P007 – Recruitment

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| Version | Approved: | Comments | Next review date |
| 1.0 | 01/09/201619/05/2020 | Updated Employment application  | 01/09/201912/09/2022 |

|  |
| --- |
| Applies to: |
| All staff |

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# PURPOSE

First Call Nursing recruits’ staff with a variety of experience and expertise with the aim of creating and maintaining a diverse, relevant and highly skilled nursing/field staff pool to provide quality care. Staff are to be recruited following the procedure outlined below.

# POLICY

First Call advertise in various media including local newspapers and online.

First Call has a provision for less experienced job seekers that will enable them to enter the workforce through training, supervision, and support.

The company is to conduct its recruitment in a fair and transparent manner. Advertising for positions is clear and concise.

First Call will implement affirmative action in target groups when advertising and in the selection process.

First Call will ensure that correct vetting and reference procedures are followed.

All new employees are inducted into the company’s policies and procedures via the induction program prior to commencing work or as soon as is logistically possible.

First Call aims to recruit the best possible available staff with skills, abilities, and experience in the challenges and behaviours of the role specific to both current and future clients.

# PROCEDURE

## Advertisement of Positions Available

1. Positions available are to be advertised directly and will target specific skills relating to the needs of First Call’s clients.
2. Positions available are to be advertised using both print and electronic media, in relevant local area newspapers.
3. Applicants are to complete and sign the First Call’s Employee Application Form.
4. Interviews are to be conducted with applicants as per First Call’s Interview Questions.

## Prerequisites for employment at First Call are:

1. Experience (minimum)
	* Domestic – 3 months
	* Assistant in Nursing – 6 months
	* Enrolled Nurse – 6 months
	* Registered Nurse – 12 months
2. Documentation:
	* Resume
	* Current First Aid Certificate (Current for three years)
	* AIN Position - Certificate III in Aged Care; Certificate III Disability or equivalent experience (e.g. worked as personal care attendant - 6 months)
	* EN (Enrolled Nurse) – RN (Registered Nurse) position – Current registration
	* Current NSW Police record check (Current for three years)
	* Current Working with Children Check (Current for five years)
	* Current Australian Drivers Licence
	* Current Comprehensive Car Insurance
	* Current Car Registration Papers
	* Tax File Number
	* Bank Account and Superannuation details
	* Proof of Vaccination Record
	* Passport sized photos
	* Proof of right to work in Australia

## Following successful interview and review of qualifications and documentation:

* + References are checked.
	+ Working with children checks are verified.
	+ Employees are inducted into company policy and procedures via First Call’s Induction Program.
	+ Induction program - All new staff must sign the induction declaration.
	+ Some new staff are monitored until they are competent in fulfilling their duties.

## Procedure for a successful applicant:

1. Inform the applicant that they have been successful in their employment application.
2. Welcome them to the company.
3. Establish a time and date for the induction program.
4. Inform the applicant of the site where the induction will take place.
5. Inform the applicant that they need to bring with them a diary.
6. Should the applicant require any additional paperwork and documentation make it clear that this must be brought with them to the induction.

First Call aims to recruit skilled, experienced staff in a non-discriminatory manner.

The company’s recruitment process enables access to jobs by jobseekers from across the community.

# DOCUMENTS

F014 Employee Application Form

**F014 - APPLICATION FOR EMPLOYMENT**

❒ Registered Nurse ❒ Enrolled Nurse ❒ Support Care

❒ PCA ❒ Domestic Aid

Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RELEVANT QUALIFICATIONS (e.g. First Aid, Cert III, Nurses registration etc.)**

|  |  |  |
| --- | --- | --- |
| **Qualification** | **Organisation** | **Expiry** |
|  |  |  |
|  |  |  |
|  |  |  |

**WORK REFERENCES:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Position** | **Employer** | **Time in position** | **Contact name/no** |
|  |  |  |  |
|  |  |  |  |

**ESSENTIAL CRITERIA: Yes No Sighted**

1. Qualifications are relevant and current ❒ ❒ ❒
2. You are a resident of Australia or hold ❒ ❒ ❒

a current working visa

1. Current driver’s licence and own car ❒ ❒ ❒
2. Are committed to professional development ❒ ❒ N/A

**HAVE YOU HAD ANY INCIDENTS INVOLVING THE FOLLOWING?**

 **Yes No**

1. Criminal proceedings or charges ❒ ❒
2. Driving offences ❒ ❒
3. Disciplinary action or proceedings ❒ ❒
4. Work related injuries or compensation claims ❒ ❒
5. Do you currently have a disability or medical condition that would prevent you from performing the duties of the position you applied for? Refer to attached Job Description ❒ ❒

If yes to any of the above, please specify ……………………………………..…………………………………………………………………………………………..…………………………………………………………………………………………..

***NB: Criminal Offence/charges:***

***Failure to provide accurate information regarding criminal offences may affect the worker’s position at First Call Nursing***

***NB: Workers Compensation***

***Failure to provide accurate information regarding the above will result in the worker not being entitled to WorkCover compensation if the pre-existing injury is aggravated by work undertaken for First Call Nursing.***

**EXPERIENCE:**

Less than 12 months ❒ 1-3 years ❒ More than 3 years (give amount) …………

*Do you have experience and skills relevant to the following areas?*

 **Yes No**

1. Community Nursing ❒ ❒
2. Hospital/Nursing Home ❒ ❒
3. Aged Care ❒ ❒
4. Disability ❒ ❒
5. Children ❒ ❒
6. Bowel care ❒ ❒
7. Dementia ❒ ❒
8. Mechanical lifters and equipment ❒ ❒
9. Peg feeds ❒ ❒
10. Tracheotomy ❒ ❒
11. Other challenges and behaviours (please specify) ❒ ❒

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMPLOYEE DETAILS**

Surname (last name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name (s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NEXT OF KIN name (Emergency Contact):**

Home phone:

Work phone:

Mobile:

**Bank details**

Account name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BSB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Office Use Only**

**TFN declaration completed** Yes ❒ No ❒

**Superannuation**

Forms attached? Yes ❒ No ❒

**Licenses and registrations**

First Aid Copy attached Yes ❒ No ❒ Exp.

Cert III Copy attached Yes ❒ No ❒ N/A ❒

Nurses registration Copy attached Yes ❒ No ❒ N/A ❒

Stat. declaration Copy attached Yes ❒ No ❒ N/A ❒

Tuberculosis (TB) assessment tool Yes ❒ No ❒ N/A ❒

Vaccination record Yes ❒ No ❒ N/A ❒

**Record checks:**

Working with Children Check Yes ❒ No ❒

NSW Police CRC Copy attached Yes ❒ No ❒

**Reference check:**

References checked Yes ❒ No ❒

Reference Notes:

**KNOWLEDGE:**

*Do you have knowledge of:* **yes no**

1. WHS employee responsibilities ❒ ❒
2. Industry standards ❒ ❒

(E.g. ANC Code of Ethics, HACC Disability Service Standards etc)

**Vaccination Record** ❒ ❒

Please complete attached TB assessment tool

**HOURS PER WEEK YOU WOULD LIKE TO WORK:**

0 – 10 hours/wk ❒

10-20 hours/wk ❒

20-30 hours/wk ❒

30-40 hours/wk ❒

40+ hours/wk ❒

**Prepared to travel outside of your residential area?** **Yes** ❒ **No** ❒

**LANGUAGES SPOKEN:**

1. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
4. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**First Call Nursing offers ‘buddy shifts’ to gauge competence in care duties, do you feel this would be of benefit to you? Yes** ❒ **No** ❒

***ALL INFORMATION PROVIDED IN THIS APPLICATION WILL BE TREATED AS CONFIDENTIAL AND WILL REMAIN PRIVATE AT ALL TIMES. THE APPLICANT DECLARES THAT ALL INFORMATION PROVIDED IS TRUE AND CORRECT.***

**Prospective Employee Statement**

|  |
| --- |
| 1. I understand that completing this application will in no way assure that I will be employed
2. I have been provided with a Job Description for the position I am applying for. I have read and understand the requirements for that job
3. If employed, I agree to abide by Company Policies set out in the Company Policy Manual and conditions mutually agreed to.
4. If employed, I agree to abide by all safety procedures and use all protective clothing and equipment prescribed when working in an area where PPE is mandatory.
5. I understand that where alcohol or illegal substances are a factor in an accident, I will be subject to instant dismissal. And, if the insurance company declines the claim, I will be required to pay for damage caused to Company property and third party.
6. I declare that the answers to questions on this application are true and I give the Company the right to investigate all references given and additional information, as necessary.
7. This application was completed by me, statements contained are true to the best of my knowledge and I authorize investigation of them. I also understand that misrepresentation or omission of material facts is cause for dismissal.
8. I give permission to contact the referees listed, knowing these people are aware they have been nominated. I also consent to the Company contacting previous employers not nominated by me and agree that any information or opinions from referees is confidential and will remain between the prospective employer and the referee.
9. I give permission to the Company to retain my employment application form and resume, to assess suitability for other positions that may arise.
10. I understand that upon termination of my employment, failure to return all company property will result in legal action to recover and prosecute offending parties.
11. I understand I must notify First Call management if I am involved in any disclosable court outcomes.

***SIGNATURE OF APPLICANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_/\_\_\_\_\_/\_\_\_\_******SIGNATURE OF INTERVIEWER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_/\_\_\_\_/\_\_\_\_******POSITION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_******Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |

**Skills and Competencies - Please tick all that apply**

Competence starts from a person’s capabilities. In a sense, competence is the proven abilities and improved capabilities. Competence can include a combination of knowledge, basic requirements (capabilities), skills, abilities, behaviour, and attitude.

**Please tick all the competencies and skills you are confident in performing:**

|  |  |
| --- | --- |
| Amputees – working with |  |
| Assist with toileting |  |
| Blood Sugar Levels (BSL) |  |
| Bowel Care  |  |
| Bowel Care Complex |  |
| Catheter-empty/change bag |  |
| Challenging Behaviours –working with |  |
| Colostomy-change |  |
| Dementia Experience – working with |  |
| Disability – Intellectual |  |
| Disability – Physical |  |
| Domestic assistance |  |
| Dress and undress – assistance |  |
| Driving – transport |  |
| Feeding  |  |
| Hoist – manual |  |
| Hoist – ceiling |  |
| Hoist – standing |  |
| Meal prep – preparation of meals |  |
| Menstrual care |  |
| Mental Health-working with |  |
| Monitor meds |  |
| Moving aids-slide sheet, pelican belt, wheelchair |  |
| Nasal care |  |
| Oral Hygiene |  |
| Palliative Care |  |
| Peg feed |  |
| Personal Care |  |
| Personal grooming |  |
| Respite |  |
| Skin care – apply cream |  |
| Social care |  |
| Suction |  |
|  |  |
|  |  |

**Tuberculosis (TB) Assessment tool**

**NSW HEALTH procedures**

Occupational assessment, screening and vaccination against specified infectious diseases **PD2011\_005**

|  |
| --- |
| * A New Recruit/Student will require TST screening if he/she was born in a country with a high incidence of TB, or has resided for a cumulative time of 3 months or longer in a country with a high incidence of TB, as listed at: <http://www.health.nsw.gov.au/publichealth/Infectious/a-z.asp#T>
* The **Health Service** will assess this form and decide whether clinical review/testing for TB is required. Indicate if you would prefer to provide this information in private consultation with a clinician.
* **New Recruits** will not be permitted to commence duties if they have not submitted this *Form* and *Form 1: New Recruit Undertaking/Declaration* to the employing health facility. Failure to complete outstanding TB requirements within the appropriate timeframe(s) may affect the new recruit’s employment status.
* **Students** will not be permitted to attend clinical placements if they have not submitted this *Form* and the *Form 3: Student Undertaking/Declaration* to their educational institution’s clinical placement coordinator as soon as possible after enrolment. Failure to complete outstanding TB requirements within the appropriate timeframe(s) will result in suspension from further clinical placements. **The educational institution** will forward the original or a copy of these forms to the health service for assessment.
 |
| **Clinical History**Cough for longer than 2 weeks Yes □ No □***Please provide information below if you have any of the following symptoms:***Hemoptysis (coughing blood) Yes □ No □Fevers / Chills / Temperatures Yes □ No □Night sweats Yes □ No □Fatigue / Weakness Yes □ No □Anorexia (loss of appetite) Yes □ No □Unexplained Weight Loss Yes □ No □ | **Assessment of risk of TB infection****Were you born outside of Australia?** Yes □ No □If yes, where were you born?………………………………………………**Have you lived or travelled overseas?** Yes □ No □Country Amount of time lived/ Travelled in country………………………… ………………………………………… ………………………………………… ……………… |
| **Have you ever had?****Contact with a person known to have TB?**If yes, provide details below Yes □ No □ | **Have you ever had?****TB Screening?** Yes □ No □If yes, provide details below and attach Documentation. |
| If you answered **YES** to any of the questions above, please provide details (attach extra pages if required). |
| **I declare that the information I have provided is correct****Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Phone or Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Student ID (or date of birth)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Educational institution (student)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Health Service/Facility (new recruit)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

|  |
| --- |
| **EMPLOYEE CONFIDENTIALITY AGREEMENT**This Agreement is made between \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_("EMPLOYEE") and **First Call Nursing** on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_.EMPLOYEE will perform services for First Call Nursing which may require First Call Nursing to disclose confidential and proprietary information ("Confidential Information") to EMPLOYEE. (Confidential Information is any information of any kind, nature, or description concerning any matters affecting or relating to Employee's services for First Call Nursing, the business or operations of First Call Nursing. Accordingly, to protect the First Call Nursing Confidential Information that will be disclosed to EMPLOYEE, the EMPLOYEE agrees as follows.**A**. EMPLOYEE will hold the Confidential Information received from First Call Nursing in strict confidence and shall exercise a reasonable degree of care to prevent disclosure to others. **B**. EMPLOYEE will not disclose or divulge either directly or indirectly the Confidential Information to others unless first authorized to do so in writing by First Call Nursing.**C**. EMPLOYEE will not reproduce the Confidential Information nor use this information commercially or for any purpose other than the performance of his/her duties for First Call Nursing.**D**. EMPLOYEE will, upon the request or upon termination of his/her relationship with First Call Nursing, deliver to First Call Nursing any notes, documents, equipment, and materials received from First Call Nursing or originating from its activities for First Call Nursing.**E**. First Call Nursing shall have the sole right to determine the treatment of any information received from EMPLOYEE in the course of their duty, including the right to keep the same as a trade secret, to use and disclose the same in its own name or to follow any other procedure as First Call Nursing may deem appropriate.**F**. First Call Nursing reserves the right to take disciplinary action, up to and including termination for violations of this agreement.EMPLOYEE represents and warrants that it is not under any pre-existing obligations inconsistent with the provisions of this Agreement.Signing below signifies that the EMPLOYEE agrees to the terms and conditions of the agreement stated above. |

|  |  |
| --- | --- |
| First Call Nursing | EMPLOYEE |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| First Call Nursing Management | Employee Signature |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

# Fair Work Ombudsman - logoFair Work Information Statement

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**](http://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**](http://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**](http://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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Fair Work Information Statement – Declaration

I (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

acknowledge I have been given a copy of the Fair Work Information Statement at the commencement of

employment at First Call Nursing.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**10.5 Right to request casual conversion**

**Notification of Casual Conversion Clause**

The Social, Community, Home Care and Disability Services Industry Award 2010 [MA000100]has recently been amended to permit a ‘regular casual employee’ to request that their employment be converted to full-time or part-time employment.

Please find **attached** a copy of clause *Right to request casual conversion*, which has recently been inserted into the Award. We are required to provide you with a copy of this clause.

In the clause, a ‘regular casual employee’ is defined as:

*A casual employee who has in the preceding period of 12 months worked a pattern of hours on an ongoing basis which, without significant adjustment, the employee could continue to perform as a full-time employee or part-time employee under the provisions of this award*.

The clause allows a ‘regular casual employee’ to request to have their employment converted to full-time or part-time (whichever is more appropriate having regard to the hours currently being worked).

Converting from casual employment to full-time or part-time employment will mean that the 25% casual loading will no longer apply to the hourly rate of pay. However, as a full-time or part-time employee, you would be entitled to the benefits associated with this type of employment, including paid annual leave and personal leave in accordance with the Award and relevant legislation.

If you are a regular casual employee and are interested in exploring this option with First Call Nursing that the Award has been amended, please contact Karen on 02 9600 6612 or via email on info@firstcallnursing.com.au to discuss this opportunity further.

Yours faithfully
Breeda Kelly M.D.

First Call Nursing

I (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

acknowledge I have read and understood **Casual Conversion Clause** at the commencement of employment at First Call Nursing.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_