**Standardised Position Titles Policy**

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

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| **REQUEST DETAILS**  To be completed by Requestor or delegate. Attach further details where it is required. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Standardised Position List: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 🞏 Aboriginal 🞏 Allied Health | | | | | | | | | | | 🞏 Health Sciences | | | | | | | | | 🞏 Medical | | | | | | | | 🞏 Nursing / Midwifery | | | | | | | |
| 1. Change requested: | | | | | | | | | | | 🞏 Deletion | | | | | | | | | 🞏 Addition | | | | | | | | | 🞏 Alteration | | | | | | |
| 2a. Rationale for change request (include the number of positions affected and any impact on workforce data): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. Full position title: | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | |  | | | |
| 3a. Job Description Form (JDF) attached: | | | | | | | | | | | | | | | | | 🞏 Yes | | | | | 🞏 No | | | | | | | | | |  | | | |
| 1. Stakeholder consultation and comments: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 🞏 DoH | 🞏CAHS | | | | | 🞏 EMHS | | | | | | | 🞏 HSS | | | | | 🞏 NMHS | | | | | 🞏 QC | | | 🞏 SMHS | | | | | | | 🞏 WACHS | | |
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| 4a.Stakeholder agreement reached : | | | | | | | | | | | | | | | | | 🞏 Yes | | | | | 🞏 No | | | | | | | | | | | | | |
| 5. Request meets requirements of Policy: | | | | | | | | | | | | | | | | | 🞏 Yes | | | | | 🞏 No | | | | | | | | | | | | | |
| 5a. Applies to all Health Service Providers: | | | | | | | | | | | | | | | | | 🞏 Yes | | | | | 🞏 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: | | | | | | 🞏 Yes | | | 🞏 No | |
| Signature: | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | |
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| **END OF FORM** | | | | Email 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: | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | |
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| 8. Panel Assessment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8a. Minimum requirements met | | | | | | | | | | | | | | | | | | | 🞏 Yes | | | | | 🞏 No | | | | | | | | | | | | |
| 8b. Applies to all Health Service Providers: | | | | | | | | | | | | | | | | | | | 🞏 Yes | | | | | 🞏 No | | | | | | | | | | | | |
| 8c. Alteration or Addition shown on JDF: | | | | | | | | | | | | | | | | | | | 🞏 Yes | | | | | 🞏 No | | | | | | | | | | |  | |
| 8d. Further information sought and comments: | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
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| 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: | | | | | | | | | | | | | | | | | | | | | | | | | | | 12. Panel checklist | | | | | | | | | |
| Decision upheld | | | | | | | 🞏 Yes | | | | | 🞏 No | | | | | | | | | | | | | | | 🞏 Requestor informed  🞏 List updated  🞏 HSS database  🞏 DoH data warehouse  🞏 WSC informed  🞏 Revised list published  🞏 Communique | | | | | | | | | |
| Comments: | | | | | | | | | | | | | | | | | | | | | | | | | | |
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