## allied health professional classification assessment template (not to REPLACE ahp 1-2 peer assessment process)

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| Title of the duties to be assessed: | Work area: |
| Classification of new duties or Reclassification (initiated by either line manager or employee)?:  | Date of Reclassification application:  | Date assessment commenced: |
| Statement of primary purpose and main objectives of the duties: |
| Essential minimum professional qualification required: |
| Insert the Work Level Definitions statements in full for the proposed Work Level: |
| List the information sources and evidence utilised in this assessment: |
| Was discipline specific professional expertise utilised throughout the mandated areas of the assessment process? If so, provide following details:  |
| Name: | Title: | Professional qualification(s): |

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| Where the AHP Work Level Definitions specify prerequisite qualifications and/or experience and/or functions carried out (e.g. AHP2, AHP5, AHP6) these must specified as being fulfilled | Comment/explanation if required (e.g. if mandatory qualifications experience and/or functions have not been met) |
| Clinical: set out in full Work Level Definitions for proposed classification level: i.e. **(1)** a) to f), or g). Mandatory for AHP3 and above.  | Assign evidence based statements of the nature of the actual duties as they are being carried out (or substantive statements of agency intent, where they are yet to be carried out), aligned against the appropriate Work Level Definition statement  | Assess whether mandatory Clinical Work Level Definitions have been metAs required, assess whether relevant Coordinator/Management or Education/Research Work Level Definitions have been met; having regard to the requirement to test against more than one classification level | Comment/explanation if required (e.g. if a mandatory Clinical Work Level Definition has not been met) |
| a) |  |  |  |
| b) etc |  |  |  |
| Coordinator/Management: set out in full the relevant Work Level Definitions for proposed classification level: i.e. **(2)** a), b) etc |  |  |  |
| Education/Research: set out in full the relevant Work Level Definitions for proposed classification level: i.e. **(3)** a), b) etc |  |  |  |
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| Summarised preliminary classification assessment, including proposed classification Level (i.e., and taking into account mandated standards, a reasonable, well rounded classification judgement about the overall responsibilities and value of the corporate contribution):  |
| If the preliminary classification assessment (above) is not accepted, substantiate/justify any divergence between preliminary assessment and Work Level Definitions, in particular address where the work value/level attributed to individual duty statements differs mandatory Work Level Definitions and/or from the proposed classification level:  |
| Classification level recommended to decision maker: | Supporting information used in assessment attached: |
| Assessor’s Name: | Title: | Signature: | Date: |

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| If this is a Reclassification, has the applicant (line manager or employee) been provided with the completed template and Recommendation, prior to decision?: Date: |
| Classification level of the duties: | Approved/ Not Approved |
| Decision maker’s name: | Title  | Signature: | Date: |