

Designated Officer Nomination Form

This form is for the nomination of a registered Medical Practitioner for the voluntary position of Designated Officer under the *South Australian Transplantation and Anatomy Act 1983*.

To nominate a Designated Officer: Email the completed Designated Officer Nomination Form (page 1) OR a Statement of Nomination from Sponsor (page 2) to:
HealthBloodOrganandTissuePrograms@sa.gov.au

Before commencing in the role of Designated Officer, the nominee (the prospective Designated Officer) must first be formally appointed in writing by the Minister for Health and Wellbeing.

The nominee will be contacted by Blood, Organ and Tissue Programs, The Department for Health and Wellbeing to advise when they have been formally appointed.

Option 1: Designated Officer Nomination Form				
Nominee – The Nominee is the Prospective Designated Officer				
Prefix		Full Name		
Job Title		Area of Practice		
Workplace				
Email	Mobile Phone Number (for administration use only – will not be distributed)			
Medical Practitioner Registration Number				
Local Health Network / Hospital at which you practice / are employed at	<input type="checkbox"/> CALHN	<input type="checkbox"/> SALHN	<input type="checkbox"/> BHFLHN	<input type="checkbox"/> EFNLHN
	<input type="checkbox"/> FUNLHN	<input type="checkbox"/> NALHN	<input type="checkbox"/> RMCLHN	<input type="checkbox"/> LCLHN
	<input type="checkbox"/> WCHN	<input type="checkbox"/> YNLHN	<input type="checkbox"/> RMCLHN	<input type="checkbox"/> SALHN
	<input type="checkbox"/> Other (list):			
Are you employed by any agency that has an interest in organ and tissue donation or anatomical examination, if so, what is the agency?				
I, _____ (Name of Nominee)				
Have read the Designated Officer guideline and acknowledge and accept that:				
<input type="checkbox"/> Designated Officers are required to meet their responsibilities on a 24 hour / 7-day week, ad hoc basis				
<input type="checkbox"/> Designated Officer activity may take place after hours				
Sponsor				
Prefix		Full Name		
Job Title				
Workplace				
Email			Phone Number	
I, _____ (Name of Sponsor)				
Have the authority to support and nominate the above nominee in understanding and undertaking the role and responsibilities for the role of Designated Officer.				

Option 2: Email Statement of Designated Officer Nomination
(Not required if above sections 'Nominee' & 'Sponsor' are completed)

Use below template and send to HealthBloodOrganandTissuePrograms@sa.gov.au. This can be completed and sent by the sponsor or forwarded on by the Nominee.

OFFICIAL

I [insert full name of sponsor],

Have the authority to support and nominate [insert full name of nominee] in understanding and undertaking the role and responsibilities of Designated Officer.

[insert sponsor email signature] – *(This must include your full name, title and position)*

For Admin Use Only:

<input type="checkbox"/>	Current medical registration confirmed
<input type="checkbox"/>	Credentialing database checked (for SA Health employees only)
<input type="checkbox"/>	Nominee contacted to confirm roles, responsibilities, authorisation and appointment
<input type="checkbox"/>	Confirmed support of direct manager and/or senior administrator in taking on the role (unless nomination form declaration has been completed)
<input type="checkbox"/>	Nomination accepted by Blood, Organ, Tissue Programs
<input type="checkbox"/>	Materials provided by email: <ul style="list-style-type: none"> • Guideline • App
<input type="checkbox"/>	Nomination progressed to Ministerial approval

For more information

Department of Health and Wellbeing
Blood, Organ, Tissue Programs
Citi Centre Building
11 Hindmarsh Square, Adelaide SA, 5000
Telephone: +61 8 846 36197
www.sahealth.sa.gov.au

Confidentiality - OFFICIAL

© Department for Health and Wellbeing, Government of South Australia. All rights reserved.



www.ausgoal.gov.au/creative-commons



Government of South Australia

SA Health