

# CAREGIVER AMENDMENT TO CONTRACT



## CAREGIVER DETAILS

Surname		First Name	
Caregiver Number		Current Division	

## REASON FOR CHANGE

- ☐ Higher Duties (only use ATC if over 2 weeks or more)
 ☐ Reclassification / Salary Review
 ☐ Change to Casual
 ☐ Job 2 / Additional Role to Current Role  
☐ Extension of Temp Contract
 ☐ Return from Parental Leave
 ☐ Change of Hours / Status

Is the below change within budget? Yes / No If advertised, please indicate the E-recruit Vacancy # \_\_\_\_\_

Effective	From Date:	Until Date:
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Current Position Details		New Position Details	
Position Title			
Division			
Department / Unit			
Cost Centre (if multiple cost centres, specify % or hrs for each)			
Agreement / Award			
Employment Status	<input type="checkbox"/> Permanent <input type="checkbox"/> Fixed Term <input type="checkbox"/> Casual	<input type="checkbox"/> Permanent <input type="checkbox"/> Fixed Term <input type="checkbox"/> Casual	
Probationary Period	<i>* Applicable only when changing from Casual to Perm or Fixed Term status &amp; if a probation period has not already been served with SJGHC</i>		
	<input type="checkbox"/> 3 Month probation period	<input type="checkbox"/> 6 month probation period	
Hours per Fortnight	<input type="checkbox"/> ADO's (if applicable)	<input type="checkbox"/> ADO's (if applicable)	
<i>*Where a Caregiver is reducing hours and an agreement has been reached that excess leave balances (with the exception of LSL &amp; Sick Leave) will be paid out, a Leave Cash Out Form must accompany this document*</i>			
Level / pay rate			

Please tick all which apply to this caregiver:

- ☐ 457 Visa Holder  
☐ Hold a current Working With Children Check  
☐ Participates in On Call Roster  
☐ Ordinary hours of work are rostered over 7 days of the week including Sundays and Public Holidays  
☐ Required to rotate through afternoon and/or night with day shifts  
☐ Works permanent afternoon and/or night shift  
☐ Works 4 hours or more on 10 or more weekends per year

☐ Auto Pay

Specify total hours per day & days of work

wk1. \_\_\_\_\_

wk2. \_\_\_\_\_

**It is the Caregiver's responsibility to reverse and re-book leave when your contract hours/roster change. Please ensure this has been done in MyPay.**

Does the caregiver wear a SJGHC uniform for their new position? ☐ No ☐ Yes Annual Leave approved in the next 12 months: ☐ No ☐ Yes

## Caregiver election of additional hours option (part time applicable to WA HSU, EN & SS and RN/RM EBA's only)

- ☐ **Flag A** - Any additional hours or shifts shall be paid at ordinary rates (plus shift or weekend penalties) and shall count towards the accrual of leave entitlements  
☐ **Flag L/L25** - Any additional hours or shifts shall be paid at ordinary rates (plus shift or weekend penalties) plus 20%/25% loading. These hours and shifts do not count towards the accrual of leave entitlements.

**Acceptance: I acknowledge and accept the above changes to my terms and conditions of employment, noting all other terms and conditions will apply as per my most recent signed contract. I have been made aware and accept the duties and responsibilities in accordance with the changes as specified within this document and position description of my role. I understand that this form signed by myself and authorised delegate/s of my Division, acts as an official amendment to my contract of employment. I acknowledge that I am not contracted to any one department and will be rostered as per operational requirements based on my skills & knowledge. Any Caregivers changing their status to casual acknowledge any leave entitlements owed to them will be paid out with the exception of Long Service Leave and Maxxia must be notified to confirm the change in status.**

Caregiver Signature:	Date:	DIRECTOR / CEO AUTHORISATION:	
Manager's Signature (if transfer receiving Manager to sign):	Date:	DIRECTOR / CEO NAME (Please Print):	
Manager Name:		Date:	

## HR Use Only:

- ☐ Alesco Entered Current pos # \_\_\_\_\_ New pos # \_\_\_\_\_  
☐ Check EBA Change and issue contract, if Position Change issue PD  
☐ Oncost Pattern Changed ☐ 457 & Visa Holders - Checklist and check FC411  
☐ Allowances checked and Entered ☐ Check Uniform Flag is populated  
☐ Change divisor to 40 hrs OR 38 hrs (circle applicable) ☐ Probation Keyed ☐ Cost Centre  
☐ Change To/From Management Position, check structure for reporting purposes

Processed By: \_\_\_\_\_ On Date: \_\_\_\_\_

Checked By: \_\_\_\_\_ On Date: \_\_\_\_\_

## PAYROLL Use Only:

- ☐ Backpay processed (if required)  
☐ Change to casual, leave entitlements paid out  
☐ Payroll Checked  
☐ Form scanned into Personnel File  
☐

Processed By: \_\_\_\_\_

On Date: \_\_\_\_\_

# TRANSFER FORM

## CURRENT MANAGER TO COMPLETE IF INTERNAL TRANSFER (WITHIN SAME DIVISION)

Please answer the questions below and complete the reference checks below.

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| i) Probation Completed Successfully?                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ii) Any outstanding Worker's Compensation issues?                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| iii) Any outstanding performance issues / concerns?               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| iv) Attendance satisfactory?                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| v) Would you recommend this caregiver for the position on page 1? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

(If No, please provide evidence to support your decision and notify the Caregiver)

The earliest date that I could facilitate this transfer is:

## INTERNAL TRANSFER REFERENCE CHECK - current Manager to complete

**Team Work / Communication** - Give some examples of how the applicant contributes to / supports the team?


**Team Work / Communication** - How does the applicant communicate with others? (eg colleagues, patients, relatives, visitors)


**Clinical Practice (if applicable)** - Does the applicant recognise and respond appropriately to unexpected clinical events? Give an example


**Clinical Practice (if applicable)** - How does the applicant provide competent supervision and guidance to other members of the care delivery team eg ENs, graduates, PCAs, students?


**Time Management** - Please comment on the applicant's ability to prioritise and manage their time. Give an example.


**Professional and Personal Development** - Provide examples of how the applicant shares their knowledge and skills with new staff members, graduates, students?


**Professional and Personal Development** - Give examples of when the applicant has actively sought and participated in opportunities for professional development?


**Professional and Personal Development** - Do you have any insight into opportunities for development for this applicant? If YES what?


**Professional and Personal Development** - What would you consider to be the applicant's strengths and limitations?

STRENGTHS -	LIMITATIONS -
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**Attendance** - Are you aware of any health concerns which affect the applicant's ability to perform safely in the workplace?

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**Attendance** - Has there been any performance issues relating to absenteeism?

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Would you reemploy this person? If NO why not?

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Manager's Signature:

Date:

Manager Name: