

**Employment Declaration**  
 To be completed by the locum medical officer and retained by the locum agency

Locum Name \_\_\_\_\_ Date \_\_\_\_\_

Locum phone number \_\_\_\_\_

Agency \_\_\_\_\_

**Details of other employers (attach a list if there is greater than two)**

<b>Employer 1:</b>		
<b>Details of work undertaken</b>	<b>Average weekly average hours</b>	
	<b>Employer Contact Name:</b>	
	<b>Telephone:</b>	

<b>Employer 2:</b>		
<b>Details of work undertaken</b>	<b>Average weekly average hours</b>	
	<b>Employer Contact Name:</b>	
	<b>Telephone:</b>	

I declare that:

- I have disclosed all other employers, internal or external to the potential engagement, including any other agencies and Area Health Services;
- If I am currently working in a full time capacity within the NSW public health system, I have been given approval from my employer to engage in additional work through the locum agency.
- My other employment arrangements do not create any potential conflict of interest, occupational health and safety risks, or risk to quality patient service delivery during placement in a NSW Public Hospital.

I agree to inform my agency of any additional employers.

Locum signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

This form to be completed by the locum Medical Officer and retained by the locum agency

**NSW Health Code of Conduct Sign Off Sheet**  
To be completed by the locum medical officer and retained by the locum agency



**NSW Health Code of Conduct**  
**PD2005-626**

The importance of my compliance with the provisions of the Code of Conduct has been brought to my attention by my locum agency.

I have read the Code of Conduct and agree to abide by the provisions set out in the Code at all times during my placement with a NSW Public Hospital.

I understand that this "sign off" sheet will be placed on file and retained by my locum agency.

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Name \_\_\_\_\_ (please print)

Branch \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Locum Agency** Name \_\_\_\_\_ (please print)

Branch \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

This form to be completed by the locum Medical Officer and retained by the locum agency

**NSW Health Conflicts of Interest in the Public Health System Sign Off Sheet**  
To be completed by the locum medical officer and retained by the locum agency



**NSW Health Conflicts of Interest in the Public Health System**

**PD2005-469**

The importance of my compliance with the NSW Health Conflicts of Interest in the Public Health System has been brought to my attention by my locum agency.

I have read the Conflicts of Interest policy and agree to abide by the provisions set out in it at all times during my placement with a NSW Public Hospital.

I understand that this "sign off" sheet will be placed on file and retained by my locum agency.

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Name \_\_\_\_\_ (please print)

Branch \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Locum Agency** Name \_\_\_\_\_ (please print)

Branch \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

This form to be completed by the locum Medical Officer and retained by the locum agency
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**NSW Health – Preventing & Managing Work Related Fatigue Guidelines  
Sign Off Sheet**

To be completed by the locum medical officer and retained by the locum agency



**NSW Fatigue - Preventing & Managing Work Related Fatigue: Guidelines**

**GL2007\_023**

The importance of my compliance with the NSW Health Guidelines, Preventing & Managing Work Related Fatigue has been brought to my attention by my locum agency.

I have read the Guidelines and agree to abide by them at all times during my placement with a NSW Public Hospital.

I understand that this "sign off" sheet will be placed on file and retained by my locum agency.

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Name \_\_\_\_\_ (please print)

Branch \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Locum Agency** Name \_\_\_\_\_ (please print)

Branch \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

This form to be completed by the locum Medical Officer and retained by the locum agency

# AUSTRALIA

## Criminal Record Statutory Declaration To be completed by the locum medical officer, where applicable

(1) Here insert name, address and occupation of person making the declaration.

I,..... do solemnly and sincerely declare that I do not have any criminal convictions/pending charges in my country of origin or any country which I have resided in and/or visited prior to entering Australia.

(2) Signature of person making the declaration.

I make this solemn declaration by virtue of the **Statutory Declarations Act 1959** as amended and subject to the penalties provided by that Act for the making of false statements in statutory declarations, conscientiously believing the statements contained in this declaration to be true in every particular.

(2)  
.....

Declared at

On , before me,

(4) Signature of person before whom the declaration is made.

(3)  
.....

(5) Here insert title of person before whom the declaration is made.

(4)  
.....

NOTE 1.-A person who wilfully makes a false statement in a statutory declaration under the Statutory Declarations Act 1959 as amended is guilty of an offence against that Act, the punishment making a false statement is 4 years imprisonment.

NOTE 2.-A statutory declaration under the Statutory Declarations Act 1959 as amended may be made only before a Chief, Police, Resident or Special Magistrate; Stipendiary Magistrate or any Magistrate in respect of whose office an annual salary is payable; a Justice of the Peace; a person authorised under any law in force in Australia to take affidavits; a person appointed under the Statutory Declarations Act 1959 as amended or under a State Act to be a Commissioner for Declarations; a person appointed as a Commissioner for Declarations under the Statutory Declarations Act 1959, or under that Act as amended, and holding office immediately before the commencement of the Statutory Declarations Act 1959; a Notary Public; a person before whom a statutory declaration may be made under the law of the State in which a declaration is made; or a person appointed to hold, or act in, the office in a country or place outside Australia or the Australian Consul-General, Consul, Vice-Consul, Trade Commissioner, Consular Agent, Ambassador, High Commissioner, Minister, Head of Mission, Commissioner, Charge d'Affaires, or Counsellor, Secretary or Attaché at an Embassy, High Commissioner's office, Legation or other post.

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