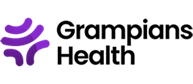
**STATEWIDE EQUIPMENT PROGRAM**

**EXPRESSION OF INTEREST**

**FOR APPOINTMENT AS A CLINICAL ADVISOR –**

**‘General’ AT categories**

Please refer to the SWEP clinical advisor roles and responsibilities document, for information relating to the position

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| 1. **Clinician details** | | | | | | | | | |
| **Name** | | | **Given names** | |  | **Surname** | |  | |
| **Residential address** | | |  | | | | | | |
| **State** | | |  | | **Post Code** |  | | | |
| **Email address** | | |  | | | | | | |
| **Telephone number** | | | **Business:** | |  | **Private:** | |  | |
| **Please state your profession** | | | | |  | | | | |
| 1. **Scope of practice/ area of expertise** | | | | | | | | | |
| **Please indicate your area of expertise, chosen scope of practice and sector experience as it relates to ‘General’ Assistive technology categories by completing Appendix 1.** (You need not have expertise in every category to apply) | | | | | | | | | |
| 1. **Professional qualifications**   (\*please attach evidence and include certified copies of original qualifications) | | | | | | | | | |
| **Qualification** | | | | | **Place Obtained** | | | | **Date** |
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| Threshold credentials, registrations, memberships, certifications, and accreditations (indicate all that apply) | | | | | | | | | |
| **AHPRA registration number** (all Occupational therapists, Physiotherapists and Podiatrists, must supply number here) | | | | | | |  | | |
| **Orthotist/ Prosthetist** (\*must attach evidence of current full membership of the Australian Orthotics and Prosthetics Association (AOPA) | | | | | | |  | | |
| **Occupational Therapists making Vehicle Modifications (Driver) i.e., driver assessments and/or modifications to the vehicle to facilitate driving by the consumer,** (\*must attach evidence of post-graduate training in driver assessment and rehabilitation, with both theory and practicum delivered in line with the Australian competency standards for Occupational therapy driver assessors. OTA (2018). (Usual duration of two weeks using a mixed delivery method) | | | | | | |  | | |
| **Other relevant (State name)**  (If applicable \*please attach evidence) | | | | | | |  | | |
| Current Working with Children Check (employee) (\*please attach copy of the card) | | | | | | | | | |
| **Name on card** | | | | |  | | | | |
| **Card number** | | | | |  | | | | |
| **Expiry date** | | | | |  | | | | |
| Current Satisfactory Police Check (no more than 1 year old)(\*please attach copy) | | | | | | | | | |
| This need not be supplied at the time of application if you do not have a current check.  Do you agree to undertake a police check at your own expense if you are the preferred candidate? Appointment will be subject to this being clear.  YES  NO | | | | | | | | | |
| Current Professional indemnity Insurance (required)(\*please attach evidence of your certificate) | | | | | | | | | |
| This need not be supplied at the time of application if you do not have current Professional Indemnity Insurance.  Do you agree to obtain this at your own expense if you are the preferred candidate? Appointment will be subject to this being in place.  YES  NO | | | | | | | | | |
| **Name of Insurer** | | | | |  | | | | |
| **Type of insurance** | | | | |  | | | | |
| **Expiry date** | | | | |  | | | | |
| 1. **COVID 19 vaccination status**  (\*please attach evidence) | | | | | | | | | |
| The Clinical Advisor must be able to demonstrate evidence of COVID-19 vaccination status or exemption in accordance with the Victorian Government worker vaccination requirements for healthcare workers - <https://www.coronavirus.vic.gov.au/worker-vaccination-requirements> | | | | | | | | | |
| 1. **Current employer(s) and role** | | | | | | | | | |
| **Name of current employer 1** | | | | |  | | | | |
| **Title/role** (Grade if applicable) | | | | |  | | | | |
| **Period and type of employment** (how many days per week? date employed from and to?) | | | | |  | | | | |
| **Name of current employer 2** (if applicable) | | | | |  | | | | |
| **Title/ role** (Grade if applicable) | | | | |  | | | | |
| **Period and type of employment** (how many days per week? date employed from and to?) | | | | |  | | | | |
| **Additional current employer** (add details) | | | | |  | | | | |
| 1. **Publications/ Presentations**   Please list publications and relevant presentations (state / national/ international level highly regarded) | | | | | | | | | |
|  | | | | | | | | | |
| 1. **Continuing professional development**   Please list the continuing professional development you have participated in the past 2-3 years, particularly those that are relevant to your expertise in relevant categories of aids and equipment/ assistive technology | | | | | | | | | |
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| 1. **Clinical review / Quality Assurance**   Please indicate your knowledge and experience in the fields of | | | | | | | | | |
| 1. Clinical Audit | | | | | | | | | |
| 1. Professional credentialing and defining scope of practice | | | | | | | | | |
| 1. Education and In-service | | | | | | | | | |
| 1. Customer Service (including complaints management) | | | | | | | | | |
| 1. Other (please specify) | | | | | | | | | |
| 1. **Summary of related experience**   Please provide a detailed summary of experience in the area of expertise nominated on this form - include details of roles in areas such as related Special Interest Groups, Professional leadership positions etc. | | | | | | | | | |
|  | | | | | | | | | |
| 1. **Referees**   Please provide the names and contact details of two (2) professional referees who can validate the above summary | | | | | | | | | |
| **Name** |  | | | **Contact details** | | |  | | |
| **Name** |  | | | **Contact details** | | |  | | |
| 1. **Availability**   Please indicate your ability to attend meetings (anticipated as full days 1-2 times per year) as well as your future capacity on a consultation basis (please indicate availability, potential responsiveness, etc) | | | | | | | | | |
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| 1. **Declaration** | | | | | | | | | |
| I understand that appointment as a Clinical Advisor to the Statewide Equipment Program will require some intensive consultation as well as a more sporadic consultative role. If appointed I will abide by mutually agreed standards and KPIs.  I have disclosed any current or pending restrictions to rights or capacity to practice.  I have disclosed of any current or pending litigation related to the proposed sphere of practice. | | | | | | | | | |
| **Name** | |  | | | | | | | |
| **Signature** | |  | | | | | | | |
| **Date** | |  | | | | | | | |

***Forward to:***

Donna Markham

Chief Allied Health Officer

State-wide Equipment Program

Ballarat Health Services

PO Box 577

Ballarat     Vic      3353

Email: [swepcaho@bhs.org.au](mailto:swepcaho@bhs.org.au)

**Appendix 1: Applicant expertise, chosen scope of practice and sector experience**

| **Please indicate your area of expertise, chosen scope of practice and sector experience (particularly from the last 5-10 years), as it relates to the following ‘General’ AT categories** (choose all that apply)  #Please only complete the AT categories you are eligible for | | |
| --- | --- | --- |
| **Bath and Toilet** (#Occupational therapists and Physiotherapists only)  Adults  Paediatrics  Aged  Community  Disability  Health (includes rehabilitation)  Other (please specify) | **shower chairs, commodes, bath and toilet aids, change tables and related pressure care** | |
|  | Basic shower stools and chairs  Bath seats and benches  Standard shower/commode chairs  Over-toilet frames  Raised toilet seats (extensions)  Change table (SAEAS only) | Non-standard shower/ commode chairs  Off the shelf customizing for commodes  Toileting systems  Shower trolleys  Complex commodes or other bathing/toileting items including: Custom made, Frame modifications, Pressure seating  Other (please specify) |
| **Bedding**  (#Occupational therapists and Physiotherapists only)  Adults  Paediatrics  Aged  Community  Disability  Health (includes rehabilitation)  Other (please specify) | **beds, pressure reducing mattresses and accessories** | |
|  | Standard off the shelf beds (no customisations)  Basic bed extras – self-help poles and monkey bars  Standard mattresses and pressure reducing mattresses (contract item)  Basic transfer aids related specifically to bed transfers  Bed blocks  Non-standard beds (i.e., low lying, trendelenburg, column, bariatric/ paediatric)  Pressure mattress inserts | Pressure relieving mattress overlays  Other pressure injury prevention items (including foot and body wedges)  All customised beds  Bed extras that may pose additional risk i.e., bed poles/sticks, bed rails, bed rail covers)  Pressure relieving full mattress replacement systems  Pressure care sleep systems  Other (please specify) |
| **Environmental control units (ECU)**  (#Occupational therapists only)  Aged  Community  Disability  Health (includes rehabilitation)  Other (please specify) | **automation devices including relevant software, hardware and accessories** | |
|  | Simple operation of single function (e.g. On/off)  Switch accessed via hand press (anticipated unlikely to require significant change over time)  Operation involving choice from 2 or more functions in same category (e.g., Lights or bed control or tv)  Multiple functions, multiple switches accessed by hand press or single layer menu, switch and scan with switch activated by hand press or voice (anticipated unlikely to require significant change over time) | Multiple functions operated by switch or voice  Complex controls including; switch mounting, layered menus, integration into other controller, part of home modification, alternative access (e.g. switch and scanning, voice switch), complex programming computer based (via USB IR module)  Other (please specify) |

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| **Home modifications**  (#Occupational therapists only)  Aged  Community  Disability  Health (includes rehabilitation)  Other (please specify) | **built ramps, rails, stair lifts, and changes to the built environment** | |
|  | All modifications ≤ $1,300  Fittings for a single area < $1,300  All modifications > $1,300 and ≤ $10,000 | Complex modifications $10,000 + any ramp that is not compliant with Australian Standard 1428.1  Stair lifts  Other (please specify) |
| **Orthotics**  (#Occupational therapists, Physiotherapists, Podiatrists and Orthotist/ Prosthetists only)  Adults  Paediatrics  Aged  Community  Disability  Health (includes rehabilitation)  Other (please specify) | **Orthoses, footwear, helmet** | |
|  | Basic lower limb orthoses, Ankle Foot Orthoses, Knee orthoses, Foot Orthoses  Basic upper limb orthoses, Wrist Hand Orthoses (WHO), Elbow Orthoses (EO), Combined Resting WHO/EO, Static custom WHO/EO, Prefab. Functional WHO/EO  Basic spinal orthoses (non-corrective)  Lumbo-Sacral Orthosis (LSO)/ Thoraco-Lumbo-Sacral Orthosis (TLSO)  Footwear, Shoe modifications, Extra-depth/width  Safety Helmet (specialised/custom made) | Charcot Resistant Orthotic Walker (CROW)  Dynamic upper limb orthoses  Custom made footwear  Unilateral Knee Ankle Foot Orthoses (KAFO)  Dynamic Ankle Foot Orthosis (DAFO)  Ground Reaction Force AFO (GRAFO or GRO)  Stance phase control devices  Reciprocating Gait Orthosis (RGO)  Brachial plexus devices  Bilateral KAFOs  Scoliosis bracing  Other (please specify) |
| **Seating**  (#Occupational therapists and Physiotherapists only)  Adults  Paediatrics  Aged  Community  Disability  Health (includes rehabilitation)  Other (please specify) | **high/low back or tilt chairs, specialised seating and accessories, stools, chair raisers, sit to stand recliners, paediatric car seats** | |
|  | Basic chairs and stools  Chair raisers  Basic seating with any; off the shelf customisation, in-built or added postural supports (e.g., harness, backrest, thoracic support, tilt in space or recline, pressure prevention  Powered sit to stand lift recliners (single and dual motor, with or without additional postural supports) | Car seat (paediatric only)  Custom made seating/ chairs  Complex seating including; modular seating systems, molded postural supports or pressure inserts  Other (please specify) |
| **Transfers**  (#Occupational therapists and Physiotherapists only)  Adults  Paediatrics  Aged  Community  Disability  Health (includes rehabilitation)  Other (please specify) | **hoists, slings, transfer aids, portable ramps, kitchen trolley** | |
|  | Basic transfer equipment  Kitchen trolley  Portable ramps  All mobile hoists  Basic ceiling hoists (fixed or portable)  Standard (non-customised) slings | Complex ceiling hoists (fixed or portable) including; junctions and turntables, home modifications required for installation (i.e. tracks through doorways), 2 motors to meet load capacity, multi-functional hoists  Specialised slings (e.g., customised and stretcher slings)  Other (please specify) |

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| **Vehicle Mods (Driver)**  (#Occupational therapists WITH post-graduate training in driver assessment and rehabilitation, with both theory and practicum delivered in line with the Australian competency standards for Occupational therapy driver assessors. OTA (2018).)  Aged  Community  Disability  Health (includes rehabilitation)  Other (please specify) | **all driver assessments and/or modifications to the vehicle to facilitate driving by the consumer, including driver seat modifications** | |
|  | Passenger side brake  Driver Assessment  Basic spinner knob  Electronic spinner knob with indicators incorporated  Left side indicator adaption  Indicator extension  Left side foot accelerator  Accelerator modification (hand)  Brake modification | Hand control modification  Park brake modification  Driver access modification  Driver lowered floor modification  Driver wheelchair restraint system  Driver seating modification  Contribution to existing 2nd hand already modified vehicle  Imported modified vehicle  Other (please specify) |
| **Vehicle Mods (Other)**  (#Occupational therapists only)  Aged  Community  Disability  Health (includes rehabilitation)  Other (please specify) | **driver and passenger modifications for access or safe travel** | |
|  | Roof hoists  Air conditioning  Boot slider boot slider  Basic wheelchair carriers  Oxygen cylinder restraint system  2nd or 3rd row lowered floor modification  Passenger wheelchair and occupant restraint systems  Passenger seating modifications  Boot cranes | Ramp access for wheelchair  Lift access for wheelchair  Passenger modification row 1  Passenger sling lift  Basic and customised Trailers  2nd hand Imported Vehicle  Wheelchair carriers  Other (please specify) |
| **Walk/ Stand Aids**  (#Occupational therapists and Physiotherapists only)  Adults  Paediatrics  Aged  Community  Disability  Health (includes rehabilitation)  Other (please specify) | **walking frames, standing frames, crutches** | |
|  | Basic frames and gutter crutches  4-wheel walkers (adult)  All paediatric standing frames and posterior walkers | Hart walker (paediatric only)  Standing frames and specialised walkers (adult)  Other (please specify) |
| **Wheelchair/ Scooter**  (#Occupational therapists and Physiotherapists only)  Adults  Paediatrics  Aged  Community  Disability  Health (includes rehabilitation)  Other (please specify) | **manual and power wheelchairs, scooters, strollers, posture and pressure related accessories** | |
|  | Basic manual wheelchairs  Basic powered wheelchair  Basic strollers (paediatric only)  Basic pressure redistribution cushions  Cushion covers  Mobility scooters  Off the shelf customising for manual and power wheelchairs  Complex pressure redistribution cushions including; adjustable air, contoured, 500 - 1000mm combination materials  Power assist units | All custom-made wheelchairs  Custom made pressure redistribution cushions  Pressure redistribution cushions including removeable additions  Tilt in space power wheelchairs  Other (please specify) |
| **Transport accident commission (TAC) Capacity and performance evaluation (CAPE)**  (#Occupational therapists only)  **Please specify your role and sector of service provision** | **service provision for the following items** | |
|  | OT treatment and treatment plans (Allied Health Treatment Plan)  Home services needs assessment - Initial or review (Domestic, Gardening, Childcare)  Holiday support needs (Overseas, Domestic)  Client Independence Skills Service (CISS) program  Functional Independence Review (FIR) (Independence Review)  Functional Independence Assessment (FIA) (Attendant care and Allied Health services recommendation; completed in hospital for transition to community)  Supported Accommodation FIR - Bed fee incorporates attendant care  Other (please specify) | |