

Allied Health Assistant Application for Re-Classification OPS-2 / AHA-2 to AHA-3

Following all relevant endorsements, this Application and all Supporting Documentation is to be forwarded to the designated **Human Resources Manager** within the Local Health Network
NB Submission will be returned if approvals or documentation is incomplete.

This form is to be completed by the Applicant or Initiating Manager seeking to reclassify from AHA-2 to AHA-3 level.
The Applicant or Manager must fully complete Parts 1- 9 of this application before submitting it to the relevant Managers and Executive for signoff and comment.

Please contact your local Human Resources Department if you require assistance completing this form.

Type of Application

- Management Initiated Reclassification**
 Personal Reclassification used only if employee & management disagree on the classification level-

Part 1: Applicant

Name:	<input type="text"/>
Position Title:	<input type="text"/>
Directorate / Department:	<input type="text"/>
Contact Number:	<input type="text"/>
Contact Email:	<input type="text"/>
Date:	<input type="text"/>

Part 2: Current Position Details

Current Position Title:	<input type="text"/>		
Current Position Classification	<input type="text"/>		
CHRIS Position Number :	<input type="text"/>		
Position FTE:	<input type="text"/>	Date Position Last Advertised: <i>(If Known)</i>	<input type="text"/>

Part 3: Current Incumbent Details

Current Occupant 1 Name(s):	<input type="text"/>
Occupant(s) Status:	Permanent Incumbent (Substantive) <input type="checkbox"/> Acting <input type="checkbox"/> Vacant <input type="checkbox"/>
Current Occupant 2 Name(s):	<i>(if applicable)</i>
Occupant(s) Status:	Permanent Incumbent (Substantive) <input type="checkbox"/> Acting <input type="checkbox"/> Vacant <input type="checkbox"/>
Current Occupant 3 Name(s):	<i>(if applicable)</i>
Occupant(s) Status:	Permanent Incumbent (Substantive) <input type="checkbox"/> Acting <input type="checkbox"/> Vacant <input type="checkbox"/>

Part 4: Proposed Position Details

Proposed Position Title:	<input type="text"/>
Proposed Classification:	<input type="text"/>
Position FTE:	<input type="text"/>
Position Status:	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual <input type="checkbox"/>
Employment Type:	Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Please specify period YRS / MNTH
Position within Approved Establishment:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Funding Source (Please Specify)	Operating <input type="checkbox"/> Externally Funded <input type="checkbox"/>

Part 6: Organisational Details (NB Please ensure this section is consistent with the organisation chart)

Subject Position:	<input type="text" value="(Position Title)"/>														
Line Manager / Supervisor:	<input type="text" value="(Position Title)"/>														
Line Manager / Supervisor reports to:	<input type="text" value="(Position Title)"/>														
Staff directly supervised by Subject Position:	<table border="1"> <thead> <tr> <th>Headcount</th> <th>Total FTE</th> </tr> </thead> <tbody> <tr> <td>Position Title</td> <td></td> </tr> <tr> <td>FTE</td> <td>Classification</td> </tr> <tr> <td>Position Title</td> <td></td> </tr> <tr> <td>FTE</td> <td>Classification</td> </tr> <tr> <td>Position Title</td> <td></td> </tr> <tr> <td>FTE</td> <td>Classification</td> </tr> </tbody> </table>	Headcount	Total FTE	Position Title		FTE	Classification	Position Title		FTE	Classification	Position Title		FTE	Classification
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Reclassifications:

- (1) Describe the context and changes to the structure/position.
- (2) Explain the aspects of the role that align to the higher level, in particular describe those which have increased work value including complexity, responsibility and significance of impact of outcomes.

NB an increase in quantity of work does not warrant reclassification

Under the South Australian Modern Public Sector Enterprise Agreement: Salaried 2017, Appendix 10 a new Allied Health Assistant (AHA) stream has been created. Work level definitions for the AHA staff cohort have been defined by this instrument and hence some AHA positions within SA Health require re-classification to ensure tasks and responsibilities required by the position align appropriately to the correct AHA- level as defined by the new work level definitions.

Please specify the aspects of the current position tasks and responsibilities that justify consideration of re-classification to a higher AHA level. Additional evidence of higher level responsibilities, outside of the Work Level Definition tasks (part 8), can be added to this section.

Part 8: Comparative Analysis

Work Level Definitions at the Proposed Level

Use Work Level Definitions from latest classification standards or relevant Enterprise Agreement as applicable.

Enterprise Agreements located at:

<http://inside.sahealth.sa.gov.au/wps/wcm/connect/non-public+content/sa+health+intranet/business+units/workforce/workforce+relations/agreements>

Work level definition used e.g. which EA:

SA Modern Public Sector Enterprise Agreement: Salaried 2017

Pathway/Stream(s) : (if applicable)

Appendix 10: Allied Health Assistants

Please remove examples / text in red when completing application

Work Level Definitions	Comparisons with subject position
Must possess a minimum of Certificate 4 in Allied Health Assistance or equivalent	
Work under general direction and minimal clinical supervision	
Undertake an advanced scope of AHA functions within a Local Health Network under direction of an AHP	
Work routines and methods are established but there is scope for the use of discretion in the application of skills	
Problems can be resolved by reference to procedures, documented methods and instructions, as defined by the relevant professional unit	
Demonstrates a high level of communication and interpersonal skills	
Undertake a range of the following: <ul style="list-style-type: none"> exercising skills, experience and knowledge to a higher level than AHA-2; contributing to patient care by providing advanced clinical support tasks delegated under the direct or indirect supervision of an AHP; provides a defined range of specialised clinical screening assessments for patients with complex needs; provides a defined range of treatments for patients with complex conditions; provides comprehensive education on a defined range of topics to patients or patient groups; leads a defined range of group interventions for patients with diverse and complex needs; contributes to patient records according to organisational guidelines and legal requirements. 	
Perform the full range of duties of an AHA-1 and AHA-2. <i>(see EA for full work level definitions of AHA-1 and AHA-2 levels)</i>	
May be required to assist in the supervision of AHA-1 and AHA-2 in their daily activities. This may include the allocation of work, monitoring of the quality of work undertaken, the determination of priorities and providing on the job training and mentoring.	

Part 9: Classification Documentation Certification

I have compiled the attached application for a reclassification determination with respect to the above position(s) and the requested classification. I certify that the following information is included in this application or attached:

- Certified **Proposed** and **existing Job and Person Specification/s**
- Approved **Current** and **Proposed Organisation Charts**, clearly depicting the subject position on the proposed chart (reporting relationships, classification levels, FTE and CHRIS positions numbers to be defined on both charts.)
- Comparison against the approved Work Level Definitions** relevant to the position
- Recommendation(s)** from the Manager

Applicant's Signature: _____

Date

Part 10: Management Recommendations and Signoff

Manager Endorsement

In supporting this application you agree that the position is required to undertake the duties and functions as described and you confirm the role description is an accurate reflection of the required duties/responsibilities of the position.

If NOT supporting the application, please provide reason(s) in comments section.

Comments: *(Detail must be provided if application not supported)*

Signature _____

Name _____

Position Title _____

Supported / Not Supported

(please circle)

Date

Manager Business Operations / Business Manager Financial Statement

Please provide information as to the anticipated costs of the proposed reclassification and the capacity of the business unit to absorb those costs within existing operating budgets and/or details of alternate funding sources.

Comments: *(Detail must be provided if application not supported)*

Signature _____

Name _____

Position Title _____

Supported / Not Supported

(please circle)

Date

Delegate Endorsement

In supporting this application you agree that the position is required to undertake the duties and functions as described.

If NOT supporting the application, please provide reason(s) in comments section.

Comments: *(Detail must be provided if not supported)*

Signature _____

Name _____

Position Title _____

Supported / Not Supported

(please circle)

Date

Human Resource Department use only

Application assessed as complete.

1. Do not complete this section until you can confirm that you have a complete application
2. If the application is incomplete, return it to the applicant with a clear explanation of requirements

Human Resources Signature _____

Name _____

Receipt Date

Application Acknowledged ____/____/____

Principal Date for Personal Reclassifications only ____/____/____

(Determination of Principal date can be found on Workforce Operations Advice Issue No: WOA0003/11)

- Referred for consideration by:
- General Classification Panel
 - Nursing Classification Panel
 - Allied Health Classification Panel
 - Workforce Operations Classification Panel
 - HR Consultant
 - Other _____

(‘Determination of Principal date’ and the ‘Reclassification Process and Principles’ can be found within Workforce Operations Advice Issue No: WOA0003/11)

Reclassification Application and Supporting Documentation

Checklist

Application form

1. Type of application e.g. managerial or personal has been indicated.
2. Applicant details have been fully completed.
3. Subject position details have been correctly completed.
4. Reference to Classification Standards or Work Level Definitions etc.
5. Definitive recommendation and supporting / non supporting comments made by the Manager / Director / Approving Delegate.

Role Description

1. Certified (*signed*) existing J&PS / Role Description
2. Proposed / Updated signed Role Description
 - 2.1 Preamble / Context to include a brief description of the purpose of both the Division and the unit/section in which the position is located.
 - 2.2 Summary of the **broad purpose of the position to be expressed in no more than 100 words.**
 - 2.3 **Special Conditions on the role description template are standardised to reflect normal Award conditions**, variations to this effect should be referred to the HR Consultant for advice eg Due to the nature of the position Flexitime Provision are not assigned to this position - commencing time 8:45 am and finishing time 5:00pm, with 45 minutes lunch time rostered Monday to Thursday.
 - 2.4 Outcomes and Activities to be grouped into major areas of responsibility, listed in descending order of priority and written in outcome terms.
 - 2.5 Check to ensure that the position outcomes and activities reflect and are consistent with the proposed classification work level definitions.
 - 2.6 **Essential & Desirable criteria to be kept to a max of fifteen (15) dot points.**
 - 2.7 Essential qualifications must reflect those determined by the HR Manual for Health Care Act Employees or 'Commissioners Standard 2, Quality Staffing' for Public Sector Act Employees.
 - 2.8 The Role Description document must be endorsed and dated by the Director / Delegate and the staff member concerned.

Current Organisation Chart

1. Subject Position is clearly highlighted on the current organisation chart including related positions and lines of accountability / reporting including position numbers and FTE's.
2. Ensure there is consistency with the reporting relationship in the Role Description and the current organisation chart.

Proposed Organisation Chart (not required if the proposal does not alter the organisational structure)

1. Subject position is clearly highlighted on the proposed organisation chart including reporting relationships, classification levels, FTE and CHRIS positions numbers.
2. Ensure there is consistency with the reporting relationship in the Role Description and the proposed organisation chart.
3. The organisation chart should be endorsed and dated by the Director

Financial Statement

This document is required irrespective if the application is initiated on a managerial or personal basis.

NB It is the manager's responsibility to ensure the financial statement is included in the submission.

A statement / analysis from the Business Operations / Business Manager regarding the anticipated costs of the proposed reclassification, and the capacity of the business unit to absorb those costs within existing operating budgets and/or details of alternate funding sources.