Application for Allied Health Assistant Re-Classification

OPS-3/AHA-3 to AHA-4  
Following all relevant endorsements, thisApplication and all supporting documentation

is to be forwarded to the designated **Human Resources Manager** within the Local Health Network.

**NB Submission will be returned if approvals or documentation is incomplete.**





This form is only to be completed by an employee seeking to reclassify from **OPS-3/AHA-3 to AHA-4 level** where the employee and manager disagree on the classification level determined by the AHA Translation Assessment.

The applicant and/or manager must fully complete Parts 1- 9 of this application before submitting it to the relevant Managers and Executive for signoff and comment.

Please contact your local Human Resources department if you require assistance completing this form.

Application Type: Employee Initiated  Manager Initiated

Part 1: Employee Details

|  |  |
| --- | --- |
| Name: |  |

|  |  |
| --- | --- |
| Contact Number: |  |

|  |  |
| --- | --- |
| Contact Email: |  |

Part 2: Position Details

|  |  |
| --- | --- |
| Current Position Title: |  |

|  |  |
| --- | --- |
| Directorate / Department: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Current Classification Level: |  | Proposed Classification: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Position FTE: |  |  |  |

|  |  |
| --- | --- |
| CHRIS Position Number : |  |

|  |  |
| --- | --- |
| Position Status: | Full Time  Part Time  Casual |

|  |  |
| --- | --- |
| Employment Type: | Permanent  Temporary  Please specify period (years/months) |

|  |  |
| --- | --- |
| Position within Approved Establishment: | Yes  No |

|  |  |
| --- | --- |
| Funding Source (Please Specify) | Operating  Externally Funded |

Part 3: Current Incumbent Details

|  |  |
| --- | --- |
| Current Occupant 1 Name(s): |  |

|  |  |
| --- | --- |
| Occupant(s) Status: | Permanent Incumbent (Substantive)  Acting  Vacant |

|  |  |
| --- | --- |
| Current Occupant 2 Name(s): | *(if applicable)* |

|  |  |
| --- | --- |
| Occupant(s) Status: | Permanent Incumbent (Substantive)  Acting  Vacant |

|  |  |
| --- | --- |
| Current Occupant 3 Name(s): | *(if applicable)* |

|  |  |
| --- | --- |
| Occupant(s) Status: | Permanent Incumbent (Substantive)  Acting  Vacant |

Part 6: Organisational Details (NB Please ensure this section is consistent with the organisation chart)

|  |  |
| --- | --- |
| Applicant Position Title: |  |

|  |  |
| --- | --- |
| Line Manager / Supervisor (including position title): |  |

|  |  |
| --- | --- |
| Line Manager / Supervisor reports to (including position title): |  |

|  |  |
| --- | --- |
| Staff directly supervised by applicant: | Headcount       Total FTE |

|  |  |
| --- | --- |
| (please insert additional lines if required) | Position Title  FTE       Classification |

|  |  |
| --- | --- |
|  | Position Title  FTE       Classification |

|  |  |
| --- | --- |
|  | Position Title  FTE       Classification |

|  |  |
| --- | --- |
| Staff indirectly supervised by applicant: | Headcount       Total FTE |

Part 7: Justification & Background

Reclassifications:

1. Describe the context and changes to the structure/position.
2. Explain the aspects of the role that align to the higher level, in particular describe those which have increased work value including complexity, responsibility and significance of impact of outcomes.

NB an increase in quantity of work does not warrant reclassification

|  |
| --- |
| *Under the South Australian Modern Public Sector Enterprise Agreement: Salaried 2017, Appendix 10 a new Allied Health Assistant (AHA) stream has been created. Work level definitions for the AHA staff cohort have been defined by this instrument and hence some AHA positions within SA Health require re-classification to ensure tasks and responsibilities required by the position align appropriately to the correct AHA- level as defined by the new work level definitions.*  *Please specify the aspects of the current position tasks and responsibilities that justify consideration of re-classification to a higher AHA level. Additional evidence of higher level responsibilities, outside of the Work Level Definition tasks (part 8), can be added to this section.* |

Part 8: Comparative Analysis

**Work Level Definitions at the AHA-4 level**

Work Level Definitions are established from latest classification standards or relevant Enterprise Agreement as applicable.

Enterprise Agreement located at:

<http://inside.sahealth.sa.gov.au/wps/wcm/connect/non-public+content/sa+health+intranet/business+units/workforce/workforce+relations/agreements>

|  |  |
| --- | --- |
| Work level definition used: | *SA Modern Public Sector Enterprise Agreement: Salaried 2017* |
| Pathway/Stream(s) : *(if applicable)* | *Appendix 10: Allied Health Assistants* |

|  |  |
| --- | --- |
| **AHA-4 Work Level Definitions** | **Comparison with applicant’s current role**  *(provide examples of how tasks and duties align to work level definition areas)* |
| Must possess a minimum of Certificate 4 in Allied Health Assistance or equivalent |  |
| Work under general clinical direction and may provide supervision, coordination and leadership to a small team at a health site or within an equipment setting |  |
| Required to perform a broad range of tasks that require specialisation and/or detailed knowledge or training |  |
| With support as required from allied health professionals, may undertake training of less experienced AHAs |  |
| May maintain items by ensuring their operation within established safety and health standards and operational tolerances |  |
| May design and develop specific purpose equipment and prosthetics |  |
| Contribute in a specific discipline to recording, consulting and preparing reports |  |
| Exercise of appropriate delegations |  |

Part 9: Classification Documentation Certification

I have compiled the attached application for a reclassification to AHA-4 with respect to the above position(s). I certify that the following information is included in this application or attached:

Certified **current Job and Person Specification/s**

**Comparison against the approved Work Level Definitions** relevant to the position

**Recommendation(s)** from the Manager

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant’s Signature: |  | Date |  |

Part 10: Management Recommendation and Signoff

**Manager Endorsement**

*In supporting this application you agree that the position is required to undertake the duties and functions as described and you confirm the role description is an accurate reflection of the required duties/responsibilities of the position.*

*If NOT supporting the application, please provide reason(s) in comments section.*

|  |
| --- |
| Comments: *(Detail must be provided if application not supported)* |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | **Supported / Not Supported** | |
| Name |  | *(please circle)* | |
| Position Title |  | Date |  |

**Manager Business Operations / Business Manager Financial Statement**

*Please provide information as to the anticipated costs of the proposed reclassification and the capacity of the business unit to absorb those costs within existing operating budgets and/or details of alternate funding sources.*

|  |
| --- |
| Comments: *(Detail must be provided if application not supported)* |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | **Supported / Not Supported** | |
| Name |  | *(please circle)* | |
| Position Title |  | Date |  |

**Delegate Endorsement**

*In supporting this application you agree that the position is required to undertake the duties and functions as described.*

*If NOT supporting the application, please provide reason(s) in comments section.*

|  |
| --- |
| Comments: *(Detail must be provided if not supported)* |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | **Supported / Not Supported** | |
| Name |  | *(please circle)* | |
| Position Title |  | Date |  |

Human Resource Department use only

Application assessed as complete.

1. *Do not complete this section until you can confirm that you have a complete application*
2. *If the application is incomplete, return it to the applicant with a clear explanation of requirements*

|  |  |  |  |
| --- | --- | --- | --- |
| Human Resources Signature |  |  | |
| Name |  | Receipt Date |  |

Application Acknowledged \_\_\_\_/\_\_\_\_/\_\_\_\_

Principal Date for Personal Reclassifications only \_\_\_\_/\_\_\_\_/\_\_\_\_

*(Determination of Principal date can be found on Workforce Operations Advice Issue No: WOA0003/11)*

Referred for consideration by:  General Classification Panel

Nursing Classification Panel

Allied Health Classification Panel

Workforce Operations Classification Panel

HR Consultant

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(‘Determination of Principal date’ and the ‘Reclassification Process and Principles’ can be found within Workforce Operations Advice Issue No: WOA0003/11)*

**Reclassification Application and Supporting Documentation**

**Checklist**

**Application form**

1. Type of application e.g. managerial or employee initiated has been indicated.
2. Applicant details have been fully completed.
3. Subject position details have been correctly completed.
4. Reference to Classification Standards or Work Level Definitions etc.
5. Definitive recommendation *and supporting / non supporting comments* made by the Manager / Director / Approving Delegate.

**Role Description**

1. Certified (*signed*) existing J&PS / Role Description
2. Proposed / Updated signed Role Description
   1. Preamble / Context to include a brief description of the purpose of both the Division and the unit/section in which the position is located.
   2. Summary of the **broad purpose of the position to be expressed in no more than 100 words**.
   3. **Special Conditions on the role description template are standardised to reflect normal Award conditions**, variations to this effect should be referred to the HR Consultant for advice eg Due to the nature of the position Flexitime Provision are not assigned to this position - commencing time 8:45 am and finishing time 5:00pm, with 45 minutes lunch time rostered Monday to Thursday.
   4. Outcomes and Activities to be grouped into major areas of responsibility, listed in descending order of priority and written in outcome terms.
   5. Check to ensure that the position outcomes and activities reflect and are consistent with the proposed classification work level definitions.
   6. **Essential & Desirable criteria to be kept to a max of fifteen (15) dot points.**
   7. Essential qualifications must reflect those determined by the HR Manual for Health Care Act Employees or ‘Commissioners Standard 2, Quality Staffing’ for Public Sector Act Employees.
   8. *The Role Description document must be endorsed and dated by the Director / Delegate and the staff member concerned.*

**Financial Statement**

***NB It is the manager’s responsibility to ensure the financial statement is included in the submission.***

A statement / analysis from the Business Operations / Business Manager regarding the anticipated costs of the proposed reclassification, and the capacity of the business unit to absorb those costs within existing operating budgets and/or details of alternate funding sources.