

***Form E2: Employment Mental Health Services***



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## ***Reporting Requirements***

Form E2 is used to report workforce data for clinical staff funded by Mental Health Services. This form must be completed on a quarterly basis.

### **Return of Forms**

Hospitals are to submit electronic data to the Department via the AIMS OnLine Entry System within *21 days of the end of each quarter*.

*Printouts of the original signed forms must be retained by the hospital and be available to officers of the Department upon request.*

### **Assistance**

If assistance is required with the completion of this form, please contact your regional office or Phil Barelli on 03 9616 8311.

### **Definitions**

#### ***Clinical EFT***

The number of equivalent full time (EFT) clinical staff by service setting.

#### ***Service Setting***

A service area with clinical staff funded by the Mental Health Services program.

#### ***Equivalent Full Time***

Full Time Equivalent Staff means the total number of hours worked by staff in a *clinical role* in an ordinary week divided by 38 or the normal hours as specified in the relevant industrial award.

Hours are counted on an hour for hour basis and should have no regard for any penalty rate that might apply. On call time is not counted.

#### ***Clinical Staff***

Clinical staff means staff that are suitably qualified to undertake clinical practices with people with a mental illness.

### **Signature of Chief Executive Office and Date**

The hospital's chief executive officer should sign and date each form submitted, acknowledging the data contained on the form and the accuracy of these data.