# Nursing or Midwifery Classification or Title Review application form

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| **Role for classification/title review** |  |
| **Department / Division** |  |
| **Name of person completing submission** |  |
| **Position / Current Title** |  |
| **Contact phone number** |  |
| **E-mail address** |  |
| **Submission date** |  |
| **Name of DONM sponsor** |  |

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| **Rationale** |
| Provide the reasons as to why this role needs a title or classification review, include the suggested classification/title this role should be changed to, the relevant enterprise agreement clauses that support this request. |
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| **Stakeholder engagement** |
| Outline stakeholders who have been engaged in discussion, and provide any evidence that supports the reclassification request |
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| **Impact on other roles** |
| Outline the relationship this role has with other positions and the impact a classification/title change would have on these roles (also consider other roles across WH that could be impacted by this change) |
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| **Attachments** |
| Please list all relevant documents and ensure these are provided in support of this final submission |
| * Position Description – current * Relevant EBA sections * Evidence of benchmarking or expert opinion |