



Application Form

Address your application to:

Sandra Jarvis
State Coordinator
Rural and Remote Nursing Relief Program
Rockhampton Hospital
Canning Street
ROCKHAMPTON
Qld 4701

Closing Date: State Coordinator will receive applications on an on-going basis.

Your application will be assessed and you will be formally notified if your application is accepted. Acceptance onto the Queensland Health Rural and Remote Nursing Relief Program will not be a guarantee that you will be requested to provide short term relief; this will be dependent on rural and/or remote facilities requiring relief, the relief position requirements and the ability of facilities to release the relieving nurse.

Privacy Information

The information you provide on your application form will be entered onto a centralised database (the Queensland Health Rural and Remote Nursing Relief Program Management System - QHRRNRPMS).

The information on this system will be used for the purposes of managing the Queensland Health Rural and Remote Nursing Relief Program including:

- ensuring the pool of relief nurses is accurate and up-to-date
- finding nurses for relief assignments
- reporting against expected outcomes of the Queensland Health Rural and Remote Nursing Relief Program (eg. mapping where relief nurses are based and where they provide relief)

The information on QHRRNRPMS will be in a secure, password protected database and will be used by:

- Directors of Nursing
- State Coordinator
-

You will be required to notify the State Coordinator of any changes in your details. As a routine management process, you will be requested to review your details on at least an

annual basis. You will be able to leave the Rural and Remote Nursing Relief Program at any time by formally notifying the State Coordinator.

Application Checklist

You may choose to use the following checklist to ensure your application is complete:

- Completed written application form
- Attached copy of Annual Practicing Certificate
- Attached statements addressing Selection Criteria

PLEASE PRINT CLEARLY THROUGHOUT YOUR APPLICATION

PERSONAL DETAILS

Title First Name MI Last Name

Street Address / Post Office Box No.

Suburb / City / Town State Post Code

Phone Number Mobile Number Fax No. Pager No.

E-mail Address

Queensland Health Employee No.

QNC Licence No.

NEXT OF KIN DETAILS

Please provide contact details for your next of kin in case of emergency

Title First Name MI Last Name

Daytime Phone Number A/Hours Phone Number Mobile Number Relationship

E-mail Address

CURRENT POSITION DETAILS

Current Position

Level of Current Position

Current Workplace Ward / Unit

Current Workplace Facility

Years of Experience as a

Registered / Enrolled* Nurse

(* cross out whichever does NOT apply)

Workplace Phone No. Workplace Fax No.

Position of Line Manager

Contact Number for Line Manager

RELIEF AVAILABILITY

List any dates you are NOT available

| | | |
|--|--|--|
| | | |
| | | |

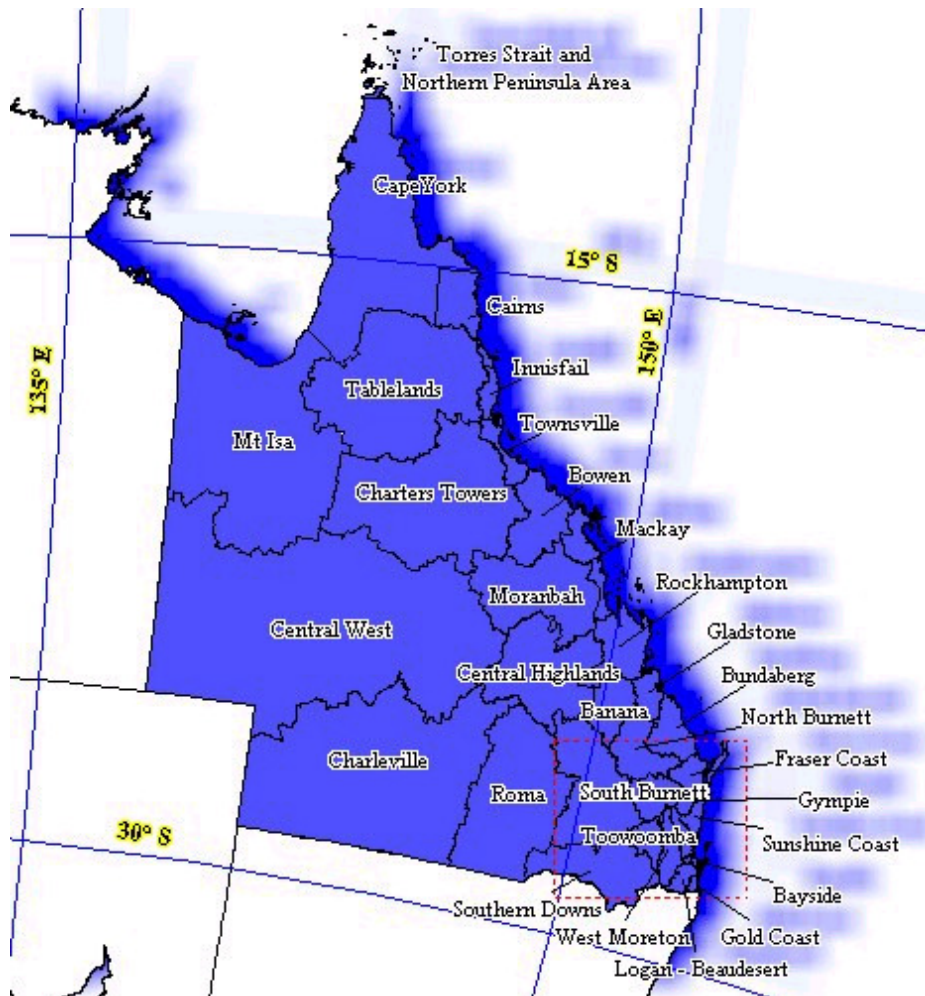
Please tick the duration you would be willing to relieve for at any one time

Up to 1 week Up to 2 weeks Up to 4 weeks Up to 6 weeks
Up to 8 weeks Up to 12 weeks Up to 16 weeks

Do you have any special needs if you were to provide relief in a rural / remote facility?

WHERE WOULD YOU BE WILLING TO RELIEVE?

(the choice of Districts is on the next page)



WHICH DISTRICT(S) WOULD YOU BE WILLING TO RELIEVE IN? (please tick)

(NOTE: relief opportunities will only be offered for rural and remote facilities for example, in Cairns District you would be offered relief opportunities in Wujal Wujal, Laura or Cooktown but not at Cairns Hospital)

| NORTHERN HEALTH SERVICE AREA | CENTRAL HEALTH SERVICE AREA | SOUTHERN HEALTH SERVICE AREA |
|--|---|--|
| ALL NORTHERN AREA <input type="checkbox"/> | ALL CENTRAL AREA <input type="checkbox"/> | ALL SOUTHERN AREA <input type="checkbox"/> |
| Bowen <input type="checkbox"/> | Biloela <input type="checkbox"/> | Charleville <input type="checkbox"/> |
| Cape York <input type="checkbox"/> | Baralaba <input type="checkbox"/> | Miles <input type="checkbox"/> |
| Atherton Tablelands <input type="checkbox"/> | Hervey Bay <input type="checkbox"/> | Dirranbandi <input type="checkbox"/> |
| Charters Towers <input type="checkbox"/> | Longreach <input type="checkbox"/> | Mungindi <input type="checkbox"/> |
| Innisfail <input type="checkbox"/> | Gayndah <input type="checkbox"/> | Surat <input type="checkbox"/> |
| Moranbah <input type="checkbox"/> | Gympie <input type="checkbox"/> | Thargomindah <input type="checkbox"/> |
| Normanton <input type="checkbox"/> | Mundubbera <input type="checkbox"/> | Quilpie <input type="checkbox"/> |
| Mt Isa <input type="checkbox"/> | Biggenden <input type="checkbox"/> | Gatton <input type="checkbox"/> |
| Torres Strait Islands <input type="checkbox"/> | Boulia <input type="checkbox"/> | Oakey <input type="checkbox"/> |
| Weipa <input type="checkbox"/> | Winton <input type="checkbox"/> | Dalby <input type="checkbox"/> |
| Wujal Wujal <input type="checkbox"/> | Isisford <input type="checkbox"/> | Roma <input type="checkbox"/> |

* relief opportunities will only be offered for rural and remote facilities in these Districts

SELECTION CRITERIA

Please address each of the following criteria and attach to your application

1. Currently employed by Queensland Health as a Registered or Enrolled Nurse.
2. No limitations on Annual Practising Certificate.
3. A minimum of twelve (12) months post registration / enrolment experience.
4. Interest in working in a rural or remote area.
5. Demonstrated satisfactory performance in current workplace.
6. Willingness to undertake the Rural and Remote Area Nursing Relief Program educational preparation within twelve (12) months of acceptance onto the Rural and Remote Nursing Relief Program.
7. Have attended or be willing to attend a Queensland Health approved Cultural Awareness program within six (6) months of acceptance onto the Rural and Remote Nursing Relief Program.
8. Have read the *Rights and Responsibilities* of the Relief Nurse, the Relinquishing Facility and the Receiving Facility (see pages 8-9) and be willing to uphold the Responsibilities of the Relief Nurse.
9. Please complete self skills assessment attached and return with application.

APPLICATION PROCESS

Before an application can be considered, Applicants must attach the following to the completed Application Form:

- statements addressing the Selection Criteria
- a certified copy of their current Licence to Practise certificate

Where did you find out about this opportunity? Please tick

- Government Gazette/Health Services Bulletin
- Courier Mail
- Other Queensland Newspaper
- Australian/Weekend Australian
- Interstate Newspaper
- International Newspaper
- Other Print Media e.g. Journal (please list);


Internet :

- Work For Us
- Internet – other (please list) _____
- Think Nursing

Other :

- Word of mouth through Queensland Health
- Think Nursing _____

Clinical Skills Self Assessment.

|  Rural and Remote Nursing Relief Program | | | |
|---|---|-----------------------------------|----------|
| Name: | | Date: | |
| | | Date Achieved / tick if competent | Comments |
| ALS | | | |
| Annually | Advanced Life Support | | |
| | Basic Airway Management | | |
| | Management of an Airway obstruction | | |
| | Manual Ventilation | | |
| | Oxygen Therapy | | |
| | Pulse Oximetry | | |
| | Chest Pain Assessment | | |
| | SAED | | |
| CARDIAC | | | |
| | Defibrillation & recognition of shockable arrhythmias | | |
| | Management of Non-Shockable arrhythmias | | |
| | 12 Lead ECG Recordings | | |
| | Cardiac Monitoring | | |
| TRAUMA | | | |
| | Trauma Nursing Core Course | | |
| | Paediatric Trauma Nursing Core Course | | |
| | Pre-Hospital Trauma Course | | |
| | RRNRP Relief Preparation | | |
| | Venipuncture | | |
| | IV Cannulation | | |
| | Insertion of Naso Gastric Tube | | |
| | Catheterisation | | |
| | Trauma - Primary and Secondary Survey | | |
| | Suturing a simple laceration | | |
| | Oxylog emergency ventilation | | |
| | Wound Assessment | | |
| | Plaster Backslab | | |
| | | | |

| MANDATORY TRAINING | | | |
|---|---|--|--|
| Must be completed Annually | Medication Calculations | | |
| | Prime Training | | |
| | Fire Training | | |
| | Basic Life Support | | |
| | Think Smart Patient Handling | | |
| | Child Safety | | |
| | Code of Conduct | | |
| | Infection Control | | |
| | Pandemic Planning | | |
| every 3 years | Cultural Awareness | | |
| every 3 years | Aggressive Behaviour Management | | |
| One Off | Blood Safe | | |
| | | | |
| I.T TRAINING | | | |
| | iSTAT | | |
| | FERRET | | |
| | i-Pharmacy | | |
| | | | |
| Continuing Education Credentials | | | |
| | Immunisation Endorsement | | |
| | X-Ray Licence | | |
| | RIPRN Endorsement | | |
| | | | |
| ASSESSMENTS | | | |
| | History Taking & Physical Assessment of a child | | |
| | History Taking & Physical Assessment of an adult | | |
| | Management of the patient with an altered level of consciousness | | |
| | | | |
| PROFESSIONAL | | | |
| | QNC Scope of Practice | | |
| | Health (Drugs and Poisons) Regulations 1996 - "What Nurses Need to Know". | | |
| | Primary Clinical Care Manual | | |
| | Role of the Health Worker | | |
| Every 6 months | PAD | | |
| | | | |
| HEALTH PROGRAMS | | | |
| | Child Health Programs | | |
| | Mental Health | | |

| | | | |
|--|----------------------------------|-------------|--|
| | Women's Health | | |
| | Sexual Health | | |
| | Home and Community Care Programs | | |
| | School Screening | | |
| Please note any other Post Grad Qualifications you may be working on or have already achieved | | | |
| | | | |
| | | | |
| | | | |
| Signature: _____ | | Date: _____ | |

EMPLOYER SUPPORT

The Director of Nursing of the facility in which you are employed, is required to support your application to the Rural and Remote Nursing Relief Program.

I support this application for the Rural and Remote Nursing Relief Program. I have read the *Rights and Responsibilities* of the Relief Nurse, the Relinquishing Facility and the Receiving Facility (see pages 8-9). This facility will uphold the Responsibilities of the Relinquishing Facility should this nurse be offered and accept a Relief Assignment. I understand this Facility will be contacted in regard to the ability to release this nurse prior to any Relief Assignment being offered.

Signature of Director of Nursing

Name of Director of Nursing (printed)

/ /
(date signed)

APPLICANT'S SIGNATURE

I accept the terms and conditions and Rights and Responsibilities associated with providing relief through the Queensland Health Rural and Remote Nursing Relief Program and understand that the information I have provided will be entered onto a centralised, secure, password protected database. I have completed this form and attached the required information.

Signature of Applicant

/ /
(date signed)

Rural and Remote Nursing Relief Program Rights and Responsibilities

Receiving Facility

Responsibilities

- Provide adequate notice of the need for relief to both the Relinquishing Facility and the Relief Nurse
- Provide starting and finishing dates for the relief period to both the Relinquishing Facility and the Relief Nurse
- Organise & provide accommodation for Relief Nurse (as per IRM 2.3-13)
- Provide the Relief Nurse with transportation to and from the relinquishing facility (as per IRM 2.3-13)
- Meet the Relief Nurse on arrival
- Provide orientation for Relief Nurse
- Provide a supportive environment for Relief Nurse
- To reimburse relinquishing facility for salary plus on-costs for relieving nurse for the relieving period
- To pay the Relief Nurse at least at the level of their substantive position (ie. paid at level 2 if substantive position is a level 2 nurse but is relieving in a level 1 position)
- To organise and arrange payment of entitlements to the Relief Nurse as per IRM 2.3-13
- To provide feedback to the Relief Nurse during and on completion of a Relief Assignment
- To contribute to and complete evaluation tools related to the relief program

Rights

- To be provided with a Relief Nurse who is safe and competent at the level they are employed at
- To be provided with a Relief Nurse for the period required or agreed to
- To receive feedback

Relief Nurse

Responsibilities

- To provide safe and competent care
- To work harmoniously within a team environment
- To participate in additional initiatives as negotiated and agreed to
- To respect the rights of the community
- To respect the status of the health service within the community
- To fulfil the roles and responsibilities of the position being relieved
- To prepare for the roles and responsibilities of the position being relieved
- To work in accordance with local policies
- To report any concerns to the Receiving Facility's Director of Nursing in a timely manner
- To actively participate in local performance management processes when providing relief for periods of longer than three (3) months
- To contribute to and complete evaluation tools related to the relief program
- To notify the State Coordinator of any changes to information provided in the application or if no longer able to provide relief

Rights

- To receive notice of the commencing and finishing dates of the period of relief
- To decline the offer of providing relief
- To be provided with the position description / roles and responsibilities of the position
- Have access to educational preparation which is based on the clinical knowledge and skills identified as core for the relief program
- To retain substantive position at base facility
- To be released for the relieving period with no ill consequence
- Be provided with accommodation that is clean and contains furniture and fittings in good repair

Relief Nurse Rights cont'

- Have transportation to & from Receiving Facility organised and provided
- Be met on arrival
- Receive an orientation
- Be Provided with a supportive environment
- To be paid at least at the level of substantive position (ie. paid at level 2 if substantive position is a level 2 nurse but is relieving in a level 1 position)
- To have no financial disadvantage while relieving
- To be provided with readjustment support when returning to base facility
- To receive feedback from the Receiving Facility during and on the completion of each Relief Assignment

Relinquishing Facility

Responsibilities

- To provide a 'point of contact' for coordinating the relief program
- To release Relief Nurse(s) as agreed
- To retain the Relief Nurse(s) substantive position
- To not disadvantage the Relief Nurse, while relieving, in terms of succession planning, career progression and educational opportunities
- To plan for the return of the Relief Nurse eg. if a nurse has been working in a remote area for any length of time, there will be an adjustment period when they return to their base facility
- To contribute to and complete evaluation tools related to the relief program

Rights

- To have the relief negotiated – including number of nurses, frequency, time frames etc.
- To receive adequate notice of the need for relief
- To receive starting and finishing dates for each period of relief
- To receive feedback

State Coordinator

Responsibilities

- Coordination of the relief program
- To maintain the database used for the relief program
- To monitor and evaluate the relief program

Rights

- That Relief Nurses, Receiving Facilities and Relinquishing Facilities will contribute to the on-going development of the relief program through for example, participation in evaluation processes
- That Relief Nurses, Receiving Facilities and Relinquishing Facilities will provide feedback outside of organised mechanisms when necessary
- That Relief Nurses, Receiving Facilities and Relinquishing Facilities will comply with policies and procedures associated with the relief program
- That Relief Nurses, Receiving Facilities and Relinquishing Facilities will meet their responsibilities