medical, Cardiology, Cancer & Sub Acute Services	x58209	Debra.Hutchinson@nh.org.au
Zach Vidorin	Women's & Children's (Paeds & O&G) & Mental Health	x52370	Zach.Vidorin@nh.org.au
Sarah Moscatello	Administration Services	x58276	Sarah.Moscatello@nh.org.au
Sumesh Grover	Administration & After Hours Services	x58276	Sumesh.Grover@nh.org.au

The Northern Doctors Workforce team are here to support your onboarding and ongoing employment with Northern Health. Please feel free to contact any of the above members with any queries.

Site Information

The Northern Hospital (TNH)	185 Cooper Street, Epping VIC 3076 P: (03)8405-8000
Broadmeadows Hospital (BH)	35 Johnstone Street, Broadmeadows 3047
Bundoora Extended Care Centre (BECC)	1231 Plenty Road, Bundoora 3083
Craigieburn Health Service (CHS)	274-304 Craigieburn Road, Craigieburn 3064
Panch Health Service	300 Bell St, Preston 3072

Car Parking

Car parking is available on each site and you can elect to have the cost of car parking deducted from your pay prior to tax. At the TNH site the staff car park is located at the rear of the hospital with access points, card readers / boom gate entry accessed from Cooper Street and High Street. An afternoon car park with parking closer to the hospital is accessible from 11:30am.

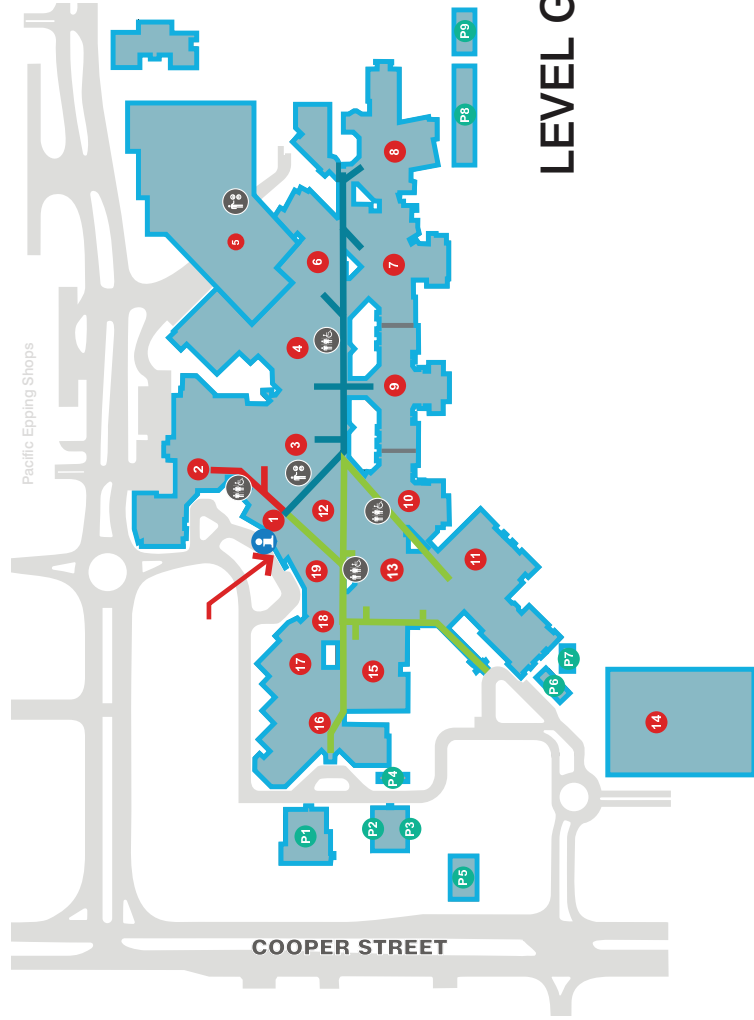
Bike Parking

For those who cycle to work TNH offers a secure bicycle parking area at a cost deducted via payroll. It is located adjacent to the boom gate of the staff car park opposite Epping Plaza (opposite JB stores loading dock).

Staff Dining Room and Café

The staff dining room is located on Level 1 above the Henry's Café which is located opposite the main hospital entrance. To access the staff dining room staff must use their Identification card to swipe and open the entrance door (entrance door is located at the back of the Henry's Café). The staff dining room provides facilities and cutlery for staff wishing to bring in and heat up their own meals.

The Northern Hospital Wayfinding Map FINAL STAGE



LEGEND

- █ Corridor A
- █ Corridor B
- █ Corridor C

Access to Levels
1 and 2 via Lift

- YOU ARE HERE
- AREA NUMBER
- PORTABLES
- TOILETS
- LIFTS

You are going to:

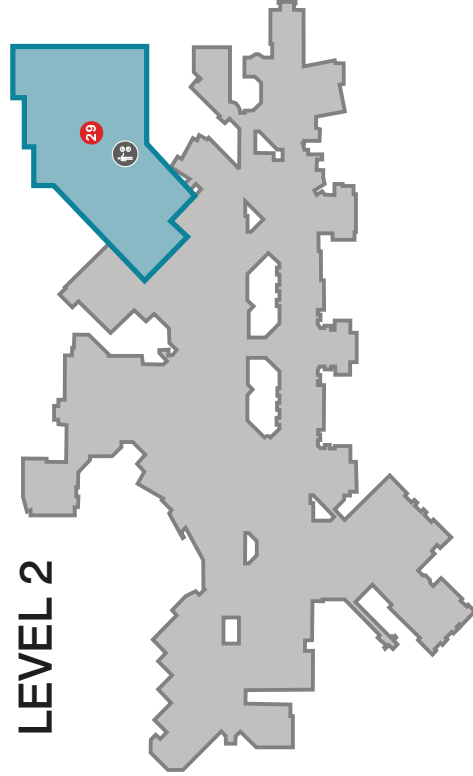
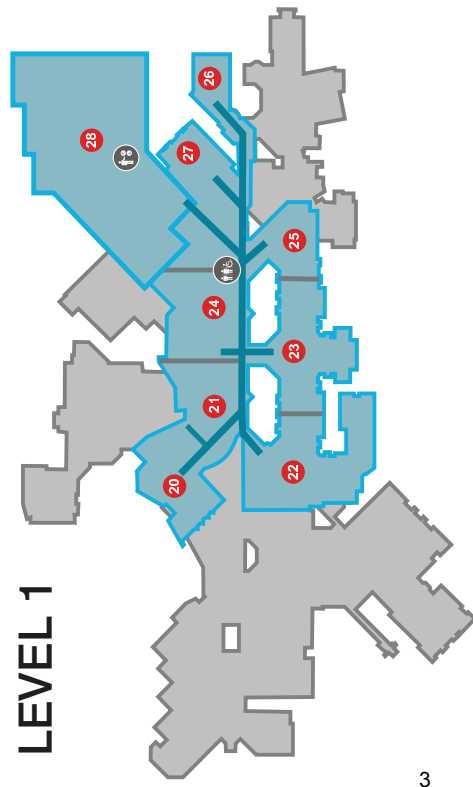
On Level:

Take Stairs or Lift: Yes / No

Follow Corridor:

To Area:

Notes:



'outstanding Health care for our community'

DEPARTMENT**LEVEL / AREA****DEPARTMENT****LEVEL / AREA****EMERGENCY**

G / 2
G / 2

- Short Stay Unit

MEDICAL IMAGING

G / 2
G / 3
G / 2
G / 2
G / 2

- CT
- MRI
- Ultrasound
- X-Ray
- Nuclear Medicine

OUTPATIENTS

G / 13
G / 13
G / 13
G / 13
G / 18
G / 19
G / 10

- Outpatients A
- Outpatients B
- Outpatients C
- Outpatients D
- Outpatients E
- Cardiology Outpatients
- Children's Outpatients

WARDS

G / 11
G / 11
G / 9
G / 9
L1 / 23
L1 / 23
L1 / 27
L2 / 29
L1 / 22
G / 10
L1 / 25
L1 / 22
L1 / 22
G / 7
G / 8

- Unit A
- Unit B
- Unit D
- Unit G
- Unit H
- Unit I
- Unit J
- Unit T2
- Birthing Suite
- Children's Ward
- Intensive Care Unit
- Maternity Unit
- Neonatal Unit
- Northern Psychiatric Unit 1
- Northern Psychiatric Unit 2

DEPARTMENT

G / 15
G / 15
G / 1
G / 4
G / 3
G / 19
G / 1
G / 19
G / 17
L1 / 26
G / 10
L1 / 21
L1 / 20
L1 / 20
G / 4
L1 / 20
G / 4
G / 15
G / 10
G / 4
G / 1
G / 19
G / 17
G / 17
G / 6
G / 14
G / 15
G / 15
L1 / 24
G / 1
G / 18
G / 6
G / 17
G / 13
G / 15
G / 18
G / 15

- Aboriginal Liaison
- Allied Health Services
- Café
- Cardiac Catheter Laboratory
- Cardiology Investigations
- Cashier
- Chapel
- Client Data Management
- Conference Rooms
- Corporate Office
- Day Oncology Unit
- Day Procedure Unit
- Department of Anaesthesia
- Elective Surgery Centre
- Engineering Department
- Executive Administration
- Food Services
- Hand Therapy
- In Centre Dialysis Unit
- Infection Prevention Department
- Main Reception
- Maternity Assessment Centre
- Medical Education Unit
- Medical Library
- Mortuary
- Northern Centre for Health Education & Research
- Nutrition & Dietetics
- Occupational Therapy
- Operating Theatre Suite
- Pastoral Care
- Pathology Collection
- Pathology Department
- People & Culture Department
- Pharmacy
- Physiotherapy
- Podiatry High Risk Foot Service
- Social Work

DEPARTMENT

- Speech Pathology
- Stomal Therapy
- Supply Department
- TNH Lecture Theatre
- Tower
- Transit Lounge
- Wound Clinic

PLENTY VALLEY COMMUNITY HEALTH

- Community Health
- Community Mental Health
- Community Nursing
- Counselling
- Dental
- Drug & Alcohol Services
- Nutrition & Dietetics
- Occupational Therapy
- Physiotherapy
- Podiatry
- Speech Pathology

PORTABLES

- Ambulatory and Community
- Community Services
- Engagement Services
- Environmental Support Services
- Finance
- ICT Department
- Legal Services
- Northern Health University of Melbourne Research Centre
- Patient Experience
- Plenty Valley Community Health - East Wing
- Plenty Valley Community Health - West Wing
- Quality Department
- RosterOn
- Transcultural and Language Services

4 **FINAL STAGE**

'Outstanding Health care for our community'

Northern Health

Code of Conduct and Ethics Summary

What is the Code of Conduct and Ethics?

The Code of Conduct and Ethics provides us with a set of practical principles to help make decisions in our day to day work, wherever we are and in whatever we do.

Northern Health's Code of Conduct and Ethics principles are:

1. We live the values and demonstrate professional behaviour
2. We work collaboratively, communicate with respect and maintain a safe workplace
3. We resolve conflict appropriately and identify any conflicts of interest
4. We respect and maintain privacy and confidentiality
5. We comply with this code and Northern Health policies, procedures and guidelines
6. We immediately report any breaches of the Code of Conduct or Northern Health policies, procedures and guidelines.

Northern Health takes the Code of Conduct and Ethics and supporting policies and procedures very seriously. As someone working within Northern Health you are required to comply with the principles and spirit of the Code of Conduct and Ethics and all Northern Health policies and procedures.

Why do we have a Code?

To provide everyone with a clear idea of how we are all expected to behave when working at or with Northern Health. The Code also builds on the values and principles set out in the Public Administration Act 2004 and the Code of Conduct for Victorian Public Sector Employees.

Who does the Code apply to?

This Code applies to anyone who is employed by or works at Northern Health, including employees (both permanent and temporary), volunteers, contractors and consultants.

When does the Code apply?

The Code applies to you whenever you are identified as a representative of Northern Health. In some circumstances this will include times when you are outside your immediate workplace or working hours.

What will happen if I breach the Code?

Allegations of failure to comply with the principles of the Code or a related policy or procedure will be taken seriously and investigated. Substantiated breaches of the Code or related policies will result in disciplinary action. This may range from a verbal warning through to the termination of your employment for serious breaches.

Who can support me in complying with the Code?

If you need more information, are unsure of Northern Health's expectations or your obligations we encourage you to speak with your manager. Your People and Culture representative can also provide assistance where necessary.

Practical
principles to help
make decisions
in our day to day
work.

Junior Medical Officer Personal Details Form

Personal Details

Position	<input type="checkbox"/> Intern	<input type="checkbox"/> HMO	<input type="checkbox"/> Registrar	<input type="checkbox"/> Fellow
Start date	<input type="text"/>		End date	<input type="text"/>
Firstname	<input type="text"/>			
Preferred name	<input type="text"/>			
Surname	<input type="text"/>			
Date of Birth	<input type="text"/>		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address	<input type="text"/>			
Suburb	<input type="text"/>			
State	<input type="text"/>		Postcode	<input type="text"/>
Phone	<input type="text"/>		Mobile	<input type="text"/>
Email	<input type="text"/>			

Citizen / Residency Status

Australian Citizenship	Yes	Visa Type	<input type="text"/>	Visa Expiry	<input type="text"/>
	No	Visa TRN	<input type="text"/>	Visa Sponser	<input type="text"/>

Emergency Contact Person Details

Firstname	<input type="text"/>			
Surname	<input type="text"/>			
Relationship	<input type="text"/>		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address	<input type="text"/>			
Suburb	<input type="text"/>			
State	<input type="text"/>		Postcode	<input type="text"/>
Phone	<input type="text"/>		Mobile	<input type="text"/>
Email	<input type="text"/>			

WWCC Card Number	<input type="text"/>	Expiry	<input type="text"/>
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Bank Account Details

Firstname		
Preferred name		
Surname		
Email		Mobile
Signature		

Bank Account No. #1

Account Name		
Bank		(eg: Commonwealth, ANZ etc.)
BSB		(Branch No. must be 6 digits)
Account Number		(Account No. maximum of 9 digits)

Please state your bank account number from your bank statement NOT the number on your credit card/savings card)

Bank Account No. #2

Amount to be deposited	\$	
Account Name		
Bank		(eg: Commonwealth, ANZ etc.)
BSB		(Branch No. must be 6 digits)
Account Number		(Account No. maximum of 9 digits)

Please state your bank account number from your bank statement NOT the number on your credit card/savings card)

Bank Account No. #3

Amount to be deposited	\$	
Account Name		
Bank		(eg: Commonwealth, ANZ etc.)
BSB		(Branch No. must be 6 digits)
Account Number		(Account No. maximum of 9 digits)

Please state your bank account number from your bank statement NOT the number on your credit card/savings card)

Superannuation Fund Nomination Details

As an employee of Northern Health, you have the option of either:

- 1) Electing to have your superannuation contributions directed to one of the two funds - First State Super or Hesta (COMPLETE THIS SECTION BELOW)

OR

- 2) Electing to choose your own superannuation fund (COMPLETE THE ATO SUPERANNUATION STANDARD CHOICE FORM)

Personal Details

Firstname			
Preferred name			
Surname			
Email		Mobile	
Signature			

Under the Superannuation Guarantee Act 1992 Northern Health is required to contribute to a complying superannuation fund on the behalf of each employee an amount of 9.50% based on an employee's "superable salary".

Details of fund can be obtained from First State Super on 1800 331 719 or Hesta on 1800 813 327.

Super Fund Choice

I elect to have my superannuation contributions directed to:

<input type="checkbox"/>	First State Super	Member number:	<input type="text"/>
<input type="checkbox"/>	HESTA	Member number:	<input type="text"/>
<i>If you are not already a member, a member number will be allocated by the fund and details sent to you directly.</i>			
<input type="checkbox"/>	Choose my own Super Fund	➔ COMPLETE THE ACCOMPANYING STANDARD SUPER CHOICE FORM	

Superannuation (super) standard choice form

WHEN TO USE THE FORM

Employers

Use this form to offer eligible employees their choice of super fund. You must fill in the details of your nominated super fund, also known as your default fund, before giving the form to employees.

Give this form to an employee when:

- you hire a new employee who is eligible to choose a super fund
- an existing eligible employee asks you for it
- you can no longer contribute to an employee's nominated super fund or it is no longer a complying fund
- you change your employer-nominated super fund and need to advise employees affected by this change.

Employees

Use this form to advise an employer of your choice of super fund.

You must provide the required information so your employer can make contributions to your nominated super fund.

ABOUT THE FORM

The *Standard choice form* has three sections:

- section A, which the employee completes by providing details of their choice of super fund, together with supporting documents.
- section B, which the employer completes by providing details of their nominated super fund (before they give the form to an employee).
- section C, which the employer completes to document the choice process for an employee.

Employers must retain the returned form as their record of the choice process. Completed forms must be retained for five years.

! Superannuation reform changes – SuperStream

SuperStream is a new standard for the way employers pay contributions and send information to super funds. This form collects information that employers will need when using SuperStream.

SECTION A: EMPLOYEE TO COMPLETE

If you choose your own super fund you will need to obtain current information from your fund to complete items 3 or 4.

Item 3

Nominating your APRA fund or RSA

Complete this item if you are nominating your own APRA fund (fund regulated by the Australian Prudential Regulation Authority) or a retirement savings account (RSA).

You must include the unique superannuation identifier (USI) provided by your fund.

You must attach a letter from the fund trustee or RSA provider confirming that the fund or RSA:

- is a complying fund or RSA, and
- will accept payments from your employer.

This letter may contain other information to help your employer make super contributions using the SuperStream standard.

Item 4

Nominating your self-managed super fund (SMSF)

Complete this item if you are nominating a self-managed super fund (SMSF).

You must include your SMSF's ABN, bank account details and electronic service address (ESA) (so the fund can receive electronic messages and payments from your employer using SuperStream).

➤ FIND OUT MORE

ato.gov.au/SMSFSuperStream – for information about how SuperStream applies to SMSFs

If you are using an SMSF message service provider they will provide you with an electronic service address alias to include as the ESA on the form.

You must attach copies of the following documents to support your SMSF choice:

- a document confirming that the fund is regulated – this can be printed from superfundlookup.gov.au
- a letter from the trustee of the SMSF confirming that the fund will accept payments from your employer – if you are the trustee, or a director of the corporate trustee, you can confirm acceptance by placing an 'X' in the relevant box on the form.

Things you should know

- Your employer is not liable for the performance of the super fund you or they nominate
- You should not seek financial advice from your employer unless they are licensed to provide it
- Your employer is only required to accept one choice of fund from you in a 12-month period; however, they may accept more
- Your employer has two months after you return this form to them to action your request
- Any money you have in existing funds will remain there unless you arrange to transfer it (roll it over) to another fund – check the impact of any exit fees you will incur or benefits you may lose before leaving the fund (your employer cannot do this for you)
- If you quote your TFN to your employer for super purposes, they must provide it to the super fund

You may have lost super

- It is important to keep track of your super – if you've ever changed your name, address or job, you may have lost track of some of your super
- Having several super accounts could mean that fees and charges are reducing your overall super investment
- You can register for our online services and use SuperSeeker to check all your super accounts, find any lost or ATO-held super and transfer your super into one account using a simple online form

➤ FIND OUT MORE

- ato.gov.au/superseeker
- ato.gov.au/super – for information about super or choosing a super fund
- moneysmart.gov.au (on the Australian Securities & Investment Commission [ASIC] website) – search for 'choose super fund' for tips on how to choose a fund

SECTIONS B & C: EMPLOYER TO COMPLETE

If an employee nominates their own super fund, they will provide information at section A that will assist you to prepare for, and make contributions to super funds using SuperStream.

➤ FIND OUT MORE

ato.gov.au/simplifyingSuperStream – for more information on SuperStream.

Section B

Complete section B before giving this form to your employee. The super fund you nominate must be authorised to offer a MySuper product. If you need to confirm your MySuper arrangements contact your default super fund.

Sign and date this section on the day you give the form to your employee.

Section C

Complete section C after your employee returns this form to you. Record the date you accept your employee's choice of fund and the date that you act on the choice. Retain the form with your records. Do not send the form to the ATO or to super funds.

➤ FIND OUT MORE

- ato.gov.au/employersuper – for more information on super, offering an employee a choice of fund or paying super contributions
- apra.gov.au/RSE – to find a super fund authorised to offer a MySuper product

Things you should know

- The quarterly* due dates for super contributions are:
 - 28 October
 - 28 January
 - 28 April
 - 28 July
- If you have not received an employee's completed form and a super contribution is due, you must make the payment to your nominated fund by the due date
- In the two months after you receive an employee's completed form, you can pay their super contributions to either the fund you have nominated or the fund they have nominated
- After the two-month period, you must make contribution payments to the fund the employee has nominated
- You do not have to action an employee's fund nomination if they have nominated a fund in the previous 12 months; however, you may choose to action their request

➤ FIND OUT MORE

- phone **13 10 20** between 8am and 6pm, Monday to Friday, to speak to a tax officer
- phone our publications ordering service on **1300 720 092** for copies of our publications
- write to us at
Australian Tax Office
PO Box 3578
Albury NSW 2640

➤ HELP

- If you do not speak English well and want to talk to a tax officer, phone the Translating and Interpreting Service on **13 14 50** for help with your call.
- If you have a hearing or speech impairment and have access to appropriate TTY or modem equipment, phone **13 36 77**. If you do not have access to TTY or modem equipment, phone the Speech to Speech Relay Service on **1300 555 727**.

* You can pay contributions more regularly than quarterly. For example, some employers pay fortnightly or monthly based on employee workplace agreements or arrangements with super funds.

OUR COMMITMENT TO YOU

We are committed to providing you with accurate, consistent and clear information to help you understand your rights and entitlements and meet your obligations.

If you follow our information in this publication and it turns out to be incorrect, or it is misleading and you make a mistake as a result, we must still apply the law correctly. If that means you owe us money, we must ask you to pay it but we will not charge you a penalty. Also, if you acted reasonably and in good faith we will not charge you interest.

If you make an honest mistake in trying to follow our information in this publication and you owe us money as a result, we will not charge you a penalty. However, we will ask you to pay the money, and we may also charge you interest. If correcting the mistake means we owe you money, we will pay it to you. We will also pay you any interest you are entitled to.

If you feel that this publication does not fully cover your circumstances, or you are unsure how it applies to you, you can seek further assistance from us.

We regularly revise our publications to take account of any changes to the law, so make sure that you have the latest information. If you are unsure, you can check for more recent information on our website at ato.gov.au or contact us.

This publication was current at **August 2014**.

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COMMONWEALTH OF AUSTRALIA, 2014**

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PUBLISHED BY

Australian Taxation Office
Canberra
August 2014

JS 31287



For use by employers when offering employees a choice of fund and by employees to advise their employer of their chosen fund.

Section A: Employee to complete

1 Choice of superannuation (super) fund

I request that all my future super contributions be paid to: (place an in one of the boxes below)

The APRA fund or retirement savings account (RSA) I nominate Complete items 2, 3 and 5

The self-managed super fund (SMSF) I nominate Complete items 2, 4 and 5

The super fund nominated by my employer (in section B) Complete items 2 and 5

2 Your details

Name

Employee identification number (if applicable)

Tax file number (TFN)

! You do not have to quote your TFN but if you do not provide it, your contributions may be taxed at a higher rate. Your TFN also helps you keep track of your super and allows you to make personal contributions to your fund.

3 Nominating your APRA fund or RSA

You will need current details from your APRA regulated fund or RSA to complete this item.

Fund ABN

Fund name

Fund address

Suburb/town

State/territory

Postcode

Fund phone

Unique superannuation identifier (USI)

Your account name (if applicable)

Your member number (if applicable)

Required documentation

You need to attach a letter from your fund stating that they are a complying fund and that they will accept contributions from your employer. Correct information about your super fund is needed for your employer to pay super contributions.

4 Nominating your self-managed super fund (SMSF)

You will need current details from your SMSF trustee to complete this item.

Fund ABN

Fund name

Fund address

Suburb/town

State/territory

Postcode

Fund phone

Fund electronic service address (ESA)

Fund bank account

BSB code (please include all six numbers)

Account number

Required documentation

You need to attach a document confirming the SMSF is an ATO regulated super fund. You can locate and print a copy of the compliance status for your SMSF by searching using the ABN or fund name in the Super Fund Lookup service at <http://superfundlookup.gov.au/>

If you are the trustee, or a director of the corporate trustee you can confirm that your SMSF will accept contributions from your employer by making the following declaration (place an 'X' in the box below):

I am the trustee, or a director of the corporate trustee of the SMSF and I declare that the SMSF will accept contributions from my employer.

If you are not the trustee, or a director of the corporate trustee of the SMSF, then you must attach a letter from the trustee confirming that the fund will accept contributions from your employer.

5 Signature and date

If you have nominated your own fund in Item 3 or 4, check that you have attached the required documentation and then place an 'X' in the box below.

I have attached the relevant documentation.

Signature

Date

Day

Month

Year

 / /

Return the completed form to your employer as soon as possible.

Section B: Employer to complete

You must complete this section before giving the form to an employee who is eligible to choose the super fund into which you pay their super contributions.

! Sign and date the form when you give it to your employee.

6 Your details

Business name

ABN

Signature

Date

Day: / Month: / Year:

7 Your nominated super fund

If the employee does not choose their own super fund, you are required to pay super contributions on their behalf to the fund that you have nominated below:

Super fund name

Unique superannuation identifier (USI)

Phone (for the product disclosure statement for this fund)

Super fund website address

Section C: Employer to complete

! Complete this section when your employee returns the form to you with section A completed.

8 Record of choice acceptance

In the two months after you receive the form from your employee you can make super contributions to either the fund you nominated or the fund the employee nominated. After the two-month period you must make payments to the fund chosen by the employee.

! If you don't meet your obligations, including paying your employee superannuation contributions to the correct fund, you may face penalties.

Date employee's choice is received

Day: / Month: / Year:

Date you act on your employee's choice

Day: / Month: / Year:

! Employers must keep the completed form for their own record for five years. **Do not send it to the Australian Taxation Office, the employer's nominated fund or the employee's nominated fund.**

PRIVACY STATEMENT

The ATO does not collect this information; we provide this form as a means for employees to identify and provide necessary information to their employer. An employer is authorised to collect an employee's TFN under the *Superannuation Industry (Supervision) Act 1993*. It is not an offence for an employee not to quote their TFN. However, quoting a TFN reduces the risk of administrative errors and if the employee does not quote their TFN their contributions may be taxed at a higher rate. An employee can get more details regarding their privacy rights by contacting their superannuation fund.

SECTION 2: PROOF OF IDENTITY

When applying for a national police history check it is necessary for you to verify your identity in line with Australia's National Identity Security Strategy. To achieve this, you must at a minimum:

- provide four (4) documents
- all four (4) documents cannot be drawn from a single category
- it is strongly recommended to try and use a document from each category

In combination, your documents must include your full name, date of birth, and a photograph

Commencement of identity documents

- (a) full **Australian birth certificate** (not an extract or birth card)
- (b) current **Australian passport** (not expired)
- (c) **Australian visa** current at time of entry to Australia as a resident or tourist
- (d) ImmiCard issued by Department of Home Affairs (previously the Department of Immigration and Border Protection) that enables the cardholder to prove their visa and/or migration status and enroll in services
- (e) **certificate of identity** issued by Department of Foreign Affairs and Trade (DFAT) to refugees and non-Australian citizens for entry to Australia
- (f) **document of identity** issued by DFAT to Australian citizens or persons who have the nationality of a Commonwealth country for travel purposes
- (g) certificate of **evidence of resident status**.

Primary use in the community documents

- (a) current **Australian drivers licence**, learner permit or provisional licence issued by a state or territory, showing a signature and/or photo and the same name as claimed
- (b) **Australian marriage certificate** issued by a state or territory (church or celebrant-issued certificates are not accepted)
- (c) current **passport** issued by a country other than Australia with a valid entry stamp or visa
- (d) current **proof of age or photo identity card** issued by an Australian Government agency in the name of the applicant, with a signature and photo
- (e) current **shooters or firearms licence** showing a signature and photo (not minor or junior permit or licence)
- (f) for persons under 18 years of age with no other Primary Use in Community Documents, a current **student identification card** with a signature or photo.

Secondary use in the community documents

- (a) **certificate of identity** issued by DFAT
- (b) **document of identity** issued by DFAT
- (c) **convention travel document secondary** (United Nations) issued by DFAT
- (d) **foreign government issued documents** (for example, drivers licence)
- (e) **Medicare card**
- (f) **enrolment with the Australian Electoral Commission**
- (g) **security guard or crowd control photo licence**
- (h) **evidence of right to an Australian government benefit (Centrelink or Veterans' Affairs)**
- (i) **consular photo identity card** issued by DFAT
- (j) **photo identity card** issued to an officer by a police force
- (k) **photo identity card** issued by the Australian Defence Force
- (l) **photo identity card** issued by the Australian Government or a state or territory government
- (m) **Aviation Security Identification Card**
- (n) **Maritime Security Identification card**
- (o) **credit reference check**
- (q) **Australian secondary student photo identity document**
- (r) certified **academic transcript** from an Australian university
- (s) **trusted referees report**
- (t) **bank card**
- (u) **credit card**

Please note that it is an Australian Criminal Intelligence Commission (ACIC) requirement of fit2work to link identity documents to you as an individual as a part of the application process. To do so, it may be necessary to require additional documents to be uploaded as well as make all enquiries necessary to satisfy this requirement.

fit2work is required, and will report any suspicion of identity fraud detected on the platform to the relevant Australian Police Service and the ACIC.

Applications must be made by the individual for whom the check is sought, or somebody authorised to make the application on the applicant's behalf (e.g. parent, legal guardian or authorised agent). The link between identity documents and the applicant must still be satisfied by fit2work.

Applicants are only required to provide identity documents for their primary name, not for any previously known names.

If identity documents are provided using a former name (e.g. maiden name) evidence of the name change must be provided **in addition** to the minimum four (4) identity documents.

If you have a legitimate reason prohibiting you from meeting these verification of identity requirements, **special provisions** can be used to verify your identity.

If this applies to you please go to <https://www.fit2work.com.au/Documents/General/IdRequirements.pdf> , or [click here](#).

SECTION 3: ACCREDITED ORGANISATION DETAILS

Accredited Organisation Equifax Australasia Workforce Solutions Pty Limited t/a fit2work.com.au
ABN: 86 080 799 720

SECTION 4: AUTHORISATION TO DISCLOSE PERSONAL INFORMATION

Is the result of the national police history check to be forwarded/disclosed only to the accredited agency named in Section 3 above? Yes No
If No: I authorise the result of the national police history check to be forwarded/disclosed to the following employer/organisation:

Employer/Organisation Northern Health
ABN: 42986169981

SECTION 5: PURPOSE OF THE NATIONAL POLICE HISTORY CHECK

Provide details of relevant position/entitlement, place of work and whether you have contact with vulnerable groups. e.g. Client Services Officer in a call centre, Janitor at a school, Nurse in aged care facility with direct care of disabled & aged persons or Flight Attendant with direct care of children). />

Purpose/Description of Duties _____

SECTION 6: CONSENT TO OBTAIN PERSONAL INFORMATION

National Police History Check

I, _____ hereby:
Given Names (Current) _____ Family Name(Current) _____

1. acknowledge that I have read the General Information sheet and understand that Spent Convictions legislation (however described) in the Commonwealth and many States and Territories protects "spent convictions" from disclosure;
2. understand that the national police history check for which I am applying may be in a category for which exclusions from Spent Convictions legislation may apply;
3. have fully completed this Form, and the personal information I have provided in it relates to me, contains my full name and all names previously used by me, and is correct;
4. acknowledge that the provision of false or misleading information is a serious offence;
5. acknowledge that the Accredited Organisation named in Section 3 of this form is collecting information in this Form to provide to the Australian Criminal Intelligence Commission (ACIC) and the Australian police agencies;
6. consent to:
 - i. the Australian Criminal Intelligence Commission (ACIC) disclosing personal information about me to the Australian police agencies;
 - ii. the Australian police agencies disclosing to the Australian Criminal Intelligence Commission (ACIC), from their records, details of convictions and outstanding charges, including findings of guilt or the acceptance of a plea of guilty by a court, that can be disclosed in accordance with the laws of the Commonwealth, States and Territories and, in the absence of any laws governing the disclosure of this information, disclosing in accordance with the policies of the police service concerned;
 - iii. the Australian Criminal Intelligence Commission (ACIC) providing the information disclosed by the Australian police agencies to the Accredited Organisation named in Section 3 of this form, in accordance with the laws of the Commonwealth; and
 - iv. where applicable, the Accredited Organisation named in Section 3 of this form disclosing to the employer/organisation named in Section 4 of this form personal information about me to assess my suitability in relation to my employment/entitlement; and
7. acknowledge that any information provided by me on this Form, relates specifically to the purpose identified in Section 5 of this form;
8. acknowledge that any information provided by the Australian police agencies or the Australian Criminal Intelligence Commission (ACIC), relates specifically to the purpose identified in Section 5 of this form;
9. Acknowledge that any information sent, by mail or electronically, in relation to this form, including any identity documents, is sent at my own risk and I am aware of the consequences of these methods of lodgement;
10. acknowledge that personal information that I provide in this Form may be disclosed to the Accredited Organisation named in Section 3 of this form (including contractors or related bodies corporate) located in Australia or overseas for administrative purposes;
11. acknowledge that it is usual practice for an applicant's personal information to be disclosed to Australian police services for them to use for their respective law enforcement purposes including the investigation of any outstanding criminal offences;
12. understand that I may dispute the Police History Information contained within my National Police History Check by contacting the Accredited Organisation in the first instance;
13. acknowledge that the Accredited Organisation is Equifax Australasia Workforce Solutions Pty Limited t/a fit2work.com.au and the Privacy Officer can be contacted on 1300 525 525 or via mail to Equifax Australasia Workforce Solutions Pty Limited Privacy Officer, 119 Cecil St South Melbourne VIC 3025; and
14. understand that the ACIC Privacy Officer can be contacted on (02) 6268 7000 or privacy@ACIC.gov.au or GPO Box 1573 Canberra City ACT 2601.

Note: The information you provide on this form, and which the Australian Criminal Intelligence Commission (ACIC) provides to the Accredited Organisation named in Section 3 of this form, on receipt of the form, will be used only for the purpose stated above unless statutory obligations require otherwise.

Applicant's Signature: _____ **Date:** ___ / ___ / _____

Parent/Guardian Consent - If you are under 18 years of age provide consent below from a parent /guardian.

Parent/Guardian Signature _____ Date: ___ / ___ / _____ Parent/Guardian name printed in full _____

Office Use

Check Urgency: Normal Urgent Type of Check: Employee Volunteer

Vulnerable People check Yes No

(Select YES for Vulnerable People clearance if the applicant's employment or volunteer role involves care for children, aged persons, persons with a physical or intellectual disability or mental illness)

Applicant Role: _____ Other Info: _____

Department: _____ Supervisor: _____

Northern Health STAFF IMMUNISATION QUESTIONNAIRE

Evidence of Immunity/Vaccination must be provided BEFORE commencement. Failure to provide the requested evidence may result in delays to your employment. Evidence can generally be obtained from your health care provider or previous employer.

Please contact the Staff Immunisation Clinic if you are unable to obtain evidence to discuss your options PRIOR to employment.

First Name	_____	Last Name	_____
Address	_____	Suburb	_____
Postcode	_____	Employee No (if known)	_____
Preferred method of Contact (please provide at least one)	_____	Email	_____
Telephone	_____	Mobile	_____
D.O.B.	_____	Country of Birth	_____
	(if born outside Australia please provide the year of arrival)		

Job Title/Role	_____	Ward/Area	_____
Campus	TNH BHS	BECC	CHS

ALLERGIES

Do you have any allergies or sensitivity to:

- | | | | |
|--|-----|----|--------|
| • Personal Protective Equipment (PPE)? | Yes | No | Unsure |
| • Latex products? | Yes | No | Unsure |
| • Skin antiseptics products? | Yes | No | Unsure |
| • Hand Hygiene products? | Yes | No | Unsure |

Provide details and List any other allergies or sensitivities

Northern Health assesses the immunisation status of new employees in accordance with the Guidelines of the Victorian and Federal Departments of Health. This is done to ensure the safety of employees, patients and volunteers.

If you choose to decline assessment or vaccination you MUST contact the Staff Immunisation Clinic PRIOR to commencement for a confidential discussion and documentation of your declination.

Additional information regarding vaccination is available from the Infection Prevention Nurses in the Staff Immunisation Clinic by phoning (03) 8405 8139 or via email staff.health@nh.org.au

The information contained in this questionnaire is treated confidentially, it will be recorded on an electronic database with restricted access. The hard copy files are restricted to access by the Infection Prevention Nurse Consultants.

The information provided will be used to assess staff immunisation requirements at commencement of employment and in the event of an exposure to a vaccine preventable disease within the organisation.

Please Turn Over to provide your vaccination History

	<u>Category A - evidence req'd</u>	<u>Category B - evidence req'd</u>	<u>Category C</u>
Employee group	Medical Nursing Allied Health CSSD Environmental services PSA Dialysis Tech Mortuary Tech Biomedical staff Engineering staff	Pharmacists Pharmacy techs Ward Clerks Food Services Hospital Volunteers Plumbers	Administration Executive staff CDM / HIM Supply
Disease	Evidence of vaccination	Documented (blood) serology results	Other acceptable evidence
Pertussis (whooping cough) Required for Cat A & B staff	One adult dose of pertussis containing vaccine within last 10 years	Serology will not be accepted	Not applicable
Hepatitis B Required for Cat A Recommended for Cat B		Hep B surface antibodies greater than 10mIU/ml	Documented evidence of past Hepatitis B infection
Measles Required for Cat A & B staff	2 doses of MMR vaccine at least one month apart	Positive IgG for measles	Birth date before 1966
Varicella (chickenpox) Required for Cat A & B staff	2 doses of varicella vaccine at least one month apart	Positive IgG for varicella	Not applicable – history of disease will not be accepted
Tuberculosis (TB) optional	Result for interferon-gamma release assay – eg Quantiferon Gold Date / / Result:		
Influenza Recommended annually for all categories	Annual influenza vaccination date	Not applicable	Not applicable
Hepatitis A (engineering & endoscopy staff only)	2 doses of Hepatitis A containing vaccine at least six months apart	Hepatitis A antibodies detected	

I declare that the information provided by me is true and accurate as it relates to my personal vaccination history. **I have attached documented evidence of my vaccinations and/or serology (blood tests).**

Signature: _____ Date: _____
Previous versions of this form will not be accepted after 14/8/17

All Category A and B must provide evidence (i.e. letters from staff health service, serology results, vaccination records) for the required vaccinations or contact the Staff Immunisation Clinic to provide a declination.

Staff Immunisation Clinic can be contacted by phoning **(03) 8405 8139** or via email staff.health@nh.org.au .

Your authority must be signed dated and all relevant details completed or the application will not be processed.

- NEW EMPLOYEE
 CAR PARK
 IDENTIFICATION
 BUILDING/SECURITY
 BIKE CAGE
 DAMAGED CARD
 LOST
 REACTIVATE
 REPLACEMENT

COMPUTER LOGON USERNAME:

SECTION A: PERSONAL DETAILS:

Q1. FIRST NAME:	<input type="text"/>	LAST NAME:	<input type="text"/>
PREFERRED NAME	<input type="text"/>	Q2. EMPLOYEE NO:	<input type="text"/>
Q3. POSITION:	<input type="text"/>	Q4. DEPARTMENT:	<input type="text"/>
Q5. CAMPUS:	<input type="text"/>	Q6. ORGANISATION OR UNIVERSITY:	N/A
Q7. TELEPHONE:	<input type="text"/>	Q8. CAMPUS ACCESS:	<input checked="" type="checkbox"/> TNH <input checked="" type="checkbox"/> CHS <input checked="" type="checkbox"/> BECC <input checked="" type="checkbox"/> BHS <input checked="" type="checkbox"/> NCHER
Q9. MANAGER'S NAME:	Michelle Rovetto – MWU		
Q10. SIGNATURE:	<i>Michelle Rovetto</i>		

SECTION B: STAFF CAR PARKING ACCESS: \$5.12 Per Day

NH CAMPUS PARKING REQUIRED: **TNH** **BECC Permit** **BHS** **CHS**

Q11. **PRE TAX PAYROLL DEDUCTION** (Please see overleaf for details) **EFFECTIVE DATE:** _____

Q12. **DAYS PER FORTNIGHT:** **MANUAL RECHARGE ONLY** [\$5.20 Per Day]

Q13. **TOTAL AMOUNT:** \$

**NOTE: If you are working part-time your car parking access WILL ONLY WORK on the days you have ticked:*

- Monday
 Tuesday
 Wednesday
 Thursday
 Friday
 Saturday
 Sunday

Q14. **DOCTORS ONLY:** (Please ensure dates are completed)

Fixed Term date: _____ **End of Rotation Date:** _____

Q15. **CAR REGISTRATION:**

Make & Model	<input type="text"/>	Make & Model	<input type="text"/>
Registration	<input type="text"/>	Registration	<input type="text"/>

Staff daily rate applicable at the time of use.

I hereby authorise the payroll deductions for car parking access from my salary/wages. Car parking fees are \$5.00 per day (fees may change without notice according to Health Service policy). Deductions may be cancelled for periods of leave of 2 weeks or more by completing an Amend Car Parking Deductions form.

Signature: **Date:**








Office Use: ONLY

IDENTIFICATION CARD NO:

(Back of card)

- | | |
|--|--|
| <input type="checkbox"/> HR Signature _____ Date: / / | <input type="checkbox"/> HR Operations _____ Date: / / |
| <input type="checkbox"/> FM Signature _____ Date: / / | <input type="checkbox"/> Security _____ Date: / / |
| <input type="checkbox"/> Metro Signature _____ Date: / / | |

How To Pay: \$5.12 per day (subject to change without notice)

	<p>Manual Recharge Only at The Northern Health & Craigieburn Health Service</p> <p>Rate: \$5.20 Per Day</p> <p>Manual Recharge/Auto pay is a system where the staff member can take the option to top up their own card by manual recharge at any of the Auto pay Machines around the campus this is the responsibility of the employee to ensure there is sufficient funds on the card otherwise you will not be able to exit the car park until funds are deposited. An Identification Security Car Parking Request form will need to be completed. Forms can be obtained from the Northern Health Intranet Site or administrative areas at all Northern Health campuses. If you have any queries please contact Facilities Management on 8405 8338</p>						
	<p>Payroll Deduction</p> <p>Rate: 5:12 Per Day</p> <p>Car Parking payments are deducted from your salary on a fortnightly basis pre tax. An Identification Security Car Parking Request form will need to be completed. Forms can be obtained from the Northern Health Intranet Site or administrative areas at all Northern Health campuses. A cease deduction form must be completed if you go on rotation or on leave for more than 2 weeks. This will cease all payments from your salary whilst away. On return you will need to reactivate card to start deduction again if you have any queries please contact Human Resources on 8405 8034.</p>						
	<p>Bike Cage (The Northern Hospital only)</p> <p>The Northern Hospital has a bike cage located at the rear of the hospital. Employees can park their pushbikes here free of charge all that is required is an access card to enter the cage. All employees requesting access to the cage need to complete an Identification Security Car Parking Request form. Further enquiries please contact Human Resources 8405 8034.</p>						
	<p>Staff wishing to park on site have two options:</p> <ol style="list-style-type: none"> Manual Recharge / Auto pay (parking is prepaid). Cards can be topped up at the auto pay stations across the site, using cash, credit card There are 4 x Auto pay stations located at TNH: <ol style="list-style-type: none"> 2 x Public car park 1 x Outpatient Clinic D – Entrance 1 x Corridor opposite Environmental Services Payroll/Salary deduction pre-tax 						
	<p>Staff wishing to park on site have two options:</p> <ol style="list-style-type: none"> Payroll/Salary deduction pre-tax. A parking permit sticker will be provided. Paid parking is available on site, Tickets should be purchased at the pay station located in the staff car park and displayed on your dashboard: Rates: <table border="0" style="margin-left: 20px;"> <tr> <td>\$5.00</td> <td>0 – 2 hours</td> </tr> <tr> <td>\$8.00</td> <td>2 – 4 hours</td> </tr> <tr> <td>\$10.00</td> <td>greater than 4 hours</td> </tr> </table> 	\$5.00	0 – 2 hours	\$8.00	2 – 4 hours	\$10.00	greater than 4 hours
\$5.00	0 – 2 hours						
\$8.00	2 – 4 hours						
\$10.00	greater than 4 hours						
	<p>Staff wishing to park on site have two options:</p> <ol style="list-style-type: none"> Payroll/Salary deduction pre-tax. Paid parking is available on site, Tickets should be purchased at the pay station located in the staff car park and displayed on your dashboard: Flat Rate: \$10.00 						
	<p>Staff wishing to park on site have two options:</p> <ol style="list-style-type: none"> Payroll/Salary deduction pre-tax. Administration staff at BHS will be able to assist you: Mon – Fri: 8:30pm – 5:00pm. Paid parking is available on site, tickets should be purchased at the pay station located at the front boom gate (note: coins only accepted) Rates: Flat Rate of \$10.00 per day 						
<p><i>Give us a call</i></p>	<p>Northern Health is pleased to help you if you have any concerns about your car parking/security access services. Please call us on: Security Access – Facilities Management 8405 8338 Car Parking Access – Metro Parking 8405 2508 Human Resources – 8405 8034</p> <p>*Important Information If you are an intern and leave to go on rotation please ensure that you signed a cease deductions form and return to Human Resources before leaving.</p>						

Salary packaging enables you to restructure your income to reduce the amount of tax you pay and increase your take home pay. As a public hospital, Northern Health is exempt from paying Fringe Benefits Tax on certain expenses. We are entitled to salary package certain expenses up to a capped dollar amount without incurring Fringe Benefits Tax.

As an employee of Northern Health you have the opportunity to enjoy these benefits and pocket the tax savings.

What can you Salary Package?

Component 1: You can deduct a capped amount of \$9,009.96 per annum* from your pre-tax salary for any number of day-to-day living expenses including:

- Mortgage payments
- Rent payments
- Personal loan payments
- Utility bills, motor vehicle running costs
- Credit card bills

Component 2: You can also deduct \$2,650.00 of expenses from your pre-tax salary for a number meal and leisure expenses including:

- Eating-out at restaurants, cafes, eateries
- Accommodation for holidays and travel

Component 3: You can also salary packaging up to 100% of your base salary towards the following benefit types:

- Self Education
- Income Protection Insurance
- Superannuation (up to \$25,000 per FBT year including 9.5% employer contribution)
- Portable Electronic Device
- Professional memberships

How can Salary Packaging benefit you?

Case study

Sharon is an accountant at Northern Hospital earning a gross salary of \$75,000 per annum she is packaging \$9009.96 per annum on her mortgage repayments.

This means instead of being taxed on \$75,000 she is taxed on \$65,990.04, giving her an annual tax savings of approximately \$3,000 per annum or around \$117 per fortnight.

To find out more contact your Salary Packaging Team on 8405 8031.

* This applies to the *fringe benefits* year which commences on the 1 April each year and concludes on 31 March each year.

Application for Salary Packaging

Full Time

Full Time Fixed Term

Part Time

Part Time Fixed Term

Casual

Casual Percentage %

(If you are a casual employee you MUST nominate a percentage of your wage to be packaged per fortnight. If NO percentage is completed your application WILL NOT be processed)

Fixed Term Contract/ Rotation **(Please do not include dates from other hospitals or annual leave not paid by Northern Health)**

From To

From To

From To

From To

From To

Are you claiming the Tax Free Threshold (first \$18,200)?

Do you have a HECS/HELP DEBT? (If YES, please request Calculation)

Do you receive or pay Child Support? (If YES, please speak to Salary Packaging)

Do you receive benefits through Centrelink? (If YES, please speak to Salary Packaging)

Mr, Mrs, Ms, Dr, Other, D.O.B Employee Number

Given Name:

Surname:

(please use name on Drivers License or Identification)

Preferred Name:

Address:

Suburb: Postcode

Home Ph: Mobile Work/Pager

Position:

Gross Salary: \$ Campus: TNH BECC BHS CHS

Email:

Security Code:

(if applying for a Meal or Living Expense Card - a password to be used as an identification method when contacting the bank regarding your card).

- As an employee of Northern Health you are able to package Non Exempt Benefits up to \$9009.96 per Fringe Benefits Year (1st April – 31st March).
- As an employee of Northern Health you are able to package up to 100% of your Base Salary to Exempt Benefits.

Bank Details (please complete the banking details you would like your Salary Packaging reimbursement deposited into each fortnight) .

Account Name:

BSB:
(maximum 6 digits)

Account Number
(maximum 9 digits)

Reference:
(if required)

	\$ Amount to be Packaged per annum		
Mortgage	\$	Copy of current mortgage statement.	Yes/No
Personal Loan	\$	Copy of current loan statement.	Yes/No
Rent	\$	Copy of current rental agreement.	Yes/No
Credit Card	\$	Copy of Credit Card Statements showing your repayments. Capped Expense Update Claim Form Required.	Yes/No
School Fees	\$	Copy of Fee Statements showing your repayments. Capped Expense Update Claim Form Required.	Yes/No
Private Health Insurance	\$	Copy of Premium Statements showing your repayments. Capped Expense Update Claim Form Required.	Yes/No
Living Expenses	\$	Original paid bills/receipts. Capped Expense Update Claim Form Required.	Yes/No
Council & Water Rates	\$	Copy of Paid Rates Notices showing your repayments. Capped Expense Update Claim Form Required.	Yes/No

Superannuation (up to \$25,000 per financial year - including 9.5% employer contribution) To salary package superannuation, please attach a copy of a statement/letter from your superfund showing member details. For SMSF please attach a letter of compliance, bank statement and ESA ID.

Super Provider	\$ Amount to be Packaged per annum	BSB	Account Number	Reference Number (if required)	Membership Number

Cards

Living Expense Card		Have you done the following?
Amount Per Annum	\$	1. 100 Point Identification check 2. Application Completed and Submitted to Salary Packaging Department.
Meal Entertainment Card		Have you done the following?
Amount Per Annum	\$	1. 100 Point Identification check 2. Application Completed and Submitted to Salary Packaging Department.

Please refer to reimbursement claim forms to submit claims for Meal Entertainment, Holiday Venue Hire/All Inclusive, Car Parking and Otherwise Deductible expenses.

Declaration

I authorise the Salary Packaging department to deduct the requested amount from my fortnightly gross wage and distribute it to the nominated details I have provided on this form.

I understand that if I am accelerating my packaging to utilise the \$9009.96 within a shorter timeframe it will automatically be reduced at the commencement of the next FBT year in accordance with the new year requirements.

I acknowledge and authorise Salary Packaging to make necessary adjustments to my packaging to ensure I stay within the \$9009.96 capped concession.

Signature Date

Terms and conditions of salary packaging for full time & part time staff

Under the terms and conditions of the Salary Packaging policy, the Health Service offers employees a salary packaging option whereby remuneration is taken as a combination of cash salary and benefit items. Employees are able to select salary packaging benefit items from a menu determined by the Health Service. The administration of the salary packaging program will be at the sole discretion of the Health Service. The general terms and conditions which will apply are:

1. The maximum portion of remuneration that can be taken as benefits items is 100% of ordinary salary as determined by the Health Service.
2. Benefit items to be packaged can only be selected from the approved list of benefits, and can only be items of legitimate expenditure by the employee.
3. Benefit payments are only made following the required deduction from a staff members pay. Non payment of the staff member, for whatever cause, will result in non payment of benefit items until such time as an equivalent salary deduction is made.
4. The employee undertakes to immediately advise the Salary Packaging Team of any changes to their benefits packaged, employment status, banking details, personal address, any period of leave without pay or other changes that could affect their remuneration packaging arrangements. It is acknowledged that such changes may affect the entitlement to the agreed remuneration packaged amount. It is agreed that any overpaid amount will be reimbursed by the employee as soon as the overpayment is detected.
5. Staff will be responsible for checking all transactions made, and are required to promptly report any apparent error to the administration bureau.
6. While the maximum amount able to be packaged per employer without incurring FBT has been a determining factor in this package arrangement, should any FBT liability subsequently arise, the full FBT cost shall be passed on to the employee.
7. The cost of administering the remuneration package via the Salary Packaging Department and any associated salary packaging advice sought shall be borne by the staff member. The cost may be set by the Health Service on the basis of the total cost of providing the facility to all staff and reviewed once per year.
8. An annual reconciliation will take place after the conclusion of the relevant FBT year. Any reimbursement amount not claimed by the 10th of March each FBT year will be converted and be paid as salary from which PAYE tax will be deducted. Such payments will be made as soon as practicable after the end of the FBT year.
9. Superannuation payments shall be made in accordance with the Health Service policy and relevant legislation and regulations as varied from time to time. It is the responsibility of the employee to ensure that they remain aware of the effect of a request to salary package their fund benefits, contributor status and all that this implies.
10. Upon resignation or termination of employment, pro-rata reconciliation to the date of termination of unused benefits will be undertaken and any residual will be paid out as salary, from which the relevant tax will be deducted. Benefits cannot be claimed after a termination date. Should there be an over-expenditure on a pro-rata basis in respect to reimbursement of benefits this amount will be deducted by the Health Service from final monies due. If the final monies due to a staff member are insufficient to meet the over-expenditure, the Health Service shall, upon demand, be reimbursed the outstanding amount. Depending upon the amount of notice of termination provided by the employee to the Salary Packaging Team, the reconciliation of the salary packaging account may delay the processing of final payments to staff beyond the termination date, with no financial or other penalties to apply to the Health Service.
11. It is recognised and accepted that the Health Service has no liability for staff members taxation or any other outcomes resulting from entering into this arrangement.
12. It is imperative that employees submit their timesheets/Roster-On, on time each pay period. ATO regulations state that Salary Packaging Benefits can only be passed on to employees for current pay periods. This means that if your timesheet is not submitted on time for one pay period and submit two timesheets in the next pay period, you will pay full tax on the first pay period and only save tax on the second timesheet. It is also important to note that if you are paid any offline salary packaging amounts or paid any entitlements in advance, your salary packaging component will continue to be paid on a fortnightly basis. Offline payments will be processed with the follow pay. There is no exceptions to this ruling.
13. On entering into this Agreement, it is agreed that the benefits packaged are legitimate personal expenditures in line with items available and that funds through packaging will be or have been, used as stated in the Salary Packaging Application form.
14. In applying for a Salary Package arrangement with the Health Service the staff member authorises the deduction of payments from salary to enable payment of benefits and administration costs.

I acknowledge that I have read the above schedule and agree to the terms and conditions as written and as contained in Health Service policy. Please note these terms and conditions can be updated at anytime. To keep up to date with changes, you can view all our forms and fact sheets on PROMPT Forms.

Name

Employee ID:

Signature

Date

Casual employee terms and conditions

1. Salary packaging is available to all casual staff.
2. Casual staff are eligible to salary package up to 75% of their fortnightly base salary as defined by the Health Service.
3. The Health Service will determine the menu of benefits able to be salary packaged.
4. The Health Service will not be liable for any Fringe Benefits Tax (FBT) payments. Benefits, which would otherwise attract FBT, can only be salary packaged up to the exemption limit for Public Benevolent Institutions described in the FBT legislation.
5. Salary Packaging is established for the period covering the FBT year or remainder of the FBT year. (1 April - 31 March)
6. Employees bear the administrative cost of salary packaging.
7. Employees must notify the Salary Packaging team in writing to cease their salary packaging deductions, once their nominated amounts has been deducted as we cannot determine a casuals fortnightly salary in advance.

I acknowledge that I have read the above schedule and agree to the terms and conditions as written and as contained in Health Service policy.

Casual employee deductions

Employees who work on a casual ad hoc basis must elect a percentage each fortnight to be deducted for salary packaging from their base rate. Casual employees can elect to have up to 75% salary packaging deducted each fortnight from their gross pay.

Casual employees must be aware that if they elect to salary package and their timesheet is not paid on time, they will have to wait until the following pay week to be paid their salary packaging deduction. The payments may take up to 2 weeks to be paid.

Fees

Fees for casuals will be charged at a rate of 3% each fortnight of their total deduction. A fee will only be deducted only if the employee works during the current pay period.

Monitoring Salary Packaging

Casual employees need to monitor their salary packaging deductions, in order to ensure Salary Packaging deductions do not exceed amounts nominated. Salary Packaging does not monitor casual employee's deductions. Please add each fortnight's Salary Packaging deductions appearing on your payslip (effective first pay period in the FBT year, 1st pay period in April) to get total deductions. Once you are close to your nominated amounts, you will need to contact Salary Packaging to stop your deductions.

Example: If your first payslip deduction is \$500 and the second fortnights deduction is \$1,000 your total deductions are \$1,500.

Continue to add each fortnight until you reach your total salary packaging nominated amount. If your total package amount is \$9009.96 please email salarypackaging@nh.org.au once your deductions are close to \$9,009.96, Salary Packaging can then deduct the balance required for your final salary packaging deduction. This will ensure that your deductions do not exceed the amount you have nominated. If your deductions exceed the amount you nominated, Salary Packaging cannot repay this money to you as an off cycle and the employee must wait until the following fortnight for the money to be returned as salary. Salary Packaging must refund any "over deduction" as salary, as this money will need to be taxed.

Employee Name:

Employee Signature:

Date:

What supporting documentation do I need to supply to ensure I receive reimbursement?

(It is an ATO regulation to administer Salary Packaging reimbursements, Northern Health obtain documentation to support the expenses you are being reimbursed. Failure to provide sufficient supporting documentation will mean that reimbursement cannot be administered.)

Capped benefits	Supporting Documentation Required
Child Care Fees	Statement showing out of pocket expense (after CCB & CCR has been paid to centre.)
Club Fees (non work related)	Copy of invoice and proof of payment.
Council and Water Rates	Original PAID bills or invoices.
Credit Card	Copy of Credit Card Statements showing repayments.
Living Expenses Card	Living Expenses Card Application Form.
General Insurance	Copy of PAID bills or invoices. Copy of policy outlining repayments and frequency as well as proof of payment. Copy of PAID bills or invoices.
Mortgage	Copy of current Mortgage Statement showing repayments and frequency.
Motor Vehicle Running Costs	Original PAID bills or invoices.
Personal Loan	Copy of current Personal Loan Statement showing repayments, frequency and balance remaining.
Private Health Insurance (excluding rebate)	Copy of Premium Statement showing out of pocket expense, plus proof of payment.
Rent	Copy of Current Rental Agreement, outlining repayment amount and frequency.
School Fees	Copy of PAID Invoice.
Utility Expenses	Original PAID bills or invoices.

Exempt/Non Capped Benefits	Supporting Documentation Required
Meal Entertainment	Itemised Invoice/receipt as well as proof of payment (see claim from for further details).
Holiday Venue Hire	Itemised Invoice/receipt as well as proof of payment (see claim from for further details).
All Inclusive Holiday Accommodation Package	Itemised Invoice/receipt as well as proof of payment (see claim from for further details).
Superannuation	Copy of Superannuation Statement showing member number and payment details. (SMSF - Compliance certificate and ESA ID for clearing house).
Laptop/Portable Electronic Device	Itemised Invoice/receipt as well as proof of payment (see claim from for further details).
Professional Memberships	Itemised Invoice/receipt as well as proof of payment (see claim from for further details).
Self Education	Itemised Invoice/receipt as well as proof of payment (see claim from for further details).
Income Protection Insurance	Itemised Invoice/receipt as well as proof of payment (see claim from for further details).

To make salary packaging better for everyone, Northern Health uses a simple and fair fee structure to administer the salary packaging benefits most employees enjoy.

It works like this:

PACKAGE		
1. Basic	Available to Northern Health casuals only.	3% of fortnightly package amount.
2. Standard	Available to all Northern Health employees. Will enable NH employees to salary package: <ul style="list-style-type: none"> • Capped benefits of \$9,009.96 per annum. 	\$15.00 per fortnight over 26 pays, \$390.00 per annum.
3. Premium	Available to all Northern Health employees. Will enable Northern Health employees to salary package: <ul style="list-style-type: none"> • Capped benefits of \$9,009.96 per annum, plus • Capped amount of \$2649.98 for meals and leisure. • Exempt items. Superannuation, Self-Education, Income Protection Insurance, Northern Health Car Parking Fees, Professional Memberships and a Portable electronic device. 	\$20.00 per fortnight over 26 pays, \$520.00 per annum.
4. Platinum	Will enable Northern Health employees to salary package a Novated Lease and all Salary Packaging benefit types offered by Northern Health.	\$30 per fortnight over 26 pays, plus the costs charged by the novated lease provider selected by the employee. \$780.00 per annum. Northern Health has three approved providers.

Notes:

The fees for salary packaging are spread over the entire package.

- If an employee resigns or cancels their package prior to the end date, the remainder of the annual fee will be charged on cessation.
- If an employee commences a Salary Packaging arrangement mid-way through an FBT year or reduces the amount of pay periods they receive reimbursement, the total annual fee amount will be deducted over the employees contract with Salary Packaging.

Bank Vic Card Fees

There is a \$30 fee per annum for Meal Entertainment Cards and Living Expenses Cards. This fee is charged by BankVic and will be deducted at the start of each FBT year. If an employee commences packaging to a BankVic card benefit mid-way through an FBT year, the fee will be deducted from the following pay.

Authorisation:

I Employed ID

confirm that I have read the Salary Packaging Fee structure and acknowledge

Signature Date

For general enquiries please contact: salarypackaging@nh.org.au or 8405 8031

Where are we located?

The Salary Packaging office is located next to People and Culture on the ground floor in the main building at The Northern Hospital.

Salary Packaging Business Hours

7:30am - 4:00pm Monday- Friday (slight variations to these hours may apply)

How can i submit my claims?

IN PERSON

The Salary Packaging Team is onsite Monday to Friday 7.30am - 4.00pm to assist with your enquiry and accept all claims/amendments.

DROP BOXES

Claims can be submitted 24.7 via the Salary Packaging drop box located in the Mail Room at the Northern Hospital. The Mail room can be located on the ground floor to the right of front reception. (use ID Card to swipe for access)

EMAIL

Claims and enquiries can be emailed to salarypackaging@nh.org.au

INTERNAL MAIL

Claims can be addressed to Salary Packaging- TNH and placed in the Internal Mail

Cut-off for submitting claims/amendments?*

Cut-off for making changes to your Salary Packaging deduction is Friday prior to your scheduled pay day.

*Over the FBT year, all claims must be submitted no later than 10th March each year.

All amendments must be finalised by 28th February each year.

How do I access my Salary Packaging account?

Visit <http://nh.eziway.net.au>

please email salarypackaging@nh.org.au for your username and password

OR

Download the green 'Eziway' App from your smartphone.

Northern Health Junior Medical Staff Association (JMSA)

Welcome to the Junior Medical Staff Association (JMSA). The JMSA is a representative group for all interns, residents and registrars working at Northern Health. Our aim at the JMSA is to look after you, our junior doctors working at Northern Health. We are a group of junior doctors who work at and understand Northern Health, and are here to help you have a great year.

Our Services

We provide a number of services, including:

- Social events (Pizza Fridays, End of Rotation Drinks, the yearly JMSA Northern Health Ball)
- Welfare support (improving our rosters, tackling bullying and harassment issues)
- Advocating for junior doctors at Northern Health (improving hospital policy and protocols that affect us) - Resident Quarters (we ensure you have a relaxing area to spend some down time, with well-stocked lolly jars included!)
- Lockers

Where are the Resident Quarters?

Ground floor, at the rear of the hospital (near the hospital car park). Access to the Resident Quarters is obtained via the hospital identification badge. Facilities include a kitchen (serviced and stocked regularly with fruit, cereal, tea, coffee and milk), lounge room (well furnished with entertainment facilities), bathrooms, bedrooms, study areas with computers and internet access, and consultants' quarters. Lockers are issued by the JMSA and are available upon request.

Membership Fees

Membership fees are only \$5 a week and deducted pre-tax. Membership is strongly recommended as all funds directly benefit members through weekly lunches and events funded by the JMSA.

How to get involved in the JMSA society?

We have a yearly recruitment for the JMSA for a number of positions which is excellent for your CV, but also a great way to be part of positive change in your working environment and that of your colleagues. JMSA positions include:

- President;
- Vice-President;
- Secretary;
- Treasurer;
- Social Reps;
- Sponsorship Officer;
- Education Officer;
- Welfare Officer; and,
- General Committee Members.

JMSA Contact details

Please contact JMSA@nh.org.au if you are interested in joining our great team or have ideas/issues to bring to us!

We hope you all have a fantastic year at Northern Health; we are here to help so please contact us if you have any questions/ideas/issues to discuss!

Thank you for your support.

Junior Medical Staff Association (JMSA)

I, Dr

Agree to have \$5.00 deducted from my pre-tax pay each week as my contribution to the Junior Medical Staff Association (JMSA).

Please select one to deduct \$5.00 weekly during the following period:

- | | | |
|---------|----------------------|--|
| 1. From | <input type="text"/> | Until further notice <i>(or the end of my contract)</i> |
| 2. From | <input type="text"/> | Until <input type="text"/> <i>(as per my rostered duty period at NH)</i> |

Name	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text"/>

Office Use Only Actioned by Payroll

From 1 January 2010, this Fair Work Information Statement is to be provided to all new employees by their employer as soon as possible after the commencement of employment. The Statement provides basic information on matters that will affect your employment. If you require further information, you can contact the **Fair Work Infoline** on **13 13 94** or visit **www.fairwork.gov.au**.

▲ The National Employment Standards

The *Fair Work Act 2009* provides you with a safety net of minimum terms and conditions of employment through the National Employment Standards (NES).

There are 10 minimum workplace entitlements in the NES:

1. A maximum standard working week of 38 hours for full-time employees, plus 'reasonable' additional hours.
2. A right to request flexible working arrangements.
3. Parental and adoption leave of 12 months (unpaid), with a right to request an additional 12 months.
4. Four weeks paid annual leave each year (pro rata).
5. Ten days paid personal/carer's leave each year (pro rata), two days paid compassionate leave for each permissible occasion, and two days unpaid carer's leave for each permissible occasion.
6. Community service leave for jury service or activities dealing with certain emergencies or natural disasters. This leave is unpaid except for jury service.
7. Long service leave.
8. Public holidays and the entitlement to be paid for ordinary hours on those days.
9. Notice of termination and redundancy pay.
10. The right for new employees to receive the Fair Work Information Statement.

A complete copy of the NES can be accessed at **www.fairwork.gov.au**. Please note that some conditions or limitations may apply to your entitlement to the NES. For instance, there are some exclusions for casual employees.

If you work for an employer who sells or transfers their business to a new owner, some of your NES entitlements may carry over to the new employer. Some NES entitlements which may carry over include personal/carer's leave, parental leave, and your right to request flexible working arrangements.

▲ Right to request flexible working arrangements

Requests for flexible working arrangements form part of the NES. You may request a change in your working arrangements, including changes in hours, patterns or location of work from your employer if you require flexibility because you:

- are the parent, or have responsibility for the care, of a child who is of school age or younger
- are a carer (within the meaning of the *Carer Recognition Act 2010*)
- have a disability
- are 55 or older
- are experiencing violence from a member of your family or
- provide care or support to a member of your immediate family or household, who requires care or support because they are experiencing violence from their family.

If you are a parent of a child or have responsibility for the care of a child and are returning to work after taking parental or adoption leave you may request to return to work on a part-time basis to help you care for the child.

▲ Modern awards

In addition to the NES, you may be covered by a modern award. These awards cover an industry or occupation and provide additional enforceable minimum employment standards. There is also a Miscellaneous Award that may cover employees who are not covered by any other modern award.

Modern awards may contain terms about minimum wages, penalty rates, types of employment, flexible working arrangements, hours of work, rest breaks, classifications, allowances, leave and leave loading, superannuation, and procedures for consultation, representation, and dispute settlement. They may also contain terms about industry specific redundancy entitlements.

If you are a manager or a high income employee, the modern award that covers your industry or occupation may not apply to you. For example, where your employer guarantees in writing that you will earn more than the high income threshold, currently set at \$136,700 per annum and indexed annually, a modern award will not apply, but the NES will.

▲ Agreement making

You may be involved in an enterprise bargaining process where your employer, you or your representative (such as a union or other bargaining representative) negotiate for an enterprise agreement. Once approved by the Fair Work Commission, an enterprise agreement is enforceable and provides for changes in the terms and conditions of employment that apply at your workplace.

There are specific rules relating to the enterprise bargaining process. These rules are about negotiation, voting, matters that can and cannot be included in an enterprise agreement, and how the agreement can be approved by the Fair Work Commission.

You and your employer have the right to be represented by a bargaining representative and must bargain in good faith when negotiating an enterprise agreement. There are also strict rules for taking industrial action. For information about making, varying, or terminating enterprise agreements visit the Fair Work Commission website, www.fwc.gov.au.

▲ Individual flexibility arrangements

Your modern award or enterprise agreement must include a flexibility term. This term allows you and your employer to agree to an Individual Flexibility Arrangement (IFA), which varies the effect of certain terms of your modern award or enterprise agreement. IFAs are designed to meet the needs of both you and your employer. You cannot be forced to make an IFA, however, if you choose to make an IFA, you must be better off overall. IFAs are to be in writing, and if you are under 18 years of age, your IFA must also be signed by your parent or guardian.

▲ Freedom of association and workplace rights (general protections)

The law not only provides you with rights, it ensures you can enforce them. It is unlawful for your employer to take adverse action against you because you have a workplace right. Adverse action could include dismissing you, refusing to employ you, negatively altering your position, or treating you differently for discriminatory reasons. Some of your workplace rights include the right to freedom of association (including the right to become or not to become a member of a union), and the right to be free from unlawful discrimination, undue influence and pressure.

If you have experienced adverse action by your employer, you can seek assistance from the Fair Work Ombudsman or the Fair Work Commission (applications relating to general protections where you have been dismissed must be lodged with the Fair Work Commission within 21 days).

▲ Termination of employment

Termination of employment can occur for a number of reasons, including redundancy, resignation and dismissal. When your employment relationship ends, you are entitled to receive any outstanding employment entitlements. This may include outstanding wages, payment in lieu of notice, payment for accrued annual leave and long service leave, and any applicable redundancy payments.

Your employer should not dismiss you in a manner that is 'harsh, unjust or unreasonable'. If this occurs, this may constitute unfair dismissal and you may be eligible to make an application to the Fair Work Commission for assistance. It is important to note that applications must be lodged within 21 days of dismissal. Special provisions apply to small businesses, including the Small Business Fair Dismissal Code. For further information on this code, please visit www.fairwork.gov.au.

▲ Right of entry

Right of entry refers to the rights and obligations of permit holders (generally a union official) to enter work premises. A permit holder must have a valid and current entry permit from the Fair Work Commission and, generally, must provide 24 hours notice of their intention to enter the premises. Entry may be for discussion purposes, or to investigate suspected contraventions of workplace laws that affect a member of the permit holder's organisation or occupational health and safety matters. A permit holder can inspect or copy certain documents, however, strict privacy restrictions apply to the permit holder, their organisation, and your employer.

▲ The Fair Work Ombudsman and the Fair Work Commission

The **Fair Work Ombudsman** is an independent statutory agency created under the *Fair Work Act 2009*, and is responsible for promoting harmonious, productive and cooperative Australian workplaces. The Fair Work Ombudsman educates employers and employees about workplace rights and obligations to ensure compliance with workplace laws. Where appropriate, the Fair Work Ombudsman will commence proceedings against employers, employees, and/or their representatives who breach workplace laws.

If you require further information from the Fair Work Ombudsman, you can contact the **Fair Work Infoline** on **13 13 94** or visit www.fairwork.gov.au.

The Fair Work Commission is the national workplace relations tribunal established under the *Fair Work Act 2009*. The Fair Work Commission is an independent body with the authority to carry out a range of functions relating to the safety net of minimum wages and employment conditions, enterprise bargaining, industrial action, dispute resolution, termination of employment, and other workplace matters.

If you require further information, you can visit the Fair Work Commission website, www.fwc.gov.au.

The Fair Work Information Statement is prepared and published by the Fair Work Ombudsman in accordance with section 124 of the *Fair Work Act 2009*.

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SmartEmail at Northern Health

A guide to setting up your work email on your smartphone...

In order to make the process of checking your work emails easier, below is a simple guide to setting up your work email on your smart phone. Set up only takes a few minutes, and allows you to stay in touch with important announcement regarding rosters, teaching and department initiatives.

Please note – ensure that your data plan has sufficient data for email services. Your smartphone is unlikely to download large attachments unless you ask it, but beware and set your email to download only messages, and attachments only from wi-fi, not cellular!

iPhone/iPad iOS & Mac

1. Settings > Mail, Contacts, Calendars,
2. Add account
3. Exchange
4. Email: givenname.surname@nh.org.au
5. Password: <your network password (same as CPF)>
6. <Next>
7. Server: ssgwebmail2.ssg.org.au
8. Domain: WHCN (*all capitals*)
9. Username: Same as email
10. Description: Northern Work Email
11. Then press next...



Android – Samsung Galaxy and other devices

1. Go to <menu>, <settings>, <accounts>, <add account>, <Email> (Microsoft exchange ActiveSync is the best choice)
2. Enter your email address: givenname.surname@nh.org.au
3. Enter your password and hit next...
4. You may be lucky and details will be found automatically, if NOT...
5. Exchange server: ssgwebmail2.ssg.org.au Domain: WHCN (*all capitals*)
6. Select SSL on
7. Hit next and you should be connected...
8. Options may appear for you to customize how, and how often your email is retrieved from the server.

