

Request for Allied Health Locum response form (Panel Arrangement RP83343)

Supplier response

In response to the customer request _____, the supplier recommends the following candidate:

Candidate	
Contract Location	
Contract Date Range	
Documents required – Minimum to assess suitability	
As per Allied Health Credentialing requirements for external providers	
Curriculum Vitae <ul style="list-style-type: none"> Signed and dated as true and correct by the candidate 	<input type="checkbox"/> Attached
Evidence of registration <ul style="list-style-type: none"> Print out from AHPRA online register 	<input type="checkbox"/> Attached
Certified copies of qualifications*	<input type="checkbox"/> Attached
Two referees who have worked with the candidate within the last twelve (12) months (using AH Reference Template). <ul style="list-style-type: none"> 1 from current supervisor 1 from professional peer (who can attest to skills, experience, competence). 	<input type="checkbox"/> Attached
Credentialing and Scope of Clinical Practice	<input type="checkbox"/> No current Scope of Clinical Practice with an HHS/DoH <input type="checkbox"/> Attached - Current Scope of Clinical Practice with Torres Cape HHS <input type="checkbox"/> Attached - Current Scope of Clinical Practice with another HHS/DoH
Logistics	
Travel <ul style="list-style-type: none"> Candidate travelling from 	Nearest major city airport
Hourly rate quoted	\$
If applicable on-call allowance and rate	
Additional comments	

Printed copies are uncontrolled

***NOTE: All documentation requiring certification must be certified by a Justice of the Peace, Notary Public, Commissioner of Declaration, Solicitor or Barrister, unless originals are sighted by the Queensland Health delegate who approves credentialing**

Supplier Declaration

Verification and certification Declared

Supplier contact

Supplier contact number

Supplier contact email address

Date

Further documents required for credentialing upon receipt of approval by TCHHS

Certificate of professional body or AHPRA accreditation and/or twelve (12) month professional development history Attached

Certified proof of identification

- Mandatory – Photo ID**

- Current passport OR Birth certificate + Australian drivers licence

- Additional**

- Birth certificate, Australian drivers licence, Australian citizenship certificate, Medicare Card, Utility bill or ‘Working with children’ check

Mandatory

- Current passport
- Birth certificate
- Australian drivers licence

Additional

- Birth certificate (if not supplied above)
- Marriage certificate
- Australian drivers licence (if not supplied above)
- Australian citizenship certificate
- Medicare card
- Utility bill

If non AHPRA Allied Health Professional ‘Working with children’ check (Qld BlueCard)

Certified copy of current National Police Certificate Name Only (Aged Care) * Attached

- Must be issued by State/Territory police department, or the Australian Federal Police - Cannot be a criminal check issued by a third party/private company

Note: Expiry is three years from date of certificate.

Evidence of Immunisation

- [Queensland Health mandatory vaccinations](#)
- [Queensland Health guideline – vaccination of healthcare workers](#)
- [Evidence as per Queensland Health requirements](#)

- Attached - VPD evidence certification form
- Attached – VPD evidence form
- Attached – COVID 19 Vaccination evidence

TCHHS office use only – Recommendation and Approval to proceed with candidate	
Allied Health Manager Name	
Allied Health Manager Location:	
Signature	
Date	
Comments:	
Approving delegate name	
Approving delegate position	
Signature	
Date	
Comments:	
Upon approval:	
<ul style="list-style-type: none"> • Send this form to the supplier • Cc: TCHHS-credentialing@health.qld.gov.au 	