Recommendation of Local HSP Steward Form

This form is to be completed in line with the requirements in the Information Management Governance Policy.

# Steward Details

|  |  |  |  |
| --- | --- | --- | --- |
| **Steward Details** | | | |
| Position | Enter position title | | |
| Occupant Name | Enter Steward name | | |
| Division /  Health Service Provider | Select division / HSP | Division name | Enter division name |
| Email | @health.wa.gov.au | | |
| Phone | (08) 0000-0000 | | |

# Appointment Terms

|  |  |  |  |
| --- | --- | --- | --- |
| **Appointment Terms** | | | |
| Reason for appointment | Select reason | | |
| Appointment type | Select appointment type | | |
| Steward Allocation | Select Steward allocation | Site / Region | Enter site or region name |
| Steward commences | \_\_\_/\_\_\_/\_\_\_\_\_ | | |
| Steward ceases | \_\_\_/\_\_\_/\_\_\_\_\_ *Not required for permanent appointments.* | | |

# Recommendation

|  |  |
| --- | --- |
| **Steward Agreement** | |
| I agree to perform the role of the Steward in accordance with all relevant policies, regulations and legislation and within the conditions and limitations of the delegated functions and powers of a Steward. | |
| Signed | \_\_\_/\_\_\_/\_\_\_\_\_ |