

SA Health Allied and Scientific Health Professional Application for an Access Appointment

This form is for use by allied and scientific health professionals (ASHPs) NOT EMPLOYED BY SA HEALTH including private, non-government, other Government or Education Providers in accordance with the *Credentialing and Defining Scope of Clinical Practice for Allied and Scientific Health Professionals Policy* (including registered, self-regulated & relevant unregulated professions).

PART 1 – APPLICANT DETAILS	
Title : _____	SA Health Employee: NO
Surname: _____	First Name: _____
Middle Name/s: _____	Previous Name/s: _____
Date of Birth: ____ / ____ / ____	
Email: _____	Phone: _____
Profession: _____	
Employing Organisation: _____	
Work Address: _____	
NON-AUSTRALIAN RESIDENTS ONLY - <i>if yes, please attach a copy to this application</i> Do you require a Work Visa to practise in Australia? <input type="checkbox"/> Yes <input type="checkbox"/> No	SA Health Sign Off <input type="checkbox"/> N/A or <input type="checkbox"/> Attached
CURRICULUM VITAE (CV) demonstrating appropriate experience & recency of practice for the role to be undertaken - <i>please attach a copy</i>	<input type="checkbox"/> Assessed as suitable
PROFESSIONAL INDEMNITY & PUBLIC LIABILITY INSURANCE – <i>please attach certificate</i> Insurance Company _____ Policy Type: _____ Policy Number: _____ Expiry: ____ / ____ / ____	<input type="checkbox"/> Attached
REQUESTED LHNS FOR CREDENTIALING <input type="checkbox"/> CALHN <input type="checkbox"/> NALHN <input type="checkbox"/> SALHN <input type="checkbox"/> WCHN <input type="checkbox"/> Regional LHNS <input type="checkbox"/> SCSS <input type="checkbox"/> DHW	
TYPE & DURATION OF ACCESS APPOINTMENT Type of Clinical Service: please tick <input type="checkbox"/> Private ASHP providing fee for service clinical care to clients located in an LHN facility <input type="checkbox"/> Other Government Agency, Non-Government Organisation or Education Provider (e.g. clinicians, clinical educators, researchers) providing clinical services to patients/clients in an LHN facility or accessing clinical information of patients/consumers <input type="checkbox"/> Unpaid access appointment such as professional volunteers providing clinical services to patients/clients <input type="checkbox"/> Other, please describe: _____ Type of access required: <input type="checkbox"/> Single client <input type="checkbox"/> Multiple clients Term of Access Appointment required: _____ to _____ Key Contact at LHN(s): <i>This is the Allied Health Manager/Senior ASHP responsible for providing orientation/access to site and applicant must contact this person prior to attending the site(s).</i>	

PART 2 – PROFESSION & SCOPE OF CLINICAL PRACTICE (complete section A, B or C as relevant)

A. REGISTERED PROFESSION

SA Health Sign Off

Profession: _____

Registration Number: _____ Expiry Date: / /

Registration Type: _____

Conditions: No Yes If yes, please specify: _____

Evidence of Continuing Professional Development (CPD) to the level required by your registration type: Attached

Do you hold any qualifications or training that permits advanced or extended scope of practice? No (scope of clinical practice is Profession as listed above)

Yes - Advanced Scope Yes - Extended Scope

Please specify training/qualification and scope of practice: _____

Are you required to undertake an advanced/extended scope in your role within SA Health sites?

No Yes – if yes, manager must approve for role in SA Health sites

Do you hold AHPRA Endorsement in a specific area of practice?

No Yes – if yes, please specify _____

Are you applying for endorsement as an allied health advanced clinical practitioner?

No Yes

Medical Radiation Professions Only: LSPN: _____

EPA radiation licence number: _____ Licence Expiry Date: / /

Registration details sighted on AHPRA website

Date sighted:

Evidence of CPD received

Scope of practice in current role:

Standard scope of practice (profession) OR

Advanced scope of practice as specified OR

Extended scope of practice as specified OR

Allied Health Advanced Clinical Practice Credentialing Portfolio (if applicable)

Date sighted:

Licence details sighted

Date sighted:

B. SELF-REGULATED PROFESSION

SA Health Sign Off

Profession: _____

Evidence of primary and/or postgraduate qualification from an accredited/recognised university training program attached held on CSCPS attached

Professional Association: _____

Eligible for Membership Yes No

Are there any restrictions or special conditions placed on your professional association membership/eligibility? Yes No

If yes, please specify: _____

Do you hold Accreditation? Yes No

If yes, please specify accrediting body and type/title of accreditation: _____

Evidence of participation with Continuing Professional Development (CPD) attached:

Self-managed portfolio in accordance with guidelines set by Professional Assoc

OR Accredited/formal CPD program with specified points/hours

Qualification confirmed:

on CSCPS OR

original provided

Date sighted:

Eligibility for membership confirmed

Evidence of accreditation sighted

Date sighted:

Evidence of CPD received

Scope of practice in current role:

Standard scope of practice (profession) OR

<p>Do you hold any qualifications or training that permits advanced or extended scope of practice? <input type="checkbox"/> No (scope of clinical practice is Profession as listed above)</p> <p><input type="checkbox"/> Yes - Advanced Scope – please specify training/qualification and scope: _____</p> <p><input type="checkbox"/> Yes - Extended Scope – please specify training/qualification and scope: _____</p> <p>Are you required to undertake an advanced/extended scope in your role within SA Health sites?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, SA Health contact must approve for role in SA Health sites)</p>	<p><input type="checkbox"/> Advanced scope of practice as specified OR</p> <p><input type="checkbox"/> Extended scope of practice as specified</p> <p><input type="checkbox"/> Allied Health Advanced Clinical Practice Credentialing Portfolio (if applicable)</p> <p>Date sighted:</p>
<p>Are you applying for endorsement as an allied health advanced clinical practitioner? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever been denied accreditation/professional association membership? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have any claims, investigation or malpractice lawsuits been made against you? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has your scope of clinical practice and/or appointment at any health service been reduced, suspended or revoked or have you had any conditions attached to your appointment for any reason? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have any other information regarding your ability to practise to declare? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes to any of the above, please submit details with this application.</p>	

PART 3 - NATIONAL CRIMINAL HISTORY SCREENING	SA Health Sign Off
<p>Type of criminal history check(s) required varies based on the nature of the work undertaken and the client type. Applicants should confirm with their SA Health Key Contact(s) as to what checks are required for their role(s). Criminal history screening and information about these requirements is available via the SA Health Criminal and Relevant History Screening Policy.</p>	
<p>National Police Clearance (NPC) noting unsupervised contact with vulnerable groups</p> <p>Date of issue: / / Reference Number: _____</p> <p>DHS Criminal History Screening</p> <p>Working With Children Check (WWCC)</p> <p>Date of issue: / / Reference Number: _____</p> <p>NDIS Worker Check</p> <p>Date of issue: / / Reference Number: _____</p> <p>Vulnerable Person-Related Employment Check</p> <p>Date of issue: / / Reference Number: _____</p> <p>Aged Care Sector Employment Check</p> <p>Date of issue: / / Reference Number: _____</p> <p>General Employment Probity Check</p> <p>Date of issue: / / Reference Number: _____</p>	<p><input type="checkbox"/> Evidence sighted</p> <p>Date sighted:</p>
PART 4 – DECLARATION BY APPLICANT	

To the best of my knowledge, the information provided in this application is true and correct. I understand that any incorrect statement may result in refusal in granting or the withdrawal of existing credentials. I authorise the SA Health key contact to seek information relating to my credentials and experience as relevant to my application.

I undertake to inform SA Health of any complaint made about my professional conduct or of any change in registration/professional membership eligibility status.

I understand that information given in this application will be entered into the SA Health Credentialing and Scope of Clinical Practice System (CSCPS) Database that is accessed by professional discipline manager/senior allied health professional or allied health director and the Chief Allied and Scientific Health Officer or delegate.

I confirm there is an appropriate contract or agreement in place with SA Health (directly or via an employer), detailing the arrangements for service delivery. I additionally agree to comply with mandatory training and other relevant policies (e.g. immunisation directive) applicable to the LHN and scope of practice being undertaken.

Signature: _____ Date: / /

PART 5 - DECLARATION BY PROFESSION MANAGER / SENIOR ASHP (SA Health Key Contact)

I am satisfied that the applicant has the appropriate credentials to undertake the position for which they are being engaged within SA Health.

Identified scope of clinical practice (as per Part 2):* _____

Restrictions or Limitations (as per Part 2): N/A or Specify _____

Allied health advanced practitioner: Yes No

Signature: _____ Date: / /

Name of Profession Manager/Senior Allied and Scientific Health Professional: _____

Position Title: _____ Health Unit: _____

Credentialing Committee: _____

Date of Credentialing Approval	/ /	<i>(Date signed by SA Health Key Contact)</i>
Credentialing Expiry Date:	/ /	

*If scope of clinical practice includes Advanced or Extended scope, additional documentation, evidence and monitoring of competency will be required according to the specific scope and LHN procedures.

On completion, please provide applicant with a copy of this Access Appointment application.

All details from this form, along with a copy of the application form, CV and transcript/parchment of relevant qualifications (self-regulated professions only) should be uploaded to the relevant fields into the SA Health Credentialing and Scope of Clinical Practice System for Health Practitioners (CSCPS) database. Application form and copies of supporting evidence should be submitted to HR/kept on secure file by Key Contact as per local procedures.

Original documents for criminal history checks and AHPRA registration certificates should be returned to the applicant and copies disposed of confidentially once data has been entered into the database.

OFFICE USE ONLY	Application details entered into CSCPS	Date: / /
Name:	Position:	
Signature:		

CONDITIONS FOR ACCESS APPOINTMENTS IN SA HEALTH

Scope:

An Access Appointment grants an Allied and Scientific Health Professional (ASHP) external to SA Health credentialing approval to provide clinical services within an SA Health site. External Allied and Scientific Health Professionals are required to comply with SA Health's *Credentialing and Defining Scope of Clinical Practice for Allied and Scientific Health Professionals* Policy and other relevant procedures.

Conditions:

1. The Access Appointee must comply with all relevant policies and procedures of the Local Health Network (LHN) and the relevant Health Unit, including the following;
 - [Safety and Quality Programs](#)
 - [Corporate Records Management Policy](#)
 - [Criminal and Relevant History Screening Policy](#)
 - [Performance Review & Development Policy](#)
 - [Privacy Policy](#)
 - [Governance Framework for Advanced Scope of Practice Roles and Extended Scope of Practice Roles in SA Health](#)
- 2.
3. The Access Appointee can expect to receive appropriate orientation to the Health Unit/clinical service.
4. During the term of the Access appointment, it is required that the Access appointee must:
 - 4.1. Maintain current Credentials as per the 'Credentialing and Defining Scope of Clinical Practice for Allied and Scientific Health Professionals' Policy available at www.health.sa.gov.au/alliedandscientifichealth
 - 4.2. Only provide services that are within the ambit of the Access Appointee's credentials, are appropriate to the resources available, and are within the approved scope of practice, at the relevant LHN, Health Unit or clinical service.
 - 4.3. Maintain current, both Professional Indemnity and Public Liability insurance, to the value of \$20 million for each claim at all times to cover any liability that may arise out of or as a consequence of the Access Appointee providing services at the relevant LHN, Health Service or clinical service. Provide insurance policy details to the Health Unit or clinical service. If providing clinical services to DVA clients refer to the Commonwealth Department of Veteran Affairs for appropriate Professional Indemnity coverage and Public Liability Insurance cover amounts.
 - 4.4. For Unpaid appointees, Indemnity and Liability insurance arrangements must be agreed at the local site level prior to commencement of visitations or clinical placements.
 - 4.5. In the event that an Access Appointee becomes involved in any criminal or disciplinary proceedings arising out of their practice, the Access Appointee must give the LHN and Health Unit/clinical service written notice of those proceedings within fourteen (14) days of commencement. The LHN/clinical service may also undertake continuous monitoring of relevant criminal history screening through the Department of Human Services (DHS) Portal relating to Working With Children Checks and DHS Child-related clearances.
 - 4.6. In the event a claim is made against an Access Appointee or they become involved in any civil proceedings arising out of their practice at the relevant LHN, Health Service/clinical service the

Access Appointee must give the LHN, Health Unit/clinical service written notice of those proceedings within fourteen (14) days of commencement.

5. The Access Appointee must observe and otherwise provide services to patients at the relevant LHN, Health Service/clinical service in accordance with the terms, conditions, rules and regulations set out in the relevant Registration Board and/or Professional Association's Code of Professional Conduct.
6. The LHN Director of the relevant Health Unit/clinical service in conjunction with the Profession Manager/Senior Allied Health Professional may terminate the Access Appointment immediately by notice in writing to the Access Appointee in the event that:
 - 6.1. The Access Appointee breaches any terms and conditions for the Access Appointment.
 - 6.2. The Access Appointee is involved in any activity or conduct which in the opinion of the LHN, Health Unit/clinical service might adversely affect the quality and safety of the patient/client care provided at the relevant Health Unit/clinical service.
 - 6.3. The Access Appointee is deemed by the LHN, Health Unit/clinical service to be a risk to patients, jeopardising the health and safety of patients/clients and/or staff or otherwise exposing the relevant Health Unit/clinical service to a risk of liability in respect to the services provided to patients.
 - 6.4. The Access Appointee is guilty of gross misconduct or neglect in the discharge of their duties.
 - 6.5. The Access Appointee has become of unsound mind.

The Profession Manager/Senior Allied and Scientific Health Professional has a legal obligation to notify AHPRA if a registered Access Appointee's professional conduct or behaviour is such that it is outlined by the above clauses 5.2 to 5.5.

7. An Access Appointee's Appointment will terminate automatically if for any reason the applicant ceases to hold appropriate credentials.
8. Following the expiry of the Access Appointment approval, an applicant must reapply for a renewal of the Access Appointment to continue practising in the relevant LHN, Health Unit/clinical service. Renewal is required on an annual basis.
9. Following the termination or expiration of the Access Appointment, the Appointee must continue to maintain professional indemnity insurance referred to in paragraph 3.4, or appropriate run-off insurance, to ensure cover in respect to any claim which might be made against the Appointee in respect to services provided at the relevant LHN, Health Unit/clinical service during the approved term of Access Appointment.

DECLARATION

I have read, understood and agree to abide by the above Conditions if granted an Access Appointment by the Local Health Network, Health Unit/clinical service.

I confirm I will liaise with the SA Health Key Contact (usually the Allied Health Manager/Senior AHP of the relevant profession) prior to attending the Local Health Network, Health Unit/clinical service in order to receive orientation information and confirm arrangements relating to attendance at the site and provision of the service.

APPLICANT NAME

WITNESS NAME

APPLICANT SIGNATURE

DATE

WITNESS SIGNATURE

DATE