

Ineligible Person Referral Form

Please send a copy of this form with your referral to the ACTPS Redeployment inbox at ACTPS_Redeployment@act.gov.au.

Schedule 1 – Directorate/Agency

Details	
Employee name	
Date of birth	
Preferred contact number	
Preferred email address	
Home address	
AGS number	
Enterprise Agreement	
Directorate/Agency	
Position Details <i>(please attach duty statement)</i>	
Number	
Classification	
Title	
Area	
Hours	
Date commenced employment	
Loss of Eligible Person Status	
Essential qualifications/documentation required for role	
Details of loss of essential qualifications/documentation <i>Attach evidence</i>	
Has directorate sent employee written warning in accordance with s30 PSM Standards? <i>Attach correspondence</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If employee has lost WWVP registration, have they been suspended under s32(2) PSM Standards?	Yes <input type="checkbox"/> with pay <input type="checkbox"/> without pay <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Work capacity and transferrable skills	

Details	
Does the employee have any issues with work capacity or release considerations? <i>Provide details</i>	
Does the employee have any performance management issues? <i>If yes, provide details</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Summary of any change in duties or functions that have been considered or undertaken to date and why this was unsuccessful	
Summary of recommendations from vocational/transferrable skills assessment. If such an assessment has not been undertaken, provide details of why and what information was used to inform process of seeking an alternative position in the directorate/agency <i>Attach Voc/TS assessment & employee's current resume</i>	
Commencement date for search of suitable vacant position in directorate	
List of vacant positions considered and why deemed not suitable <i>Include details of type of position and classification level considered</i>	
Were any positions offered to the employee? If yes, details of why employee did not consent to transfer	
Has the directorate maintained adequate and consistent engagement with the employee?	
Letter sent to officer advising redeployment has been referred to HoS <i>Attach correspondence</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
ATTACHMENTS	Yes No N/A <input type="checkbox"/> <input type="checkbox"/> Duty statement <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Evidence of loss of qualifications <input type="checkbox"/> <input type="checkbox"/> Correspondence with employee <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Vocational/transferrable skills assessment <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Resume
Any further information:	

Authorised Delegate	
Name	
Position	

Schedule 2 – WoG IRPSE & WSIR Checklist

Details	
Date Head of Service referral received	
DOCUMENTATION CHECKLIST – requirements have been met	Yes No N/A <input type="checkbox"/> <input type="checkbox"/> Duty Statement <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Evidence of loss of qualifications <input type="checkbox"/> <input type="checkbox"/> Correspondence with employee <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Vocational assessment <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Resume
Acknowledgement of referral	
Response to referral	Accepted <input type="checkbox"/> Date confirmation sent: Sent request for further information <input type="checkbox"/> Date:
Details of suitable work level and employment type	
Shared Services letter - WoG vacant position search	
Any further information:	

Schedule 3 – Head of Service recruitment search (s122(3) PSM Act)

Details			
Commencement date for search of suitable vacant position across the Service			
Recruitment search/es received from Shared Services	Date	Position title and classification	Potentially suitable?
Reason/s any potentially suitable position/s were not offered to employee <i>Include details of type of position and classification level considered</i>	Position title and classification	Reason/s not suitable	
If offer made to employee			
Title of position offered to the employee			
Date of letter of offer to employee			
Did employee consent to transfer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If employee consented to transfer			
Position number transferred to			

Details	
Date transfer took effect	
If employee declined a formal offer for transfer	
Reason/s for declining was/were given by the employee	
If no suitable position accepted/found	
Referral back to Director-General of Directorate	
Date of letter to employee advising referral back to directorate	
Any further information:	

Authorised Delegate	
Name	
Position	

Schedule 4 – Directorate/Agency (s123 PSM Act)

Details	
Letter to officer seeking comments before consideration of s123(2)	
Provide details of any further information received from officer	
Director General decision under 123(2) and reasons for this decision	
Letter to officer	Yes No N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> transfer and reduction of classification <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> confirmation of transfer <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> unattachment and reduction of classification <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> retirement
Date of effect of decision	
Any further information:	

Authorised Delegate	
Name	
Position	