

# **Durri Aboriginal Corporation Medical Service**

Servicing the Macleay and Nambucca Valleys
ABN 52 730 046 875 ICN 27

### With Compliments

### **Position Application Package**

**Position Name:** Medicare Coordinator

Contact Name: Stuart Cohen

**Telephone:** 0428 083 107

#### **General Conditions of Employment**

**Position:** Medicare Coordinator

Award: ATSIHWP + ACCHS Award 2020

Classification: Administration - Grade 8 - Level 4

Salary packaging: To calculate your potential benefit follow the link https://eziway.net.au

Application: Your application should consist of four parts:

- 1. Completed application form (page 4)
- 2. Selection Criteria Your application must answer all of the Selection Criteria essential questions, for example the questions listed 1 to 4 below, or your application will be marked unsuccessful.

#### **Selection Criteria:**

#### **Essential:**

Extensive knowledge and experience in Medicare and MBS item claiming.

- 1. Strong understanding of Medicare legislation, guidelines, and compliance requirements.
- 2. Experience in providing training and support to staff on Medicarerelated functions.
- 3. Proven ability to manage multiple priorities, with a high level of attention to detail and accuracy.
- Excellent communication, problem solving abilities and interpersonal skills, with the ability to work effectively across diverse teams.

#### Desirable:

- 1. Experience working in an Aboriginal health service or community health setting.
- 2. Understanding of the health needs of Aboriginal and Torres Strait Islander communities.
- 3. Knowledge of Communicare.

#### **Key Attributes:**

- 1. Strong problem-solving and analytical skills.
- 2. Ability to work independently and as part of a team.
- 3. A proactive approach to identifying opportunities for improvement in Medicare processes.
- 4. Commitment to providing high-quality health services to Aboriginal and Torres Strait Islander people

#### **Additional Requirements:**

- 1. Ability to undergo a criminal history check.
- 2. Current Working with Children Check
- 3. Commitment to cultural safety and awareness.

#### 3. Resume

#### 4. Supporting documents

- Working with children check, qualifications, registration, driver licence, national police check
- Vaccination Declaration Form, Appendix 6
   (Adopted and endorsed by Durri CEO Clinical Governance Committee 10 May 2023)

Click on the links below to Complete NSW Health Undertaking/Declaration Form & find Occupational Assessment, Screening and Vaccination against Infectious Diseases Policy.

This form must be completed by all new workers, students and existing staff applying for new positions or undergoing vaccination and screening requirements outlined in the NSW Health Occupational Assessment, Screening and Vaccination against Specified Infectious Diseases Policy Directive (the "policy directive"). This includes volunteers/facilitators/contractors (including visiting medical officers and agency staff) who provide services for or on behalf of Durri ACMS.

https://www.health.nsw.gov.au/immunisation/Documents/Occupational/appendix-6-declaration.pdf

https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2024 015.pdf

Email your completed application to: Recruitment@durri.org.au

or

Post marked confidential to:

Application Human Resources Durri Aboriginal Corporation Medical Service PO Box 136 Kempsey NSW 2440

Closing Date: Tuesday 15 October 2024 by 5.00pm - No late applications will be accepted.

## **Application Form**

Full Name:			
Address:			
Email Address:			
Contact Number:			
Date of Birth:			
Drivers Licence:  Yes	□ Class: Expiry date: . No		
Do you identify as Aboriginal and or Torres Strait Islander?		□ Yes	□ No
Do you identify as having a disability?		□ Yes	□ No
Are you an Australian citizen or permanent resident?		□ Yes	□ No
Have you attached your Working with Children check?		□ Yes	□ No
WWCC No:			
Have you attached your National Police Check?			
Date of issue:		Yes	No
Have you attached your NSW Health Undertaking/Declaration Form?		orm? □ Yes	□ No
Have you attached your Qualifications?		□ Yes	□ No
Have you attached your registration if applicable?		□ Yes	□ No
Where did you see this	position advertised?		
List two referees (one being a current manager)  Referees Referee 1 Refere		eferee 2	
Name:			
Title:			
Organisation:			
Contact Details:			
Email Address:			