

**Health Executive Service**

**HES OFFICE CREATION AND CLASSIFICATION FORM**

**Instructions:**

* Please complete sections 1 to 3 and attach supporting information if required.
* Email the completed form to HES@health.wa.gov.au

For further assistance, please contact the Health Executive Service on (08) 9222 2162.

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| **SECTION 1: CHIEF EXECUTIVE DETAILS** |
| Chief Executive name |  |
| Health Service Provider |  Request date: |
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|  | [ ]  I am requesting the creation and classification of a new office for inclusion in the HES. (in accordance with clause 3.15 of the Health Executive Policy)[ ]  I have discussed this request with the Director General  (in accordance with clause 3.15 of the Health Executive Policy) |

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| **SECTION 2: HES OFFICE DETAILS** |
| Proposed HES office title |  |
|  Proposed position status | [ ]  Permanent | [ ]  Temporary |
| Proposed start date |  | Proposed end date (if temporary) |
| Does the proposed office require the following screening? | Aged Care Criminal Record Screen[ ]  required [ ]  not required  |  Working with Children Check [ ]  required [ ]  not required |
| Organisational Unit/Admin Unit |  | Location Code |
| Reports to Position Number  |  |  |
| Cost Centre number  |  | Cost Centre percentage |
| Cost Centre number |  | Cost Centre percentage |
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| **SECTION 3: RATIONALE** |
| 1. Why is the new office being created? Are any other positions to be abolished to accommodate this position?
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| 1. Have any duties for the proposed office been carried out previously by other positions in the Health Service Provider?
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| 1. Are there any positions that have similar or the same duties as the proposed office?
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| 1. Please attach the relevant documents:
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| [ ]  proposed job description form (JDF) [ ]  up to date organisational chart showing the proposed office[ ]  copies of comparative JDFs as mentioned in question 3 above (if applicable) |

**ASSESSMENT AND APPROVAL**

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| **ASSESSMENT – WORKFORCE AND EMPLOYMENT**(for Workforce and Employment, Department of Health use only) |
| **This request:** | [ ]  **requires assessment** by an external consultant and the Chief  Executive to be advised of the estimated costs. [ ]  **does not require assessment** by an external consultant.**Director, Workforce and Employment** **Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Assessment and Recommendation:**(if applicable, please attach external consultant assessment report) |

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| **REQUEST APPROVAL – DIRECTOR GENERAL** |
| [ ]  I **approve** the creation of the proposed health executive office at the classification grade  specified below:   Medical Practitioner Only HES Office (please circle) ORHealth Professional / Corporate (please circle)Classification Grade: A B C D (please circle)[ ]  I **do not approve** the creation of the proposed health executive office. |
| **Comments:** |

**Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 DR SHIRLEY BOWEN

 **DIRECTOR GENERAL**