



Compulsory Requirements Check List: Faculty of Health and Medical Sciences

Name: _____

Student Number: _____ Mobile: _____

Course Title: _____

Use this checklist to make sure you have met the [compulsory screening requirements](#). Attach it when submitting your documents. Keep a copy of all your documents and results.

In order of priority:

1. Infection Control Statement of Compliance (signed by Dr and student)

Make an appointment as soon as possible to complete this requirement.

Note: The [University Medical Centre](#) GP's are familiar with the Infection control requirements for students and are recommended. If you attend your own GP you must attach the completed Infection Control Form, together with your test results.

2. National Criminal History Record Check (NCHRC)

Apply for this check through the WA Department of Health following the instructions in the attached document. Once completed a card is issued which you **MUST** carry at all times when on placement in a WA Health facility.

Submit a copy of the card to the pre-enrolment office as evidence you have been screened.

Note: if you already have a National Police Clearance certificate dated within the last 12 months you will **not** be required to pay the fee.

Submit before the deadline with notations of what is to follow.

Send proof of having met these requirements to:

Pre-enrolment Officer
Faculty of Health and Medical Sciences
M501, The University of Western Australia,
CTEC Building, 1st Floor, Hackett Entrance 2
CRAWLEY WA 6009



INFECTION CONTROL FORM

**Statement of Compliance with the Faculty of Health and Medical Sciences
Infection Control Requirements.**

To be completed by a registered medical practitioner.

Return original to the Faculty Infection Control Officer as soon as possible.

Student name:	DOB:
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I, Dr _____ report that the student's immunisation status is now as follows:

<p>1. Hepatitis B</p> <p>The student has HBsAb antibody titres ≥ 10 mIU/mL Date of Blood Test/...../.....</p> <p><u>or</u>, a course of immunisation has been commenced Note: A HBsAb titre must be performed (at least 4 weeks after final vaccination) and the result sent to the Faculty Pre-Enrolment Officer</p> <p>Date 1st dose/...../.....</p> <p>Date 2nd dose/...../.....</p> <p>Date 3rd dose/...../.....</p>
<p>2. Measles, mumps, rubella</p> <p>The student has documented immunity to measles, mumps, and rubella.</p> <p>Dates measles serology/...../..... Mumps serology/...../.....</p> <p>Rubella serology/...../.....</p> <p><input type="checkbox"/> <u>or</u> documented immunisation with 2 doses of MMR</p> <p>Date of 1st Dose Date of 2nd Dose/...../..... /...../.....</p> <p><u>or</u> a booster dose of MMR vaccination was administered Date MMR given/...../.....</p>
<p>3. Varicella</p> <p>The student has documented immunity to Varicella Date checked/...../.....</p>

<input type="checkbox"/>	or varicella vaccination (2 doses) was administered	
	Date of 1 st Dose/...../.....	Date of 2 nd Dose/...../.....
4.	Tuberculosis Quantiferon blood test or Tuberculin skin test must be performed <input type="checkbox"/> Result is Negative	Date QFN/TST/...../..... <input type="checkbox"/> Result is Positive (please attach)
5.	Pertussis (Note: do not undertake serological testing) <input type="checkbox"/> The student received a DTP course as a child and has received a Pertussis booster within past 10 years <input type="checkbox"/> or a pertussis booster vaccination was administered	Date booster/...../..... Date booster/...../.....
6.	MRSA Screening MRSA testing is compulsory if the student has worked or been a patient in a hospital or nursing home outside WA within the past 12 months. Indicate if NA	Date swabs/...../.....
7.	Influenza <input type="checkbox"/> Yearly Influenza vaccination has been recommended	Date recommended/...../.....

Additional information as required:

GP Signature

GP Practice stamp

Date

Student Declaration:

- I understand the Faculty of Health and Medical Sciences infection control requirements and agree to submit this health screening information as a true and correct record of my compliance. I attach all of the test results if not completed by the University Medical Centre.
- In addition, I agree to follow up outstanding vaccinations and provide evidence of completion including proof of my status regarding testing for blood borne diseases.
- I agree if any test for a blood borne virus is positive, I will contact the Faculty Infection Control Officer immediately for further discussion.
- I will maintain my own records of compliance with these requirements including copies of my test results and vaccination records.

Signature:

Date:



Methicillin-resistant Staphylococcus aureus (MRSA)

MRSA screening is compulsory for all students who have been working, or a patient, in a hospital or nursing home setting outside WA in the past 12 months.

You must complete and submit this form (even if you answer “no”).

Name: _____

Student Number: _____ **Mobile:** _____

Course Title: _____

Have you been working or been a patient in a hospital setting or nursing home outside Western Australia in the last 12 months?

Yes

No

If yes, you must have a MRSA test.

Note: nose, throat and skin lesion swabs can be collected outside WA as long as you have not been in a hospital setting since the testing.

Signed: _____

Dated: _____

Submit this form and test result if applicable to:

Pre-enrolment Officer
The University of Western Australia
M501, Faculty of Health and Medical Sciences
35 Stirling Highway, CRAWLEY WA 6009



*Notes for General Practitioners completing The
University of Western Australia, Faculty of Health and
Medical Sciences Infection Control Form*

As a condition of entry into professional courses co-ordinated by the UWA Faculty of Health and Medical Sciences, (FHMS), commencing students must provide evidence of compliance with the Faculty [Infection Control Requirements](#), which are based on the [Australian Immunisation handbook \(10th edition, 2015\)](#) and WA Health Operational Directives [0394/12 Policy for Health Care Workers Known to be infected with Blood borne viruses](#) and [0388/12 Health Care Worker Immunisation Policy](#).

The student is required to read, understand and comply with the requirements and arrange an immediate review by a General Practitioner (GP) to:

- assess their previous vaccination records,
- arrange further serological testing and/or vaccinations if needed, and
- complete and sign the attached Infection Control compliance form.

Note: serological tests must have been performed in a NATA accredited laboratory. Please use the space provided on the form for further clarification e.g. *“inadequate measles titre, awaiting second dose of MMR”* or *“hepatitis B vaccination course not yet completed”*.

Once complete, the student is required to sign the student declaration at the base of the form and submit the original, together with a copy of all test results, to the Faculty Infection Control Officer prior to enrolment.

Please do not hesitate to communicate directly with the Infection Control Officer if required, e.g. if the student has an underlying medical condition, which precludes the use of live vaccination.

The Infection Control Officer must be advised by any student who is a carrier of a Blood borne virus. This is to ensure their training complies with the WA Health policy.

Information supplied to the Faculty will be handled confidentially.

Thank you for your cooperation.

*Infection Control Requirements for Commencing
Students (applicable for MD, DMD, DPM and MPharm)*

Students enrolled in the Doctor of Medicine (MD), Doctor of Dental Medicine (DMD), Doctor of Podiatric Medicine (DPM) and Master of Pharmacy (MPharm) courses in the Faculty of Health and Medical Sciences must comply with the specific requirements prior to undertaking clinical placements.

These guidelines are based on the [Australian Immunisation handbook \(10th edition, 2015\)](#) and WA Health Operational Directives [0394/12 Policy for Health Care Workers Known to be infected with Blood borne viruses](#) and [0388/12 Health Care Worker Immunisation Policy](#).

Once a GP has determined that a prospective student has complied with items 1 to 6 below, they are required to complete the Infection Control Form. This must be submitted to the Faculty of Health and Medical Sciences at enrolment. Failure to produce evidence of compliance with the requirements will preclude a student from commencing clinical placements during the first semester of their course.

The cost of testing and vaccination is met by the student.

The specific requirements are:

1. Hepatitis B

All students must have a blood sample taken to determine hepatitis B immunity. In addition, students enrolling in the Doctor of Dental Medicine (DMD) must have testing undertaken to exclude Hepatitis B infection.

Evidence of immunity to hepatitis B virus (HBV) infection is required. Serological testing (a blood test) should be performed by a National Association of Testing Authorities (NATA) accredited laboratory. Hepatitis B surface antibody (HBsAb) titre of >10 mIU/mL is required.

If HBsAb titre is <10 mIU/mL and there is nil or incomplete documentation of prior vaccination, the student requires completion of a hepatitis B vaccination course prior to undergoing repeat serological testing. Testing should be performed at least 4 weeks after final vaccination. A student may be undergoing vaccination at the time of enrolment but the Infection Control Officer must be made aware of this. If there is no response to a full course of hepatitis B vaccination the Infection Control Officer must be contacted. Management will be in accordance with the Australian Immunisation Handbook.

Students who are known to have HBV infection must discuss this with the Faculty's Infection Control Officer prior to enrolment.

Students cannot enrol in the Doctor of Dental Medicine course if infected with a hepatitis B virus. Students in other courses may proceed under the guidance of the Infection Control Officer.

2. Measles, mumps, rubella and varicella

All students must provide evidence of immunity to measles, mumps, rubella and varicella. [Australian Immunisation Handbook 3.3.7](#) refers.

Acceptable evidence of immunity includes:

Documented evidence of a prior full vaccination course (two vaccinations at least one month apart), or

Presence of adequate antibodies on serological testing (measles IgG, mumps IgG, rubella IgG, and varicella IgG). Testing must be performed by a National Association of Testing Authorities (NATA) accredited laboratory.

Depending on the evidence produced, primary or booster vaccination may be required. This will be determined by the reviewing GP. Repeat serology following a completed vaccination course is not required.

3. Human immunodeficiency virus (HIV) and hepatitis C virus (HCV) status

All students (except Master of Pharmacy), must have a blood sample taken to determine their HIV and HCV status. Testing must be performed by a National Association of Testing Authorities (NATA) accredited laboratory.

This guideline is in accordance with current WA Health [0388/12 Health Care Worker Immunisation Policy](#) which reference the Australian National Guidelines for the Management of Health Care Workers known to be infected with Blood-borne Viruses (published by the Australian Government Department of Health and Ageing, February 2012).

Students with hepatitis C or HIV infection planning to study courses other than dentistry will be allowed to enrol. Prior discussion must take place with the Infection Control Officer and, during training, restrictions will be placed on the student regarding Exposure Prone Procedures (EPPs). Further details may be found within the Australian National Guidelines for the Management of Health Care Workers known to be infected with Blood-borne Viruses.

4. Pertussis

All students must provide documentary evidence of up-to-date immunisation against pertussis (whooping cough).

Immunity against this infection cannot be determined by blood testing. Immunity is assumed if at least one documented dose of vaccine has been received within the last 10 years. If not previously vaccinated, or if vaccination records are incomplete, vaccination will be necessary.

5. Tuberculosis

All students must have a Quantiferon-TB blood test or a Mantoux test (Tuberculin skin test) to determine evidence of past exposure to tuberculosis. If either of these tests are positive, further action is required. The student will be referred to the Anita Clayton Centre (previously Perth Chest Clinic) for review and a chest x-ray performed. A positive test does not preclude a student from enrolling. However, the case must be discussed with the Infection Control Officer. WA Health [Policy 6.3 WA TB Control Program](#) refers.

6. Methicillin-resistant Staphylococcus aureus (MRSA)

Any student who has been in a hospital or nursing home facility (either working, volunteering, or as a patient) outside Western Australia, in the 12 months prior to starting work in a Western Australian hospital, must have nose, throat and skin lesion swabs taken to determine whether they are carriers of methicillin-resistant Staphylococcus aureus (MRSA). Work in hospitals cannot be commenced until swabs are shown to be MRSA negative or until eradication treatment is prescribed by the Infection Control Officer for those with positive results). WA Health [Operational Directive 0478/13](#) refers.

7. Influenza

It is recommended that all students receive yearly influenza vaccinations.



National Criminal History Record Check (NCHRC) Application

University/Agency Name: _____ Course or Position Title: _____

Applicant details: (Applicant to print all details)

JULY 2016

Surname: (Current legal surname)		Given Names: (In full)	
Maiden Name (Surname): (In full if different to above)		Maiden Name (Given names): (In full if different to above)	
Other Surnames: (Include deed poll changes, aliases, previous married, etc)		Other Given Names Used / Known By: (In full if different to above)	
Place of Birth: (Town or City/ State/ Country)		Date of Birth: (DD/MM/YYYY)	
T O W N / S T A T E / C O U N T R Y		D D / M M / Y Y Y Y	
Gender: Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	Phone / Email:	
Current Residential Address: (Not PO Box addresses)		Current Postal Address: (If different to residential address)	
Postcode:		Postcode:	
Previous Residential Addresses - over last 5 years: (Attach list if insufficient room)			
Period of residence: / / to / /			
Postcode:		If actual dates are unavailable, approximate dates will suffice.	

Identification Details: (Only the items listed if applicable)

1. Driver's/Firearms licence no:	State/Territory of issue:
2. Passport number:	Passport country:

National Criminal History Record Check - Consent to Obtain Personal Information (Complete Exclusion)

(BLOCK LETTERS and in black ink)

I, _____ hereby:
Family Name (Current) Given Names (Current)

- acknowledge that I have read the Spent Convictions Schemes section of the information sheet and understand that Spent Convictions legislation (however described) in the Commonwealth and many States and Territories protects "spent convictions" from disclosure
- understand that the position for which I am being considered is in a category for which the following **complete** exclusion has been granted from the application of the Spent Convictions legislation and that **all** "spent" convictions and findings of guilt recorded or pending relating to me will be released
- have fully completed this form, and the personal information I have provided in it relates to me, contains my full name and all names previously used by me, and is correct
- consent to Department of Health disclosing personal information about me from this form to the Australian Criminal Intelligence Commission (ACIC) and the Australian police services
- consent to:
 - the Australian Criminal Intelligence Commission (ACIC) disclosing personal information about me to the Australian police services
 - the Australian police services disclosing to the Australian Criminal Intelligence Commission (ACIC), from their records, details of convictions and outstanding charges, including findings of guilt or the acceptance of a plea of guilty by a court, that can be disclosed in accordance with the laws of the Commonwealth, States and Territories and, in the absence of any laws governing the disclosure of this information, disclosing in accordance with the policies of the police service concerned
 - the Australian Criminal Intelligence Commission (ACIC) providing the information disclosed by the Australian police services to Department of Health in accordance with the laws of the Commonwealth, and
- acknowledge that any information provided by me on this form, or by the Australian police services, may be taken into account by Department of Health in assessing my suitability for the position of for which I am applying.

Applicant signature:

Date D D / M M / Y Y Y Y



Identification Guide

Acceptable Identification for the Provision of Service Within the Department of Health

Evidence of Identity

Before undertaking a record check the department must be in no doubt as to the identity of the applicant. You must submit photocopies of documentary evidence of certified identification to the value of 100 points together with the Criminal Record Screening Consent Form (Page 1), prior to commencing employment.

Where you have changed your name (i.e. through marriage or deed poll) evidence must be produced to support this.

Only one item from each box is permitted to make up the 100 point total

Identification Types	Points
<ul style="list-style-type: none"> - Birth certificate (original, certified copy or extract) - Current passport/international travel document - Citizenship certificate (original or certified copy) <p><i>Use only ONE of the above.</i></p>	70
<ul style="list-style-type: none"> - Driver's licence/permit - Public Service ID card - Social security benefits card - Tertiary student ID card <p><i>Name, signature and photograph where applicable must be supplied.</i> <i>Use only ONE of the above.</i></p>	40
<p>A signed written reference from:</p> <ul style="list-style-type: none"> - A financial body - An acceptable referee <p><i>The reference must confirm a twelve month association with the recommended applicant.</i> <i>Use only ONE of the above.</i></p>	40
Medicare Card	25
Membership card	
<ul style="list-style-type: none"> - Union or trade/professional bodies 	25
Recent arrival in Australia (less than six weeks)	
<ul style="list-style-type: none"> - Passport (resident) 	100
Isolated Area Aborigine	
<ul style="list-style-type: none"> - A written statement of confirmation of identification signed by two acceptable referees. 	100

Please Note:

Certified copies of the above documents must be provided. Documents can be certified by anyone that has known you for 12 months or more that is not related by birth or marriage, or alternatively documents can be certified by taking the original s and copes into a pharmacy, police station or post office.

There are two options for obtaining a WA Health Screening:

- If you have a valid National Police Certificate (NPC) (with date of issue being within the past 12 months), fill out page one of the consent form and post it in with a certified copy of your NPC (this has no cost)
- Complete page one of the consent form and post it in along with 100 points of certified ID and payment of \$33.00.



Information Regarding WA Health Criminal Record Screening Policy

About the Policy

WA Health has a 'duty of care' to take all reasonable steps to protect clients from harm and is committed to the prevention of crime against all clients receiving health services from:

- Government agencies;
- Non-government organisations funded by government;
- Volunteer organisations involved in government services; and
- Private contactors providing services to government.

To assist in the protection of clients, the screening of criminal records will apply to all prospective:

- Employees (full/part – time, temporary, casual, sessional, contract (includes redeployees));
- Independent contractors (includes all visiting practitioners) and their employees;
- Private agency staff;
- Students on placement (excludes school children on work experience);
- Volunteers; and
- Persons engaged in any other capacity (e.g. Adults on work experience, chaplains, academics)

No person in the above categories will be allowed to work or provide services without a criminal history record check. Previous criminal convictions or pending charges will not necessarily preclude employment or involvement in the provision of services.

Your personal information will be held in the strictest confidence and will not be used by WA Health for any purpose other than to determine your suitability for the provision of services to clients of WA Health. Only the Criminal Record Screening Unit in Perth will hold outcomes of the criminal history record checking process.

Your information will not be disclosed by WA Health except as provided for in the Criminal Records Screening Policy or as required by law (e.g. Freedom of Information Act).

'Serious Conviction'

The definition of a serious conviction under the *Spent Convictions Act 1988* (WA) means a conviction in respect of which the sentence imposed is (a) imprisonment for more than one year or for an indeterminate period; or (b) a fine of \$15,000 or more. Other than in exceptional circumstances, a person who has been convicted of a serious sexual offence(s) will not be employed or involved in the provision of services to clients.

Other serious offences (e.g. serious offences involving threat or injury to another person and serious drug offences) relevant to the duties of the position may render a person unsuitable for employment and/or provision of services to clients. This will be determined by the Senior Screening Officer in conjunction with other relevant parties.

If a person has been convicted of a serious offence, he or she may be precluded from employment or involvement in the provision of client services within a WA Health site.

There is a prescribed Grievance Resolution Mechanism, which can be found in the Operational Guidelines. This process should be followed if you wish for a decision regarding your criminal record screening to be independently reviewed.

Criminal History Record Check

Criminal history record checks are an integral part of the assessment of your suitability.

Information extracted from this form will be forwarded to the Australian Criminal Intelligence Commission (ACIC) and other Australian police services¹ for checking action. By signing the form you are providing your consent to these agencies:

- a) disclosing criminal history information that pertains to you from their own records to WA Health; and/or
- b) accessing their records to obtain criminal history information that in turn will be disclosed to WA Health.

¹ Australian Federal Police, New South Wales Police Force, Victoria Police, Queensland Police Service, South Australia Police, Western Australia Police, Tasmania Police, Northern Territory Police Force.



Such criminal history information may include outstanding charges, and criminal convictions/findings of guilt recorded against you that may be disclosed according to the laws of the relevant jurisdiction and, in the absence of any laws governing the release of that information, according to the relevant jurisdiction's information release policy. It is usual practice for an applicant's personal information to be disclosed to Australian police services for them to use for their respective law enforcement purposes including the investigation of any outstanding criminal offences.

Restrictions on the Release of Criminal History Information

As from 31 May 2005, WA Health was granted exemption to the Spent Convictions Act 1988 (WA) relating to convictions/findings of guilt of ALL Western Australian offences. Therefore, in accordance with that Act, ALL 'spent' convictions/findings of guilt for Western Australian offences will be released.

No Criminal History Information Will Be Forwarded To The Agency Or University

*Note: A Criminal Record Screening Check processed through WA Health can only be used for employment purposes and providing services within WA Health. It must not be used for any other purpose. **It is not a working with children check or an aged care clearance.***

Spent Convictions Schemes

Western Australia

Under the provisions of Section 7(1) of the *Spent Convictions Act 1988* (WA) only 'lesser convictions' can be spent by the WA Police Service, after a time period of 10 years plus any term of imprisonment that may have been imposed. A lesser conviction is one for which imprisonment for 12 months or less, or a fine of less than \$15,000 was imposed.

All other convictions, such as 'serious convictions' applicable under Section 6 of the Act can only be spent by applying to the District Court. At the time of sentencing, the Court may make a 'spent conviction order' under the *Sentencing Act 1995* (WA) that the conviction is a spent conviction for the purposes of the *Spent Convictions Act 1988* (WA).

Schedule 3 Clause 1(7) of the *Spent Convictions Act 1988* (WA) gives WA Health an exemption to access all spent convictions for the purpose of :

- employment/secondment by WA Health under the:
 - a) Health Act 1911
 - b) Health Services Act 2016
 - c) Mental Health Act 1996
 - d) Alcohol and Drug Authority Act 1974; and

- placement as a student undertaking a practicum or in an unpaid capacity within WA Health.

Other Australian Police Services

Where a criminal history record with another Australian police service has been obtained, any relevant legislation (and/or release policy) affecting that police service will be applied before that record is released. Under various pieces of Commonwealth, State and Territory legislation a person has the right, in particular circumstances or for a particular purpose, to not disclose certain convictions/findings of guilt over a certain age. Such convictions (widely referred to as 'spent' or 'rehabilitated' convictions) will not be released unless the records check is for the applicant's personal information only and provided that this is in accordance with relevant legislation (and/or release policy). Please contact individual police services directly for further information about their release policies and any legislation that affects them.

Criminal Records Screening Office

WA Health has an established Criminal Records Screening Unit. The officers who work in this area are highly experienced and are bound by strict confidentiality provisions.

The unit will process your Criminal Record Screening and forward your name to the Australian Criminal Intelligence Commission (ACIC). The process can take between three (3) and fifteen (15) working days, however some delays can occur.



Consent Form

This form is used by WA Health as part of the assessment process to determine whether a person is suitable for employment or other engagement for work within WA Health. Unless statutory obligations require otherwise, the information provided on this form will not be used without your prior consent for any purpose other than in relation to the assessment of your suitability. You may be required to complete another consent form in the future in relation to employment in other positions within WA Health.

The Criminal Records Screening Unit must have a signed consent form before a Criminal Record Screening check is conducted.

Your screening check will be unnecessarily delayed if your writing is illegible or if you have omitted information. Delays can mean that you are unable to commence your placement.

Provision of False or Misleading Information

You are asked to certify that the personal information you have provided on this form is correct. If it is subsequently discovered, for example as a result of a check of police records, that you have provided false or misleading information, you may be assessed as unsuitable.

You should note that the existence of a record does not mean that you will be assessed automatically as being unsuitable. Each case will be assessed on its merit, so it is in your interests to provide full and concise details in the form.

Compulsory '100 Point' Identification Check

Documentary evidence of acceptable identification is to be attached and submitted by all persons prior to a Criminal Record Screening check being undertaken for the employment or the provision of services within WA Health.

In order to undertake a Criminal Record Screening check, you need someone else to verify that they have sighted the original documentary evidence of identification. This person;

- Must not be related to you by birth or marriage;
- Must have known you for at least one year (12 months);
- Must be contactable by telephone during normal working hours;
- Must sight documentary evidence of identification to the value of 100 points;
- Must ensure that photocopies of documentary evidence used are taken and signed off as the original being sighted.

Fee

The fee payable for your Criminal Record Screening check is \$33.00 (GST inc.)

If you have undergone an Australian Federal Police (AFP) Check and/or obtained a National Police Certificate (NPC) within the last 12 months and there are no convictions listed that contravene WA Health's Criminal Record Screening policy, there is NO FEE provided supporting documents are attached to the consent form; i.e. a certified copy of the AFP clearance or the NPC.

A clearance card will then be issued from the date that screening was completed.

Clearance Card

Once the Criminal Records Screening Unit receives the results of your Criminal Record Screening check, and there is no further action to complete and you are cleared in accordance to WA Health's Criminal Record Screening Policy, a clearance card will be produced for you. This card will be forwarded to the current address provided on the consent form, or the relevant agency.

YOU MUST CARRY THIS CARD WITH YOU AT ALL TIMES WHEN WORKING WITHIN A WA HEALTH SITE AS EVIDENCE THAT YOU HAVE BEEN SCREENED. YOU ARE RESPONSIBLE FOR YOUR CARD. REPLACEMENT CARDS WILL COST \$5.50.



Where To Send Your Completed Consent Form

Your completed consent form together with the \$33.00 and 100 point ID remittance (please staple your cheque/money order to the consent form made payable to WA Health), should be forwarded to:

**The Criminal Records Screening Unit
WA Health
Locked Bag 60
PERTH BUSINESS CENTRE WA 6849**

The Criminal Record Screening Unit can be contacted via:

Phone: 1300 367 894

Email: hcn.crs@health.wa.gov.au

At the completion of the screening process, the consent form together with a clearance card will be returned.

Checklist

Before you forward your consent form to the Criminal Record Screening Unit for processing please check the points below to ensure all relevant documentation is included. Any incomplete consent forms will be returned.

- Consent form completed and signed (page 1)
- Certified copies of 100 points of ID and/or a certified copy of your National Police Certificate attached
- Correct cheque/money order made payable to WA Health if applicable

For security reasons your consent form and remittance will not be accepted personally at WA Health.

This is not a Working With Children check or an Aged Care Screening