

# Conversion Request Application Form

## Technical Officer to Hospital Scientist request

This form has been established in accordance with the *Health Employees' Technical Officer to Hospital Scientist Conversion Interim Award* (“**the Award**”).

1. Applicant's Name:	
2. Applicant's Assignment Number:	
3. Date Conversion Request submitted:	
4. Applicant's current department and facility/service:	
5. Applicant's current Area of Work:	
6. Applicant's current manager:	
7. Date of commencement with NSW Health as a Technical Officer (or equivalent or above):	
8. Dates (day/month/year or month/year), location/area and health agency of previous work as a Technical Officer (or equivalent or above) within NSW Health.  e.g. Technical Officer, Microbiology, John Hunter Hospital, 2 September 2017 – 1 September 2020:	
9. Dates (day/month/year or month/year), location/area and organisation of previous work as a Technical Officer (or equivalent) outside of NSW Health.  e.g. Technical Officer, Haematology, Private Pathology Pty Ltd North Sydney NSW, 1 September 2010 – 1 September 2017:	

10. Current contracted hours:	
11. Cost Centre (if known):	
12. Current Award Classification, Grade and Year (e.g. TO Grade 2 Year 3):	
<p>13. Qualification/s including university/college, any major, and year obtained (e.g. Bachelor of Science (Chemistry) 2019 from University of Sydney).</p> <p>Note - transcript and certificates to be attached and, if applicable, accreditation by such bodies appointed by the Commonwealth government to assess qualifications for skilled migration visas as meeting the qualification requirement of Medical Scientist ANZ23461.</p>	
14. Membership of professional bodies (certificate or letter attached) if applicable to requisite science qualification:	
15. Confirmation of experience (relevant to the position) for prior service external to NSW Health:	<p><input type="checkbox"/> Statement/s of Service attached (for prior service external to NSW Health)</p> <p><input type="checkbox"/> Statutory Declaration (if Statement/s of Service not available).</p> <p><input type="checkbox"/> Other (please specify)</p> <p>Years of Experience total:</p>
16. Confirmation of agreement to undertake the duties of a Hospital Scientist as determined by the employer from time to time:	<p><input type="checkbox"/> Yes, I agree.</p> <p><input type="checkbox"/> No, I do not agree.</p>
17. Any additional information the applicant would like to provide to support the conversion request (optional).	

<p>18. Checklist:</p> <p>(Tick which evidence is being submitted)</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Completed and signed application form.</li> <li><input type="checkbox"/> Qualifications – certificates, transcripts or letter from education institute, verification of overseas qualifications.</li> <li><input type="checkbox"/> Evidence of relevant experience outside of NSW Health (for e.g. statements of service or statutory declaration).</li> <li><input type="checkbox"/> Hospital Scientist Position Description (if available).</li> </ul>
---	--

**Applicant Name:** .....

**Signature:** .....

**Date submitted:** .....

**Email address the applicant wishes to receive outcome to:**

.....