

INSTRUCTIONS TO REQUEST A REPLACEMENT OR AMENDMENT OF CLINICAL PLACEMENT AUTHORITY (CPA) / CONDITIONAL LETTER

Effective 1 June 2010, an application for replacement and amendment of a Clinical Placement Authority (CPA) / conditional letter will only be processed for those who have been issued with a CPA / a conditional letter following a risk assessment conducted after 1 June 2010.

If you have a CPA issued by NSW Health prior to 1 June 2010 and the CPA has been lost or damaged, you are required to undergo the National Criminal Record Check and obtain a National Police Certificate – See your coordinator or educational institution for further information.

1. Request for Replacement / Duplicate Clinical Placement Authority / Conditional Letter

If you require a replacement CPA or letter because the original document provided to you by NSW Health has been lost or damaged, please complete the form overleaf using the following steps as a guide:

- Complete **Part 1** of this form.
- Read and complete **Part 2**.
- If your CPA was stolen, please provide the Police Event Number and the fee of \$33 (as at 2010 or current fee) will be waived.
- Sign and date the form in the space provided at **Part 4**.
- Obtain a bank cheque or money order for \$33 (as at 2010 or current fee) made payable to HealthShare.
Post this form and the bank cheque / money order to **NSW Health - Westmead Service Centre, Employment Screening and Review Unit, PO Box 292, WESTMEAD NSW 2145.**
- Please enclose an express post envelope to ensure a quick reply.

The Employment Screening and Review Unit will issue a replacement of Clinical Placement Authority / Conditional Letter upon receipt of this request and completed documentation. The replacement will be posted within 5 working days.

2. Amendment to details on a Clinical Placement Authority / Conditional Letter

(NOTE: The original clearance document must be returned to the Employment Screening and Review Unit)

If you require an amendment to be made to the Clinical Placement Authority / Conditional Letter provided by NSW Health please complete the form overleaf using the following steps as a guide:

- Complete **Part 1** of this form, **show correct details only**
- Read and complete **Part 3** detailing the incorrect information which appeared on your original CPA document.
- Sign and date the form in the space provided at **Part 4**.
- Post this form with your **original CPA** to the **Health Support Services - Westmead Service Centre, Employment Screening and Review Unit, PO Box 292, WESTMEAD NSW 2145.**
- Please enclose an express post envelope to ensure a quick reply.

The Employment Screening and Review Unit will issue an amended Clinical Placement Authority / Conditional Letter upon receipt of this request and completed documentation. This will be posted within 5 working days.

SEE OVERLEAF

REQUEST FOR CLINICAL PLACEMENT AUTHORITY CARD / CONDITIONAL LETTER
REPLACEMENT / AMENDMENT

Part 1 – Student’s correct details (this section must be completed)

Full Name: _____

Address: _____

Date of Birth: _____

Student ID: _____

University/TAFE: _____

Original document valid up to: _____

Complete Part 2 for a Replacement or Part 3 for an Amendment

Part 2 - Request for Replacement of Clinical Placement Authority / Conditional Letter

Please complete the following statement:

I _____ declare that I have lost / damaged my original Clinical Placement Authority / Conditional Letter provided by NSW Health. Should I locate my original document I agree to destroy this replacement document.

Police Event Number (if applicable): _____ (no fee will be incurred)

Now complete Part 4 then send this form with a \$33 bank cheque/money order payable to HealthShare.

Part 3 - Request for Amendment of Clinical Placement Authority

(NOTE: The original Clinical Placement Authority / Conditional Letter must be returned to the Employment Screening and Review Unit)

Please complete the following statement:

I _____ declare that the following details are incorrect on my original Clinical Placement Authority / Conditional Letter provided by the NSW Health. My correct details appear in Part 1 of this form.

Incorrect details as shown on original Clinical Placement Authority / Conditional Letter:

Now complete Part 4 then send this form with your incorrect original document to NSW Health - Westmead Service Centre, Employment Screening and Review Unit, PO Box 292, WESTMEAD NSW 2145.

Part 4 – Signature and date

Student Name: _____

Signature: _____ Date: _____