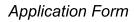
SNSWLHD Grading/Re-grading





Submit grading applications to $\underline{\text{SNSWLHD-Gradings@health.nsw.gov.au}}$

Section 1							
General application Information	(Personal & Po	ositional)					
Date Application Subm	itted: 8/7/2	2022					
Please tick relevant grading com General Nu Please List:	amittee urses' X		Allied Health			Other	
Existing Position X	New Position		Retain	current	incumbent	Yes	No
Employee Name:			(if Applicabl	e)			
Position Name: Clinical Nurse Con	sultant		FTE _1	Ho	urs / Week	·	
Site/Facility: Site Negotiable		_Division/l	Department: Alco	hol and	other Drug	js	
Multi Grade: Yes X No Current Award Classification: Clini Lvl 4, Psychologist, Snr Clinical Ps			gist, Social Worke	_	Welfare O		herapis
Proposed Award Classification:	Clinical Nurse	Consulta	nt				
	Grade Level:	2	(Salary (p	o/a): \$1	22,038	.80
Proposed Award Classification:							
(if multidisciplinary)	Grade Level:			Salary (p	o/a):		
Proposed Award Classification:							
(if multidisciplinary)	Grade Level:			Salary (p	o/a):		
Are there budget responsibilities: \$	0		FTE responsib	oilities: _	0_		
Documentation required for Pers	onal and Posi	tional Re	grade				
Proposed Position Description (for	aradina)				(Mark as) Attach A	Yes	No
Current Position Description (if app	0 0/				Attach B	X	
Comparative Position Description (,				Attach C		X
Proposed Organisation Chart with position line & professional reporting (incl. Grading		Grading	Attach D	X			
Level of direct line manager) Previous Organisational Chart					Attach E		X
Relevant Funding allocation letter (new position)				Attach F		Х
Finance Business Managers evide	nce of consulta	tion			Attach G		Х
Additional Documentation require	red for a Perso	nal Regra	ade				
Curriculum Vitae/ Resume					Attac	h H	
Latest Performance Development /Competency Assessment			Attac	h I			
Certified copies - Credentials, Certificates, Qualifications & Course Transcripts			Attac	h J			
Verification of professional Registrations/Affiliations associated with profession			Attac	h K			

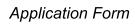
SNSWLHD Grading/Re-grading





Section 2 (Completed by Applicant if personal regrade or Manager if po	ositional 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 grequest and matters you wish considered in support of the application. (may include information relationages in accountability, responsibility, knowledge, qualifications, delegation, authority, precedence's set or perceived differences/similarities to similar positions, specific additional concerns such as allowances, salary maintenance obligations etc).								
AOD priority areas include opioid treatment program and AOD consultation I	liaison. AOD Clinica	l leade	− :rs are					
responsible for providing expert consultancy in the assessment and treatmedients.	ent of complex drug	and a	Icohol					
Regrading AOD Clinical Leader positions to CNC only will create a care Practitioner position. It is believed this will increase interest of positions registered nurses.	•							
(If you answer yes to any of the below provide documentation/evidence and lab	pel attachment)	Yes	– No					
Is there potential for follow on claims?	Attach M		Х					
Are there any known precedence within the Local Health District?	Attach N		Х					
Are there any known precedence within NSW Health	Attach O		Х					
Declaration: The above information I have provided in this application is to the best of my account of the position being graded and/or classified. Name: Employee Signature:	_							
	_							
Section 3 (Completed by Manager)		Voc	No					
Verify the accuracy of the application (if not provide reasons)		Yes	No T					
Verify proposed Position Description accurately reflects the duties required			-					
Verify proposed Position Description meets the needs of the organisation			-					
Will this grading impact on any other position or result in a position redundan	icy?		<u> </u>					
Is there a likelihood of flow on claims within the District?	•		 					
Attachment D (Label ea) Diseas around accounts information is supplied	d in Continue 1 an	4 0 D						
Attachment P (Label as) - Please ensure accurate information is supplie comments on the submission including any known historical information application. Provide details justifying this recommendation such as finant provision, performance outcomes or external initiatives not already mentioned.	on that would imp cial benefits, increa	oact o	n this					
Line Manager								
I Support this application		Yes	No					
Position Title: _AOD Manager Name: _Tash Lutz								
Date: 04-08-2022 Signature:								

SNSWLHD Grading/Re-grading





Section 4 - Authorisation			
Department/Unit Manager		Yes	No
	I support this application	/	
Position Title: AOD Manager	Name: Tash Lutz	· · · · · · · · · · · · · · · · · · ·	_
Date: 04-08-2022	Signature:		_
Comments:			_
			_
			_
		_	
Manager/Allied Health Advisor (if applicable)	Laupport this application	Yes	No
	I support this application		
Position Title:	Name:		_
Date:	Signature:		_
Comments:			
			_
			_
Network Manager (if applicable)		Yes	No
3 • (** • • • • • • • • • • • • • • • • •	I support this application	100	110
Position Title:	Name:		
Date:	Signature:		_
Comments:			_
			_
_			-
Executive Director		Yes	No
	I support this application	✓	
Position Title: District Director MHAOD	Name: Damien Eggleton		
Date: 04-08-2022	Signature: Signature:		_
Comments:			
			_
		_	_