

**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](mailto: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: |
|  | |  |
|  | 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: |
| 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)  OR  Health 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**