Graduate Paramedic Induction Program

About the Queensland Ambulance Service

Queensland Ambulance Service (QAS) provides ambulance services to the public, health institutions, community and sporting groups, businesses, medical research bodies and other Government agencies.

QAS aims to improve the health, wellbeing and quality of life of the community through the delivery of high quality pre-hospital emergency care, specialised transport services and a range of related preventative and community services.

Ambulance services across Queensland are coordinated through 15 Local Ambulance Service Networks (LASNs) and 7 operations centres located in Cairns, Townsville, Rockhampton, Maroochydore, Brisbane, Southport and Toowoomba.

Queensland’s Life Support

The role of a Paramedic provides the highest quality patient care to the people of Queensland.

They are considered to be an integral part of Queensland’s health care system, working closely with other members of the medical profession including doctors and nurses, and emergency services personnel.

QAS Paramedics are required to assist in a range of incidents - motor vehicle accidents, medical emergencies affecting children and adults inside and outside domestic premises, building sites and public areas.

Paramedics within QAS may also follow careers in educational or clinical support roles as frontline supervisors or senior and executive managers.
Graduate Paramedic Induction Program

The QAS is committed to training and education as a long term investment in maintaining a highly skilled workforce.

The aim of the QAS Graduate Paramedic Induction Program (GPIP) is to prepare university graduates for operational duties as QAS Advanced Care Paramedics (ACP) by providing opportunities for graduates to:

- Develop an understanding of QAS organisational standards and expectations;
- Apply clinical theory across a wide range of practical settings;
- Reflect upon practical experience to develop clinical judgment;
- Develop professional skills such as communication, effective workplace relationships, documentation, working safely and looking after their own health and safety; and
- Develop an awareness of QAS professional opportunities.

Entry Pathways

The QAS is offering two pathways for applicants to complete the Graduate Paramedic Induction Program (GPIP).

Pathway A Locations outside the South East Corner (Section A)
- Graduates would be employed on a 12 month temporary contract in Section A locations only. Permanent employment would be automatic in the same LASN subject to completion of all QAS requirements and of the GPIP.

Pathway B South East Corner Locations (Section B)
- Graduates would be employed on a 12 month temporary contract in South East corner locations only. Graduates may then subsequently apply for any permanent vacancies state-wide subject to completion of all QAS requirements and of the GPIP. Graduates who meet the requirements of the GPIP and are not successful in attaining a permanent appointment may have the option of transitioning to casual employment.

The Order of Merit Process

An order of merit is about getting the best person for the job and matching them to their preferred location where available.

Our merit-based decisions are based on the competitive assessment of our applicants’ skills and behavioural capabilities against the inherent requirements of the role. Once you have met the requirements of our competitive assessments, your application will be ranked in the order of merit based on your accumulated score.

Our order of merit rewards applicants who perform well in all stages of the QAS Graduate recruitment process by allocating their first preference of location or start date where possible.
The Recruitment Process

1. Applicant completes the online application
2. Applicant to complete and provide supporting documentation to QAS Recruitment
3. QAS Recruitment to validate all mandatory requirements
4. Applicant invited to complete required assessments
5. Final University results confirmed
6. Applicants ranked in order of merit and allocated to vacancies based on their location preferences
7. Appointment process (APP02 capacity)
8. Applicant commences on State Induction

Mandatory Requirements

<table>
<thead>
<tr>
<th>Applicant Initiated</th>
<th>QAS Initiated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application Form</td>
<td>Online Questionnaire</td>
</tr>
<tr>
<td>Evidence of ability to work in Australia</td>
<td>Telephone Interview</td>
</tr>
<tr>
<td>Evidence of current GPA and enrolment</td>
<td>Cognitive Ability Tests</td>
</tr>
<tr>
<td>Traffic History Report</td>
<td>Australia and New Zealand Criminal History Checks</td>
</tr>
<tr>
<td>Employment Screening Consent Form</td>
<td>Referee Checks</td>
</tr>
<tr>
<td>Intentional CHC (where applicable)</td>
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<tr>
<td>Manual Driver’s Licence</td>
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<tr>
<td>Health Related Fitness Assessment</td>
<td></td>
</tr>
<tr>
<td>Full or Supplementary Medical Assessment</td>
<td></td>
</tr>
<tr>
<td>Psychometric Assessment</td>
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</tr>
</tbody>
</table>

Application Requirements

- indicates where action is required by applicant.

**Online application form** – All applicants are required to complete an online application form.
**Ability to work in Australia** - All QAS applicants must have the ability to work in Australia, that is, those with Australian citizenship, New Zealand citizenship, Australian resident status or valid permanent work visa.

In most circumstances, individuals born in Australia are automatically Australian citizens. Those born in Australia on or after 20 August 1986 are not automatically Australian citizens. Please refer to the Australian Department of Immigration and Citizenship website [www.immi.gov.au](http://www.immi.gov.au).

In most circumstances, individuals born in New Zealand are automatically New Zealand citizens. Copies of appropriate documentation must be submitted on application eg passport, etc. Please refer to the New Zealand Department of Internal Affairs website, [www.citizenship.govt.nz](http://www.citizenship.govt.nz).

Applicants not born in Australia who have obtained Australian citizenship or permanent Australian resident status, must provide certified copies of appropriate documentation that includes the date the status was awarded.

- **Certified copies of appropriate documentation must be submitted on application (e.g. birth certificate, passport, etc.)**

**Evidence of Current GPA and Enrolment** - All applicants must provide evidence of their latest issued GPA (first semester, final year of study) and confirmed enrolment in their final semester of their Degree at time of application. Only transcripts on official university letterhead will be accepted.

- **Certified copies of current GPA documentation and confirmation of enrolment in final semester must be submitted on application.**

**Traffic History Report** - All applicants are required to provide a current Transport Department issued traffic history report from the State in which they reside.

For Victoria residents visit [https://www.vicroads.vic.gov.au/](https://www.vicroads.vic.gov.au/)
For Western Australia residents visit [http://www.police.wa.gov.au](http://www.police.wa.gov.au)
For New Zealand residents visit [http://www.nzta.govt.nz/](http://www.nzta.govt.nz/)

- **Certified copy of current Traffic History Report must be submitted on application.**

**Australia and New Zealand Criminal History Checks** - Before applicants can be offered a position, they are required to undergo a criminal history check.

New Zealand checks will only be conducted on applicants who have resided in New Zealand for 12 months or more after the age of 16 in the last 10 years.

Both checks will be conducted with the applicant’s consent and funded by the QAS.
Having a criminal history may not necessarily result in disqualification from selection, and will depend on the nature of the offence.

- An ‘Employment Screening Consent Form’ must be completed and submitted with your application.

**International Criminal History Check** - Criminal history clearances are required from all countries that the applicant has resided in for a minimum of 12 months (cumulative) in the previous 10 years. Applicants are required to provide a Criminal History Report from the appropriate authority. Please refer to the Character Requirements Penal Clearance Certificate at [www.immi.gov.au](http://www.immi.gov.au) for details on the relevant authority for each country.

- If this applies to you, refer to the above website to complete the appropriate process. Certified evidence of your International CHC/s must be provided as soon as obtained.

**Manual Driver’s Licence** - Applicants must hold a current manual driver’s licence on application and obtain a Queensland driver’s licence upon appointment if residing in Queensland. Learner’s permits and automatic licences will not be considered.

Information on licencing can be accessed at any Queensland Department of Transport and Main Roads Customer Service Centre or at [www.tmr.qld.gov.au](http://www.tmr.qld.gov.au).

- A certified copy of your current manual driver’s licence must be submitted on application.

**QAS Medical Assessment** - All applicants are required to undertake a QAS Medical Assessment with a QAS approved medical provider. As this is a requirement for clinical placement, all applicants should have completed a medical previously.

As the original medical assessment will be greater than 12 months since time of assessment, applicants will be required to complete and submit a Supplementary Medical Assessment Form.

Applicants must use this opportunity to declare any change in their health and fitness since completing their initial medical assessment. Applicants will be responsible for all costs associated with this assessment.

The Supplementary Medical Form will be assessed by the QAS approved provider to ensure you remain fit for the Paramedic position.

- A completed ‘Supplementary Medical Assessment Form’ must be submitted on application.

**OR**

- If you have not completed a QAS Medical Assessment, please refer to the Medical Assessment information in the ‘attachments’ section of this booklet.

**QAS Health Related Fitness Assessment** - All applicants are required to undertake the Health Related Fitness Assessment (HRFA) with a QAS approved provider after the Medical Assessment is completed. However, like the Medical Assessment, the HRFA is a requirement for clinical placement, so you may have had one conducted previously.
If you have completed the HRFA, evidence of your results must be submitted on application

OR

If you have not completed the HRFA, you must do so immediately. Please refer to the HRFA information in the ‘attachments’ section of this booklet.

Applicants are required to undertake the HRFA with a QAS approved provider at their own expense.

The Behavioural Assessment Process

This assessment process will be used to explore what a person must possess in terms of knowledge and skills, individual motivators, personal characteristics, background and experience, values and beliefs in conjunction with how a person must express these attributes in order to succeed in a job (behaviours). The assessments will be focused around the four key areas of ‘fit’ related to the Graduate Paramedic role.

Job Fit – how a person must perform the tasks of a job in order to succeed.
Group Fit – how a person must interact with co-workers, customers, providers, etc in order to succeed.
Organisation Fit – how a person adapts to organisational values and culture in order to succeed and progress.
Future Fit - ensuring that recruitment process factors in anticipated changes in organisational culture, technology, products, processes, management and policies.

The QAS has engaged a suitably qualified and experienced external provider, Hallis Recruitment, to conduct the behavioural assessment process.

When appropriate, the assessment provider will contact and invite you to participate in the behavioural assessment process, details of which are outlined below.

Online Questionnaire and Resume - A customised online questionnaire has been developed to allow QAS to determine if the applicant’s experience, workplace preferences and expectations are congruent with the Graduate Paramedic position and the organisation.

A Consultant will contact you by email to invite you to participate in this questionnaire.

Telephone Interview - A customised phone interview has been developed to allow QAS to determine if the applicant’s expectations are congruent with the Graduate Paramedic position and the organisation.

A Consultant will contact you by telephone to arrange a suitable time to conduct the phone interview.

Cognitive Ability Tests – Upon completion of the Telephone Interview, the assessment provider will invite applicants to complete these tests online which will allow flexibility to complete but must be finalised within the specified timeframe.
The Cognitive Ability consists of three tests:

**Verbal Reasoning** - This assessment estimates levels of basic vocabulary, verbal fluency, and the ability to reason using words. It is appropriate for jobs requiring a degree of oral and/or written communication skills.

**Numerical Reasoning** - This assessment estimates ability to use numbers in a logical, efficient way. It is appropriate for jobs requiring a fair level of understanding of numerical relationships.

**Abstract Reasoning** - This assessment estimates the ability to understand relationships in abstract or conceptual data and the potential to recognise and apply information outside the range of previous experience to planning or problem solving situations. It is appropriate for jobs requiring the application of logical analysis to novel intellectually demanding situations.

There is no cost to the applicant for these assessments.

**QAS Assessment Process**

**Psychometric Assessments** – Applicants who are successful in the behavioural assessment process will be invited by QAS Recruitment via email to complete the Psychometric Assessments.

The Psychometric Assessment includes tests to indicate an applicant's suitability to the Graduate Paramedic role.

The QAS has engaged a suitably qualified and experienced external provider, Chandler McLeod Group, to deliver the Psychometric Assessments via a secure online system.

It is important to note that this assessment may be a two-tiered process for some applicants. Where necessary, applicants may be referred to a QAS approved Psychologist for further review and final determination on suitability. Results will be provided directly to QAS Recruitment.

Applicants who do not meet the profile required by the QAS for employment as a Graduate Paramedic will not continue in the recruitment process.

Applicants are required to undertake the Psychometric Assessment with the QAS approved provider at their own expense.

**Reference Checks** – As in most recruitment processes, QAS will contact your nominated referee/s to obtain feedback on your current/previous job performance, workplace behaviour and any other relevant information.

Please ensure you have sought permission to include your referee/s in your application. Nominated referees should be someone in a position who is able to comment on the above mentioned topics and who is in a supervisory role.
Summary of Costs
The following is a breakdown of the costs applicants can expect to pay throughout the recruitment process:

<table>
<thead>
<tr>
<th>Service</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Assessment *^</td>
<td>$149.70</td>
</tr>
<tr>
<td>Supplementary Medical *^</td>
<td>$58.00</td>
</tr>
<tr>
<td>Health Related Fitness Assessment</td>
<td>$90.00</td>
</tr>
<tr>
<td>Psychometric Assessment</td>
<td>$209.00</td>
</tr>
<tr>
<td>Traffic History Report</td>
<td>$20.00 (approximate only. Varies by State)</td>
</tr>
<tr>
<td>Online Questionnaire</td>
<td>no cost</td>
</tr>
<tr>
<td>Phone Interview</td>
<td>no cost</td>
</tr>
<tr>
<td>Cognitive Ability Tests</td>
<td>no cost</td>
</tr>
<tr>
<td>Australian and New Zealand CHC</td>
<td>no cost</td>
</tr>
</tbody>
</table>

* Further costs may be incurred where additional specialist advice and/or Hepatitis B immunisation or verification is required.

^ Prices scheduled to increase by 4.5-5.0% on 1 July each year.
Frequently Asked Questions

What are some examples of compassionate/extenuating circumstances?
Below are some examples of past compassionate/extenuating circumstances that have been approved/not approved.

<table>
<thead>
<tr>
<th>Approved</th>
<th>Not Approved</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ I am the primary carer for a sick immediate family member.</td>
<td>× I have a current rental lease that I cannot break.</td>
</tr>
<tr>
<td>✓ My child has special needs from a schooling perspective and the only schools that offer this assistance are in XXX location.</td>
<td>× My sister is due to have a baby soon and I need to be close by for the impending birth.</td>
</tr>
<tr>
<td>✓ I have court ordered custody arrangements that require me to be in a particular location.</td>
<td>× My partner’s employment is in XXX location and I need to be where they are.</td>
</tr>
<tr>
<td></td>
<td>× I have A Grade sporting commitments and cannot relocate from my current location.</td>
</tr>
</tbody>
</table>

What are some examples of suitable supporting evidence?
If your circumstances are medical related, you will require written advice from the treating doctor/specialist for whom you are the primary carer for. The same evidence will suffice if you have a child/dependent with special needs.

For court ordered custody arrangements you will be required to provide the documents that outline these arrangements.

Every case is different and will be assessed on its own merit. If we feel that your circumstances are substantial and require further information we will request further relevant supporting documentation.

Why were my extenuating circumstances rejected but my friend’s were accepted?
Each case is assessed on its own merit and details are strictly confidential. So while you may think you have the same circumstances as a fellow applicant the circumstances, evidence and supporting documentation may be different and may have a significant bearing on the decision reached.

What is a LASN?
Ambulance services across Queensland are coordinated through 15 Local Ambulance Service Networks (LASN) based geographically around Queensland Health and Hospital Services.

To find out the boundaries of each LASN and which stations fall within each network, please refer to the Employment Locations document included in the ‘attachments’ section of this booklet.

I do not want to work anywhere other than where I currently live. What are my options?
QAS values applicants who are prepared to work anywhere in the State. Every year the South East corner is oversubscribed with requests, and the first preference of applicants cannot be accommodated. Therefore we would strongly encourage you to consider employment throughout the State to broaden your clinical experience.
If I am offered my 2nd or 3rd preference, can I accept and transfer to a more desirable location later?

If you accept a position and gain reimbursement of relocation expenses, you are required to remain in that location for a minimum of two years. If you transfer before this time, you will incur a financial penalty and be required to pay back monies initially reimbursed. All transfers are based on vacancies available at any one time.

Your offer of employment is based on the preference of location you have nominated. You are encouraged to consider all preferences you nominate with the view of commencing your career as a paramedic in that location and completing your Graduate Placement Induction Program.

I am interested in a location that has an ‘on-call’ component. What does this mean?

On-call duty is essential at some stations to facilitate the timely and efficient provision of pre-hospital and emergency care. Accordingly, an employee may be required to be on-call to perform overtime work during a specified period of time outside normal rostered hours.

During the on-call period an employee must be immediately contactable by telephone, pager, radio or similar approved device in order to facilitate the timely and efficient provision of pre-hospital and emergency care as required and within acceptable response times.

An acceptable response time will be 10 minutes, however other arrangements can be determined for specific rural locations to maintain continuity of service coverage within reasonable community expectations of service delivery. This will be as approved by the employer upon a request of the employee.

Please refer to Section 5.3 of the QAS Determination 2010 for more information.

Am I required to complete a supplementary medical form?

For most applicants, medicals were completed in the first year of your Degree. In order to ascertain if you are fit for the role of Paramedic prior to paid employment, the QAS approved medical provider requires a supplementary medical form for all medicals that are greater than 12 months old.

The form is quick to complete and does not require a visit to your GP. You can complete the form yourself, unless of course your medical conditions have changed and supporting evidence is required with the supplementary medical.

Applicants are responsible for the costs associated with the supplementary medical.

Do I get any financial assistance to relocate to my new permanent employment location?

Yes - If you accept paid employment in a Section A location you will be entitled to a reimbursement of relocation expenses of up to $3000. Claims for reimbursement will be processed by your appointed LASN on production of relevant receipts.

What type of items can I claim with our relocation reimbursement?

Examples of items you can claim include transport costs eg. motor vehicle allowance to travel to your new location, accommodation costs, costs of meals on route to your new location etc. Your LASN HR Consultant will be able to provide further clarification on commencement.

When will I actually commence as a full time employee?

Your official commencement date will be the first day of your four week State induction with your projected rosters issued during this period.
Local inductions of up to five days will also be conducted in your appointed location. 100% attendance at these inductions is required to ensure that you are properly prepared for on-road.

**There is a public holiday during my State Induction. Do I get the day off?**
No. The QAS is a 24/7, 365 days a week public service. You will be rostered to work public holidays throughout your career, including during induction.

**Do I incur any costs throughout the process?**
Yes. Please refer to the ‘Summary of Costs’ section in this booklet.

**What will my pay rate be for the duration of the Graduate Paramedic Induction program?**
Your rate of pay at appointment will be Advanced Care Paramedic pay point one (APP02) which equates to $2176.46 per fortnight.

Further pay point progression will be in line with the QAS Determination 2010.

**How long is the Graduate Placement program?**
Up to 12 months in duration. Progress is based on demonstration of program competencies. On completion, you will be recognised as an Independent Advanced Care Paramedic with full independent practice.

**I am planning holidays within the next 12 months, does that matter?**
Yes. Not only does QAS manage leave in a structured manner, it is also important to note that the first 12 months of employment is the most critical for a Graduate Paramedic. QAS does not encourage annual leave whilst actively completing the Graduate Paramedic Induction Program. Special events (e.g. weddings, etc.) will be considered by the LASN with appropriate notice.

**Can I find out where I am placed on the Order of Merit?**
No. QAS cannot disclose this information as your placing is a ‘live’ number. As the process continues, your place on the Order of Merit will continue to change.

**My details/circumstances have changed since I first applied. What should I do?**
You should advise QAS Recruitment via email qas.recruitment@ambulance.qld.gov.au immediately of any changes to your personal information and/or circumstances that may impact on your ability to complete the recruitment process and/or the Graduate Paramedic role (e.g. address, medical fitness, criminal history, driver’s licence conditions. etc).
I cannot locate documentary evidence that I have completed the recruitment assessments (eg. HRFA, Medical, etc). What do I do?
Students are responsible for maintaining their own records, however you may wish to speak to your University who might be in a position to assist. However, please make sure you THOROUGHLY check your own records in the first instance.

Where evidence cannot be found, you will be required to resit the assessment/s.

**When are all the assessments due?**
You will be advised along the way of the timeframes you have to complete each stage of the recruitment process.

Failure to complete within these timeframes may result in your application being ceased.
Attachments

Supplementary Medical Assessment Form

Medical Assessment Form

QAS Paramedic/PTO Medical Standards

Medical Assessment Provider List

Health Related Fitness Assessment Provider List

QAS Stations and Locations
The Department of Community Safety is collecting information on this form for the following purposes:

- to ensure that applicants meet all the requirements for employment with the Queensland Ambulance Service; and
- to ensure the Department discharges its legislative, accountability, administrative, reporting, management, personnel, financial and workplace health and safety functions.


### SECTION 1 Personal Details

<table>
<thead>
<tr>
<th>APPLICANT ID</th>
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<tbody>
<tr>
<td>GIVEN NAME</td>
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<tr>
<td>SURNAME</td>
<td></td>
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<tr>
<td>DATE OF BIRTH</td>
<td></td>
</tr>
<tr>
<td>EMAIL</td>
<td></td>
</tr>
<tr>
<td>PHONE</td>
<td>WORK</td>
</tr>
<tr>
<td>DATE OF INITIAL MEDICAL ASSESSMENT</td>
<td></td>
</tr>
</tbody>
</table>

What position are you applying for?  
Emergency Medical Dispatcher ✔️  
Patient Transport Officer ✔️  
Paramedic ✔️  
Undergraduate Student Paramedic ✔️

### SECTION 2 Credit Card Authorisation

Your credit card will be charged the supplementary medical fee when Medibank Health Solutions (MHS) assesses the form in conjunction with your original medical. Please provide relevant details below.

Type of Card: VISA / MASTERCARD  
Card Number: _______/_______/_______/_______  
Expiry Date:____/____

Card Holder Name (as it appears on card):    

### SECTION 3 Medical Information

| 2.1 Since your initial Medical Assessment, have you suffered a serious accident? If yes, please specify. | Yes ☐ | No ☐ |
| 2.2 Since your initial Medical Assessment, have you commenced any medical treatment? If yes, please specify. | Yes ☐ | No ☐ |
| 2.3 Since your initial Medical Assessment, have you been taking any new medication regularly? If yes, please specify. | Yes ☐ | No ☐ |
| 2.4 Since your initial Medical Assessment, have you had any operations? If yes, please specify. | Yes ☐ | No ☐ |
| 2.5 Since your initial Medical Assessment, have you been treated by a Medical Officer for any illness not previously indicated? If yes, please specify. | Yes ☐ | No ☐ |

as at August 2013
If you have answered ‘yes’ to any of the above questions, you will be required to submit a written report from the treating Medical Officer.

MANDATORY REQUIREMENTS (EXCLUDING EMERGENCY MEDICAL DISPATCHER APPLICANTS)

2.6 Have you attached evidence of sero-conversion against Hepatitis B? For example, Yes ☐ No ☐
   (a) a complete, age appropriate course of hepatitis B vaccine and anti-HBs antibodies greater than or equal to 10mIU/ml
   (b) documented evidence of Hepatitis B infection.

Please Note: Your supplementary medical form will not be approved until this evidence is provided to the approved QAS Medical Assessor.

2.7 Please provide details of your Body Mass Index (BMI)

<table>
<thead>
<tr>
<th>Weight</th>
<th>Height</th>
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</tr>
</tbody>
</table>

BMl = mass (in kilograms) / height (in metres)^2

SECTION 4 Applicant Declaration

I _______________________ declare that all the responses in this Supplementary Medical Form to be to the best of my knowledge and belief, true and correct, and will fully reveal to the QAS Commissioner, Medical Director or any official delegate as determined by the Commissioner, including the QAS approved Medical Assessor all the circumstances known to me concerning my health and fitness that are relevant for appointment with the QAS.

I acknowledge that the provisions of incorrect information or the omission of any information relating to my health and fitness, may result in the cancellation of my application or dismissal from any appointment with the QAS.

Signature of Applicant___________________________ Date___________________________

SECTION 5 Applicant Disclosure Authorisation

In making the above declaration, I hereby authorise Dr _______________________ to disclose to the QAS Commissioner, Medical Director or any official delegate as determined by the Commissioner, including the QAS approved Medical Assessor any information concerning my health and medical history that he/she has acquired in the course of this consultation and I expressly waive all professional confidence.

Signature of Applicant___________________________ Date___________________________
As part of the Queensland Ambulance Service (QAS) recruitment process, applicants are required to undertake a Medical Assessment.

Steps to completing the Medical Assessment
- Applicants complete Part 1 of the Medical Assessment Form. If an applicant answers ‘yes’ to any of the questions, they must supply additional medical information. Please refer to Section 3.
- Applicants take the Medical Assessment Form to Queensland Ambulance Service (QAS) approved Medical Assessor.

Please note, all information disclosed and recorded on the Medical Assessment Form by the applicant and Medical Officer, will be treated with the strictest confidence.

**PRIVACY INFORMATION**

The Department of Community Safety is collecting information on this form for the following purposes:
- to ensure that applicants meet all the requirements for employment with the Queensland Ambulance Service; and
- to ensure the Department discharges its legislative, accountability, administrative, reporting, management, personnel, financial and workplace health and safety functions.


### Part 1 (To be completed by the applicant)

**SECTION 1 Applicant Details**

<table>
<thead>
<tr>
<th>Title</th>
<th>Mr</th>
<th>Mrs</th>
<th>Miss</th>
<th>Ms</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>GIVEN NAMES</td>
<td>PREFERRED NAME (not nicknames)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surname</td>
<td>University</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Residential Address</td>
<td>Date of Birth</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Postal Address - Insert ‘as above’ if same as Residential Address</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Email</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone</td>
<td>Home</td>
<td>Work</td>
<td>Mobile</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>Male</td>
<td>Female</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What position are you applying for?</td>
<td>Graduate Paramedic</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you an existing Queensland Ambulance Service (QAS) employee?</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you previously applied for employment with the QAS?</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SECTION 2 Health Questionnaire** *(Please refer to the Medical Standards in the Applicant Information Kit)*

1. Are you currently being treated by a doctor for any injury or illness?  
   - Yes  
   - No
2. Do you currently take any prescribed medications? (e.g. sprays, tablets, mixtures, etc)?  
   - Yes  
   - No
3. Have you ever had or been told by a doctor that you have had heart disease, chest pain (angina), a heart attack, any condition requiring heart surgery, high blood pressure requiring medication, sustained palpitations or an irregular heart beat?  
   - Yes  
   - No
2.4 Have you ever had or been told by a doctor that you have had any blood disease or disorder? Yes   No
2.5 Have you ever had or been told by a doctor that you have had any respiratory condition or abnormal shortness of breath? Yes   No
2.6 Have you ever had or been told by a doctor that you have had any disease of the liver including Hepatitis? Yes   No
2.7 Have you ever had or been told by a doctor that you have had a hernia (rupture) or hiatus hernia? Yes   No
2.8 Have you ever had or been told by a doctor that you have had colic of any disease of the bowel? Yes   No
2.9 Have you ever had or been told by a doctor that you have had dyspepsia or a disease or ulcer of the stomach or duodenum? Yes   No
2.10 Have you ever had or been told by a doctor that you have had dizziness or fainting spells? Yes   No
2.11 Have you ever had or been told by a doctor that you have had epilepsy or fits? Yes   No
2.12 Have you ever had or been told by a doctor that you have had skin cancers? Yes   No
2.13 Have you ever had or been told by a doctor that you have had migraines or persistent headaches? Yes   No
2.14 Have you ever had or been told by a doctor that you have had cancer or a tumour of any kind? Yes   No
2.15 Have you ever had or been told by a doctor that you have had diabetes? Yes   No
2.16 Have you ever had or been told by a doctor that you have had thyroid disease? Yes   No
2.17 Have you ever had or been told by a doctor that you have had dermatitis or eczema? Yes   No
2.18 Have you ever had or been told by a doctor that you have had deafness or a hearing defect? Yes   No
2.19 Have you ever had or been told by a doctor that you have had a bone injury or fracture? Yes   No
2.20 Have you ever had or been told by a doctor that you have had a dislocated joint? Yes   No
2.21 Have you ever had or been told by a doctor that you have had an ankle or knee injury? Yes   No
2.22 Have you ever had or been told by a doctor that you have had a back injury or back pain? Yes   No
2.23 Have you ever had or been told by a doctor that you have had foot trouble or difficulty wearing shoes? Yes   No
2.24 Are you currently prescribed or have you ever been prescribed any antidepressant medication, antipsychotic medication, anti-anxiety agents, addiction alleviating medications eg naltrexone, methadone? Yes   No
2.25 Do you currently suffer or have ever suffered from any of the following: depression, anxiety disorder, post traumatic stress disorder, obsessive compulsive disorders, phobias, addictive behaviours (including alcohol, gambling), substance abuse, illicit drug use, attempted suicide, self harming behaviours, mental illness? Yes   No
2.26 Have you ever had or been told by a doctor or optometrist that you have had any abnormal vision, requiring you to wear spectacles or contact lenses? If yes, please attach an optometrist report. Yes   No
2.27 Have you ever had or been told by a doctor that you have had colour blindness? Yes   No
2.28 Are you allergic to any medication? Yes   No
2.29 Has your weight altered in the past 12 months? Yes   No
2.30 Have you undergone any surgery for any reason? Yes   No
2.31 Have you been advised to have any operations in the future? Yes   No
2.32 Have you ever been rejected, deferred or loaded for life insurance? Yes   No
2.33 Have you ever suffered from any condition or disability which has resulted in lost time from work greater than 2 weeks? □ Yes □ No

2.34 Have you ever applied for or been discharged on medical grounds from any employment? □ Yes □ No

2.35 Have you ever been absent from work or full time education through injury or illness for more than one week in the past five years? □ Yes □ No

2.36 Do you have any physical disabilities? □ Yes □ No

MANDATORY REQUIREMENT

2.37 Have you attached evidence of sero-conversion against Hepatitis B? For example,
a) a complete, age appropriate course of Hepatitis B vaccine and anti-HBs antibodies greater than or equal to 10mlU/ml; OR
b) documented evidence of Hepatitis B infection. □ Yes □ No

Your medical assessment form will not be approved until this evidence is provided to Queensland Ambulance Service approved Medical Assessor.

SECTION 3 Additional Medical Information

If the applicant answers 'yes' to any of the above questions, they must supply additional medical information in the following table. (Please attach a separate sheet if space is insufficient)

<table>
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<tr>
<th>Question no.</th>
<th>Details of condition/history (Provide a specialist or treating practitioner report if available)</th>
<th>Onset of condition mm/yyyy</th>
<th>Treatment of condition (if any)</th>
<th>Cessation of condition (if applicable) mm/yyyy</th>
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SECTION 4 Applicant Declaration

I declare that all the responses in this Health Questionnaire of the Medical Assessment Form to be to the best of my knowledge and belief, true and correct, and will fully reveal to the QAS Commissioner, Medical Director or any official delegate as determined by the Commissioner, including the QAS approved Medical Assessor all the circumstances known to me concerning my health and fitness that are relevant for appointment with the QAS.

I acknowledge that the provisions of incorrect information or the omission of any information relating to my health and fitness, may result in the cancellation of my application or dismissal from any appointment with the QAS.

Signature of Applicant ___________________________________________ Date __________________________

SECTION 5 Applicant Disclosure Authorisation

In making the above declaration, I hereby authorise Dr __________________________ to disclose to the QAS Commissioner, Medical Director or any official delegate as determined by the Commissioner, including the QAS approved Medical Assessor any information concerning my health and medical history that he/she has acquired in the course of this consultation and I expressly waive all professional confidence.

Signature of Applicant ___________________________________________ Date __________________________
### SECTION 1 Medical Examination

#### 1.1 Respiratory System

- **Chest Lungs**
  - Normal
  - Abnormal

  If abnormal, please specify ________________________________

#### 1.2 Cardiovascular

- **Blood Pressure**
  - Systolic: _________ mmHG
  - Diastolic: _________ mmHG

- **Pulse Rate**
  - Regular
  - Irregular

- **Heart Sounds**
  - Normal
  - Abnormal

  If abnormal, please specify ________________________________

- **Is there any sign of swelling or oedema?**
  - Yes
  - No

  If yes, please specify ________________________________

#### 1.3 Abdomen

- **Abdomen**
  - Normal
  - Abnormal

  If abnormal, please specify ________________________________

#### 1.4 Body Mass Index (BMI)

- **Weight**
  - Height ________________________________

- **BMI**

  \[
  \text{BMI} = \frac{\text{mass (in kilograms)}}{\text{height (in metres)}^2}
  \]

If an individual's BMI exceeds the QAS Medical Standards and he/she believes that it is the result of ethnicity, an abnormal body build or high muscle mass, they will be required to submit evidence based on floatation or body plethysmography tanks, or a skin fold test from a health professional.

#### 1.5 Neurological/Locomotion

- **Cervical Spine Rotation**
  - Normal
  - Abnormal

- **Back Movement**
  - Normal
  - Abnormal

- **Upper Limbs Appearance**
  - Joint Movement
    - Normal
    - Abnormal
  - Muscle Tone
    - Normal
    - Abnormal
  - Coordination
    - Normal
    - Abnormal
  - Reflexes
    - Normal
    - Abnormal

- **Lower Limbs Appearance**
  - Joint Movement
    - Normal
    - Abnormal
  - Muscle Tone
    - Normal
    - Abnormal
  - Coordination
    - Normal
    - Abnormal
### Reflexes

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If abnormal, please specify.

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### 1.6 Vision

#### Visual Acuity

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<tr>
<td>Uncorrected</td>
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Are contact lenses or spectacles worn?  
☐ Yes  ☐ No

If yes, an optometrist report indicating your corrected and uncorrected vision must be attached. Please note that your optical prescription is not sufficient.

#### Visual Fields

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#### Ishihara

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If abnormal, please specify.

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### 1.7 Hearing

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If abnormal, please specify.

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### 1.8 Urinalysis

#### Protein

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#### Glucose

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### 1.9 Are there any visible signs of alcohol or other drug abuse?

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If abnormal, please specify.

---

### SECTION 2 Declaration

I certify that I have examined __________________________ and declare that all responses detailed on the Medical Examination Form are true and correct to the best of my knowledge.

Name of Medical Officer___________________________________________________________ Date of Examination ___________________

Stamp of Medical Officer

Medical Officer’s Signature_____________________________________________________________________________________________

Address____________________________________________________________________________________________________________

Phone ______________________________________________________________________________________________________________

---

as at July 2013  
Undergraduate Student Paramedic - Medical form page 5
Introduction

a. The role of a Paramedic/Patient Transport Officer (PTO) requires a certain level of physical fitness. Critical job demands include:

Metropolitan

- Sitting and driving (<30 minutes).
- Frequent and sustained squatting and kneeling to access patients at ground level. Some forward bending over patient.
- Sitting and forward bending to provide clinical/monitoring in the back of a moving ambulance. Some balance required.
- Frequent manual handling of patients (generally two officers), including rolling, positioning, lifting and carrying <180kg patients between knee and waist level, and pushing/pulling trolleys. Assistance is called for heavier patients.
- Manual handling of equipment between ground and above shoulder level (<20kg), lifting and carrying bilateral/unilateral eg Medication boxes, oxy-viva.
- Other demands include shiftwork, work stress, fatigue and irregular eating hours associated with the workload (eg 12 hour work shift).

Regional

- Sitting and driving (<7 hours).
- Frequent and sustained squatting and kneeling to access patients at ground level. Some forward bending over patient.
- Sitting and forward bending to provide clinical/monitoring in the back of a moving ambulance. Some balance required.
- Frequent manual handling of patients (generally two officers), including rolling, positioning, lifting and carrying <180kg patients between knee and waist level, and pushing/pulling trolleys. Assistance is to be called for heavier patients.
- Manual handling of equipment between ground and above shoulder level (<20kg), lifting and carrying bilateral/unilateral.
- Some heavier manual handling tasks in situations, as required. May include use of equipment available to assist in removing patient from injury source.
- Some sustained sitting or lying down at station when on standby waiting for calls on night shift.

b. The QAS Medical Standards reflect the inherent requirements of the role of a Paramedic/PTO. Applicants are assessed against the Medical Standards to determine their capacity to perform the duties of a Paramedic/PTO (i.e. fit for duty).

2. Vision

a. Individuals are required to have good vision to be able to operate a vehicle and perform patient care duties.

b. If an individual has visual acuity worse than 6/9 in the better eye, or worse than 6/18 in either eye, a specialist report, taking into account the critical job demands should be sought.

c. Individuals who experience any diplopia (other then physiological diplopia) when fixing objects within 20 degrees of the primary direction of the gaze are ineligible for appointment.

d. Individuals must not have any indication of night blindness.

e. If an individual has a visual field defect, a specialist report, taking into account the critical job demands should be sought.

f. If indicated by an ophthalmologist or optometrist, the individual will be required to undertake an annual review of their vision.

3. Hearing

a. A loss of more than 40 decibels on the ISO 389 scale (at 500, 1000 and 2000 CPD on a pure tone audiometer) in either ear is considered significant, however may not exclude an individual from appointment. Hearing should be evaluated without the use of artificial aids.

b. If any doubt exists as to an individual’s auditory acuity, a specialist report, taking into account the critical job demands should be sought.

4. Cardiovascular conditions, fainting or blackouts

a. Individuals are required to undertake significant physically and psychologically demanding duties such as prolonged extrications, walking long distances in difficult terrain, and lifting and carrying patients.

b. If an individual suffers from any of the following conditions, a specialist report, taking into account the critical job demands should be sought:
   - Angina Pectoris;
   - Suspected Angina Pectoris;
   - Confirmed myocardial infarction;
   - Coronary artery bypass, grafting or coronary angioplasty;
   - Vascular disorders;
   - Uncontrolled hypertension;
   - Valvular heart disease;
   - Arrhythmia;
   - Cardiomyopathy;
   - Congenital heart disorder; or
   - Reoccurring fainting or blackouts.

5. Neurological and neuromuscular conditions (excluding epilepsy)

If an individual suffers from any neurological or neuromuscular disorder, a specialist report, taking into account the Assessing Fitness to Drive for Commercial and Private Vehicle Drivers Standards criteria and the critical job demands should be sought.

1. General Reference

Individuals are required to work in shifts, with fluctuations in workload and possible variations in shift duration. QAS measures individuals against the Assessing Fitness to Drive for Commercial and Private Vehicle Drivers Standards criteria.
6. Epilepsy
   a. Individuals with a diagnosis of epilepsy/seizures will be measured against the Assessing Fitness to Drive for Commercial and Private Vehicle Drivers Standards criteria.
   b. Individuals with a history of febrile convulsions limited to early childhood may ignore this history.

7. Respiratory diseases
   If an individual suffers from any obstructive lung disease such as severe chronic asthma, chronic bronchitis or emphysema, a specialist report, taking into account the critical job demands should be sought.

8. Metabolic diseases
   Individuals suffering diabetes mellitus may be considered for employment as Paramedic/PTO. Some special conditions would need to be considered with regard to geographical placements and/or shift type e.g. placed in a larger station with day/night shift operations.

9. Psychiatric illnesses, depression or anxiety
   a. Where there is a risk that an individual may be compromised by a psychiatric condition or psychological instability, a specialist report, taking into account the critical job demands should be sought.
   b. A history of Post Traumatic Stress Disorder (PTSD) may exclude a person from employment as a Paramedic/PTO. A written report from a treating Medical Officer may be required.

10. Orthopaedic conditions
    a. If an individual has suffered from a back injury that resulted in more than one week off work or full time study, spinal surgery or suffer from chronic back pain, a specialist report, taking into account the critical job demands should be sought.
    b. If an individual has suffered from multiple dislocations or reconstructive surgery involving the shoulder, hip, knee or ankle, a specialist report, taking into account the critical job demands should be sought.
    c. Individuals are required to have good manual dexterity (for drawing up drugs etc).

11. Medications
    There are no issues with an individual's medication as long as there is no increased likelihood of loss of consciousness or impaired judgement, or ability to undertake hard physical work.
    Also, someone with a personal or family history of malignant hyperpyrexia cannot be accepted (because of the use of methoxyflurane in ambulances) UNLESS they have had testing that indicates volatile anaesthetic agents are NOT involved in their case.

12. Substance abuse
    A definite history of abuse of any substance (alcohol or drug – either prescription or non-prescription) may exclude a person from employment as a Paramedic/PTO. Further testing may be requested at the QAS approved Medical Assessor's discretion.

13. Immunisation
    Paramedics/PTO are required to undertake direct patient management and therefore, prior to commencing employment, all Paramedics/PTO are required to produce acceptable evidence of seroconversion against Hepatitis B. Acceptable evidence includes:
    a) a complete, age appropriate course of Hepatitis B vaccine and anti-HBs antibodies greater then or equal to 10mIU/ml; OR
    b) documented evidence of Hepatitis B infection.
    QAS encourages officers to be immunised against polio, measles, mumps and rubella. Immunisation against TB and Hepatitis A will be offered by QAS to employees in high risk areas.

14. Body Mass Index
    Paramedics/PTO are required to have a BMI of 33 or less (36 or less for indigenous applicants).
    
    \[
    \text{BMI} = \frac{\text{mass (in kilograms)}}{\text{height (in metres)}^2}
    \]
    If an individual believes that their BMI is the result of ethnicity, an abnormal body build or high muscle mass, then they will be required to submit evidence based on flotation or body plethysmography tanks, or a skin fold test from a health professional.

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as at November 2012
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<th>Email</th>
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</tr>
<tr>
<td>Woden</td>
<td>Level 1, 1 Bowes Street, Woden ACT 2606</td>
<td>02 6269 2001</td>
<td><a href="mailto:Medical_canberra@medibank.com.au">Medical_canberra@medibank.com.au</a></td>
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<tr>
<td>Botany</td>
<td>Level 1 Unit 2B, The Lakes Business Park, 2 Lord Street, Botany NSW 2019</td>
<td>02 9352 9800</td>
<td><a href="mailto:Medical_botany@medibank.com.au">Medical_botany@medibank.com.au</a></td>
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<tr>
<td>Newcastle</td>
<td>13 Darby St, Newcastle NSW 2300</td>
<td>02 4915 5400</td>
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<td>Level 4, 1 Wentworth Street, Parramatta NSW 2124</td>
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<tr>
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<td>02 8396 0600</td>
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<td>02 4253 6400</td>
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<tr>
<td>Brisbane Airport</td>
<td>5 Grevillea Place, Building A, Jetstream Business Park, Brisbane Airport QLD 4007</td>
<td>07 3118 4000</td>
<td><a href="mailto:Medical_northside@medibank.com.au">Medical_northside@medibank.com.au</a></td>
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<tr>
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<tr>
<td>Hyde Park</td>
<td>Park Haven Medical Centre, 7 Bayswater Road, Hyde Park QLD 4813</td>
<td>07 4795 7800</td>
<td><a href="mailto:Medical_townsville@medibank.com.au">Medical_townsville@medibank.com.au</a></td>
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<td>Oxley</td>
<td>169 Seventeen Mile Rocks Road, Oxley QLD 4075</td>
<td>07 3375 6155</td>
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<td>Raceview</td>
<td>55 Robertson Road, Raceview QLD 4305</td>
<td>07 3810 0300</td>
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<td>10-12 Young Street, Southport QLD 4215</td>
<td>07 5631 4800</td>
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<tr>
<td>Coolum</td>
<td>8/26 Birtwill St, Sunshine Coast QLD 4573</td>
<td>07 5471 6333</td>
<td><a href="mailto:Coolum@lookingafteryourhealth.com.au">Coolum@lookingafteryourhealth.com.au</a></td>
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<tr>
<td>Cairns</td>
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<td>07 4052 1119</td>
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<td>08 9248 6088</td>
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<td>08 9350 6468</td>
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# QAS Health Related Fitness Assessment Provider List

1. **Cairns**  
   **Kinnect** – Janna Bailey  
   Ph. 0407 695 551

2. **Mt Isa**  
   **Mt Isa Physio** – David Rose Ph. (07) 4749 4719

3. **Townsville**  
   **James Cook University** – Administration Ph. 07 4781 6177  
   Note: Testing only available on Fridays between 9am – 3pm

4. **Rockhampton**  
   **Central Queensland University** – Aaron Scanlan Ph. 07 4923 2538

5. **Sunshine Coast**  
   **Balance** – Nathan Green Ph. 3245 3683 or 0409 061 032

6. **Greater Brisbane**  
   **Balance** – Nathan Green Ph. 3245 3683 or 0409 061 032 (including Ipswich)  
   **Kelvin Grove Queensland University of Technology** – Human Movement Clinic Ph. (07) 3138 9777

7. **Toowoomba**  
   **Workwise Safety & Rehab** – Administration Ph. 07 4632 2945

8. **Gold Coast**  
   **Burleigh Reeves Rehabilitation Consulting** – Nathan Reeves Ph. (07) 5535 3954 or 0403 364 759

9. **New South Wales**  
   **Charles Sturt University** – Frank Marino Ph. (02) 6338 4048  
   Areas covered: Blue Mountains, Lithgow, Bathurst, Orange, Cowra

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Last update 04/2104 by ESSA, QLD Chapter Board  
qld@essa.org.au