

Allied Health Locum Response form (PSP 111539)

Supplier response

In response to the customer request number _____, 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 / other registration online register 	<input type="checkbox"/> Attached
Certified copies of qualifications	<input type="checkbox"/> Attached
Two (2) referees 2 x from a health professional or manager who has worked with the candidate within the last 12 months	<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 TCHHS <input type="checkbox"/> Attached - Current scope of clinical practice with another HHS / DoH
NOTE: Copies of documents require certification by a Justice of the Peace, Notary Public, Solicitor or Barrister unless originals are sighted by the Queensland Health delegate who approves credentialing	
LOGISTICS	
Travel <ul style="list-style-type: none"> Candidate travelling from 	Nearest major city airport
Hourly rate quoted	\$_____.
If Applicable <ul style="list-style-type: none"> ON Call allowance and recall rate details Fatigue penalty details 	
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	<input type="checkbox"/> Attached
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<p>Certified Proof of Identification</p> <ul style="list-style-type: none"> • Mandatory – Photo ID <ul style="list-style-type: none"> ○ Current passport OR Birth certificate + Australian drivers licence • Additional <ul style="list-style-type: none"> ○ Birth certificate, Australian drivers licence, Australian citizenship certificate, Medicare Card, Utility bill or ‘Working with children’ check 	<p>Mandatory</p> <ul style="list-style-type: none"> <input type="checkbox"/> Current passport <input type="checkbox"/> Birth certificate <input type="checkbox"/> Australian drivers licence <p>Additional</p> <ul style="list-style-type: none"> <input type="checkbox"/> Birth certificate <input type="checkbox"/> Marriage certificate <input type="checkbox"/> Australian drivers licence <input type="checkbox"/> Australian citizenship certificate <input type="checkbox"/> Medicare card <input type="checkbox"/> Utility bill
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If NON AHPRA Allied Health Professional	<input type="checkbox"/> ‘Working with children’ check (Qld Blue Card)
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<p>Copy of current National Police/ Aged Care Certificate</p> <ul style="list-style-type: none"> • Certified copy • 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 	<p><input type="checkbox"/> Attached</p>
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<p>Evidence of Immunisation</p> <ul style="list-style-type: none"> • Queensland Health mandatory vaccinations: https://www.health.qld.gov.au/employment/work-for-us/dept-of-health/pre-employment/vaccinations • Queensland Health guideline – vaccination of healthcare workers: https://www.health.qld.gov.au/_data/assets/pdf_file/0029/444872/vaccination-of-healthcare-workers.pdf • Evidence as per Queensland Health requirements: https://www.health.qld.gov.au/employment/work-for-us/dept-of-health/pre-employment/vaccinations/conditions 	<ul style="list-style-type: none"> <input type="checkbox"/> Attached - VPD evidence certification form <input type="checkbox"/> Attached – VPD evidence form
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TCHHS OFFICE USE ONLY – Approval to proceed with candidate

Approving Delegate Name	
Approving Delegate Position	
Signature	
Date	