Recommendation of Local HSP Steward Form

This form is to be completed in line with the requirements in the Information Management Governance Policy.

# Steward Details

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| **Steward Details** |
| Position | Enter position title |
| Occupant Name | Enter Steward name |
| Division / Health Service Provider | Select division / HSP | Division name | Enter division name |
| Email | @health.wa.gov.au |
| Phone | (08) 0000-0000 |

# Appointment Terms

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| **Appointment Terms** |
| Reason for appointment | Select reason |
| Appointment type | Select appointment type |
| Steward Allocation | Select Steward allocation | Site / Region | Enter site or region name |
| Steward commences | \_\_\_/\_\_\_/\_\_\_\_\_ |
| Steward ceases | \_\_\_/\_\_\_/\_\_\_\_\_ *Not required for permanent appointments.* |

# Recommendation

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| **Steward Agreement** |
| I agree to perform the role of the Steward in accordance with all relevant policies, regulations and legislation and within the conditions and limitations of the delegated functions and powers of a Steward.  |
| Signed | \_\_\_/\_\_\_/\_\_\_\_\_ |