

Standardised Position Titles Policy

Adding, Altering or Deleting a Health Position Title – Request Form

REQUEST DETAILS	
To be completed by Requestor or delegate.	Attach further details where it is required.
1. Standardised Position List:	
<input type="checkbox"/> Aboriginal <input type="checkbox"/> Allied Health <input type="checkbox"/> Health Sciences <input type="checkbox"/> Medical <input type="checkbox"/> Nursing / Midwifery	
2. Change requested: <input type="checkbox"/> Deletion <input type="checkbox"/> Addition <input type="checkbox"/> Alteration	
2a. Rationale for change request (include the number of positions affected and any impact on workforce data):	
3. Full position title:	
3a. Job Description Form (JDF) attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Stakeholder consultation and comments:	
<input type="checkbox"/> DoH <input type="checkbox"/> CAHS <input type="checkbox"/> EMHS <input type="checkbox"/> HSS <input type="checkbox"/> NMHS <input type="checkbox"/> QC <input type="checkbox"/> SMHS <input type="checkbox"/> WACHS	
4a. Stakeholder agreement reached : <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Request meets requirements of Policy: <input type="checkbox"/> Yes <input type="checkbox"/> No	
5a. Applies to all Health Service Providers: <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Authorised Delegate:	
I have ensured that all HSPs have been advised of this Request and that they will be informed of the decision by the Standardised Position Titles Review Panel to 'approve' or 'not approve'.	
Name: _____	Entity: _____
Position: _____	Endorsed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Signature: _____	

END OF FORMEmail to: Convenor, Standardised Position Titles Review Panel
wfamd@health.wa.gov.au**STANDARDISED POSITION TITLES REVIEW PANEL**

To be completed by the Panel Convenor.

7. Panel details (attached further details if required):

ENTITY	NAME	POSITION	BRANCH /DIVISION
Dept. of Health			Modelling and Data
Dept. of Health			Industrial Relations
Health Support Services			Employment Services
Subject experts:			

8. Panel Assessment

8a. Minimum requirements met Yes No8b. Applies to all Health Service Providers: Yes No8c. Alteration or Addition shown on JDF: Yes No

8d. Further information sought and comments:

8e. Decision: Approved Not approved Date:9. HR System Position Title (≤ 35):HR System Brief Position Title (≤ 16):

10. Convenor: Name: _____

Position: _____

Signature: _____

ADMINISTRATION

11. Dispute:

Decision upheld Yes No

Comments:

12. Panel checklist

- Requestor informed
- List updated
- HSS database
- DoH data warehouse
- WSC informed
- Revised list published
- Communique