

Submit grading applications to [SNSWLHD-Gradings@health.nsw.gov.au](mailto:SNSWLHD-Gradings@health.nsw.gov.au)
**Section 1**
**General application Information (Personal & Positional)**
**Date Application Submitted: 8/7/2022**

Please tick relevant grading committee

 General  Nurses'  Allied Health  Other 

Please List: \_\_\_\_\_

 Existing Position  New Position  Retain current incumbent 

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Employee Name: \_\_\_\_\_ (if Applicable)

 Position Name: Clinical Nurse Consultant \_\_\_\_\_ FTE 1 Hours / Week \_\_\_\_\_

Site/Facility: Site Negotiable \_\_\_\_\_ Division/Department: Alcohol and other Drugs \_\_\_\_\_

 Multi Grade: Yes  No 

Current Award Classification: Clinical Nurse Consultant Gde 2, Clinical Psychologist, Occupational Therapist Lvl 4, Psychologist, Snr Clinical Psychologist, Snr Psychologist, Social Worker Lvl 4, Welfare Off Lvl 4

Proposed Award Classification: Clinical Nurse Consultant Grade/Level: \_\_\_\_\_ Salary (p/a): \_\_\_\_\_

 Proposed Award Classification: Clinical Nurse Consultant Grade Level: 2 Salary (p/a): \$122,038.80

 Proposed Award Classification: (if multidisciplinary) Grade Level: \_\_\_\_\_ Salary (p/a): \$

 Proposed Award Classification: (if multidisciplinary) Grade Level: \_\_\_\_\_ Salary (p/a): \$

 Are there budget responsibilities: \$ 0 FTE responsibilities: 0
**Documentation required for Personal and Positional Regrade**

	(Mark as)	Yes	No
Proposed Position Description (for grading)	Attach A	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Current Position Description (if applicable)	Attach B	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comparative Position Description (if available)	Attach C	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Proposed Organisation Chart with position line & professional reporting (incl. Grading Level of direct line manager)	Attach D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Previous Organisational Chart	Attach E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Relevant Funding allocation letter (new position)	Attach F	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Finance Business Managers evidence of consultation	Attach G	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Additional Documentation required for a Personal Regrade**

Curriculum Vitae/ Resume	Attach H	<input type="checkbox"/>
Latest Performance Development /Competency Assessment	Attach I	<input type="checkbox"/>
Certified copies - Credentials, Certificates, Qualifications & Course Transcripts	Attach J	<input type="checkbox"/>
Verification of professional Registrations/Affiliations associated with profession	Attach K	<input type="checkbox"/>



**Section 2** (Completed by **Applicant** if personal regrade or **Manager** if positional regrade)

How does the application comply with criteria in the State Award(s)?

**Attachment L** (Provide documents to support comments if appropriate) – Outline reasons for grading request and matters you wish considered in support of the application. (may include information relating to changes in accountability, responsibility, knowledge, qualifications, delegation, authority, skills, precedence's set or perceived differences/similarities to similar positions, specific additional costs or concerns such as allowances, salary maintenance obligations etc).

AOD priority areas include opioid treatment program and AOD consultation liaison. AOD Clinical leaders are responsible for providing expert consultancy in the assessment and treatment of complex drug and alcohol clients.

Regrading AOD Clinical Leader positions to CNC only will create a career pathway to an AOD Nurse Practitioner position. It is believed this will increase interest of positions within SNSW AOD services for registered nurses.

(If you answer yes to any of the below provide documentation/evidence and label attachment)

		Yes	No
Is there potential for follow on claims?	Attach M	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Are there any known precedence within the Local Health District?	Attach N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Are there any known precedence within NSW Health	Attach O	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Declaration:**

The above information I have provided in this application is to the best of my knowledge a true and accurate account of the position being graded and/or classified.

Name: \_\_\_\_\_ Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section 3** (Completed by Manager)

	Yes	No
Verify the accuracy of the application (if not provide reasons)	<input type="checkbox"/>	<input type="checkbox"/>
Verify proposed Position Description accurately reflects the duties required	<input type="checkbox"/>	<input type="checkbox"/>
Verify proposed Position Description meets the needs of the organisation	<input type="checkbox"/>	<input type="checkbox"/>
Will this grading impact on any other position or result in a position redundancy?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a likelihood of flow on claims within the District?	<input type="checkbox"/>	<input type="checkbox"/>

**Attachment P** (Label as) - Please ensure accurate information is supplied in Sections 1 and 2. Provide comments on the submission including any known historical information that would impact on this application. Provide details justifying this recommendation such as financial benefits, increased service provision, performance outcomes or external initiatives not already mentioned.

**Line Manager**

	Yes	No
I Support this application	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Position Title: \_AOD Manager\_ Name: \_Tash Lutz\_

Date: 04-08-2022 Signature:



Section 4 - Authorisation

Department/Unit Manager

I support this application Yes No [checked] [ ]

Position Title: AOD Manager Name: Tash Lutz

Date: 04-08-2022 Signature: [signature]

Comments:

Manager/Allied Health Advisor (if applicable)

I support this application Yes No [ ] [ ]

Position Title: Name:

Date: Signature:

Comments:

Network Manager (if applicable)

I support this application Yes No [ ] [ ]

Position Title: Name:

Date: Signature:

Comments:

Executive Director

I support this application Yes No [checked] [ ]

Position Title: District Director MHAOD Name: Damien Eggleton

Date: 04-08-2022 Signature: [signature]

Comments: