



HUMAN RESOURCES FRAMEWORK

IIBIT AHE PTY LTD

trading as

GLOBAL HIGHER EDUCATION

TABLE OF CONTENTS

| | |
|---|-----------|
| Introduction | 2 |
| Leadership and communication..... | 3 |
| Standards of conduct | 4 |
| Recruitment | 5 |
| Contractual and remuneration arrangements | 10 |
| Staff wellbeing | 14 |
| Professional development..... | 18 |
| Performance management..... | 19 |
| Associated information | 24 |
| Change history | 24 |
| Appendix One - Current organisational chart for GHE..... | 25 |
| Appendix Two - Staff Code of Conduct | 26 |
| Appendix Three - Position Description Template | 28 |

1. Introduction

1. IIBIT AHE Pty Ltd, trading as Global Higher Education (GHE), is a higher education provider offering Master's level courses in Information Technology and Business Analytics.
2. This Framework, together with the associated policies and procedures:
 - a) sets and sustains best practice in human resource management;
 - b) ensures that GHE meets its external reporting requirements and compliance obligations to accrediting bodies and regulatory agencies;
 - c) establishes the human resource structure necessary to support the strategic direction of GHE;
 - d) ensures appropriate employee safety provisions are in place and enforced;
 - e) provides guidance for mediating and finding resolutions to staff related issues and complaints.
3. The Framework applies to all GHE staff – full-time, part-time and casual – and to all contractors or consultants.
4. The GHE Human Resources Framework is maintained by the Operations Director and is governed by the Board of Directors.
5. The current organisational chart for GHE is attached as Appendix One.
6. Key documents which reference internal and external inputs which feed into the Human Resources Framework include the following which may be accessed at <https://www.globalhe.edu.au/policy>:
 - a) Governance Framework;
 - b) Strategic Plan;
 - c) Business and Marketing Plans;
 - d) Financial Framework;
 - e) Teaching and Learning Plan;
 - f) Academic Freedom Policy;
 - g) Academic Staff Qualifications Policy;
 - h) Campus and Asset Management Policy;
 - i) Communication and Marketing Policy;
 - j) Intellectual Property and Copyright Policy.
 - k) Internal Quality Benchmarks;
 - l) Glossary of Terms
 - m) Quality Assurance Policy;
 - n) Staff Scholarship Policy;
 - o) Student Complaints, Grievances and Appeals Policy.
7. The following components of the HR Framework describe the principles base for GHE's human resource-related processes:
 - a) Leadership and Communication;
 - b) Standards of Conduct.
8. The remaining sections document the procedures and practices established to guide management and staff decision-making in relation to human resource matters.
9. The Framework is maintained on the GHE intranet and made available to all new and continuing staff.

Authority and responsibility

10. The Chief Executive Officer (CEO) is ultimately responsible to the Board of Directors for the oversight of GHE's human resource matters.
11. The CEO delegates to the Operations Director (OD) and the Academic Director (AD) the management of all human resources matters for professional and academic staff respectively with assistance from IIBIT staff under the Shared Services Agreement.
12. From a Human Resources practice point of view the OD is responsible for overseeing the proper processes, procedures and controls needed to manage and safeguard GHE's human resource assets and resources, and for the approval of any changes to practice through the appropriate channels.

2. Leadership and communication

Purpose

13. The purpose of this section of the Human Resources Framework is to outline the principles which inform leadership and communication at GHE.

Leadership and communication principles

14. In their own behaviours and attitudes leaders and managers will:
 - a) actively seek to build credibility with staff through coherent and consistent action and achievement in alignment with organisational expectations and standards. In all circumstances leaders and managers will lead by example;
 - b) think strategically, act accordingly and embrace change;
 - c) contribute to building and sustaining an environment where staff have a sense of personal commitment to their work and give their best to promote the success of GHE;
 - d) model and encourage the pursuit of life-long learning as well as sharing knowledge and ideas freely with others;
 - e) care for and develop the leaders of tomorrow through addressing all areas that allow them to progress in their work and to expand their capabilities;
 - f) model and encourage inclusiveness and the fair and equitable treatment of all of GHE's stakeholders;
 - g) communicate with staff honestly and in a timely fashion;
 - h) apply different perspectives in order to create a climate of innovation. This implies openness to risk and the possibility of making mistakes and learning from them;
 - i) model a healthy work-life balance;
 - j) demonstrate capacity and the willingness to take initiatives and risks while maintaining composure under pressure;
 - k) commit to giving and receiving honest, accurate and timely feedback, including performance evaluation, in a climate of mutual respect;
 - l) seek to understand the external impact of our operations and, as a result, proactively seek to engage and partner with the community, authorities, shareholders and other stakeholders.

3. Standards of conduct

Purpose

15. The purpose of this section of the Human Resources Framework is to specify GHE's principles in relation to equity and diversity in the workplace and the expected conduct of all staff.

External communication and media engagement

16. Specific expectations in relation to external communication and media engagement are outlined in:

- a) the Communication and Marketing Policy;
- b) the Academic Freedom Policy.

Diversity and equity

17. GHE is committed to the promotion of equity and recognition of diversity for the entire enterprise.

18. The specific responsibilities for staff for upholding these obligations and commitments in relation to students are outlined in student-facing policies such as:

- a) the Student Diversity and Equity Policy;
- b) the Student Disability Policy.

19. GHE aims to provide a work environment that fosters fairness, equity, respect for social and cultural diversity, and that is free from unlawful discrimination, bullying, harassment, vilification and victimisation.

20. In support of this commitment, GHE will endeavour to:

- a) foster a culture and recruitment process which values and responds to diversity of its community;
- b) provide an inclusive and flexible environment for employees and ensure that employees are aware of their rights and responsibilities as GHE members;
- c) use non-discriminatory, inclusive language and practices;
- d) ensure that all employees have fair access to benefits and services in an equitable manner, including assistance to reasonably accommodate a person's disability;
- e) develop and promote processes that support the systematic implementation, monitoring, reporting and management of equal opportunity and eliminate unlawful direct and indirect discrimination and harassment, and workplace bullying;
- f) provide effective mechanisms to resolve complaints of unlawful discrimination, bullying, harassment, vilification and victimisation.

21. These principles are embedded across all human resources processes outlined in this Framework.

Staff Code of Conduct

22. The Staff Code of Conduct (the Code) outlines the standard of behaviour expected of employees of GHE. It does not seek to encompass all possible scenarios arising from employment with GHE.

23. The Code is designed to assist staff to understand their responsibilities and obligations and provide guidance on expected behaviour in the workplace, or if faced with an ethical dilemma or conflict of interest in their work.

24. The obligations outlined in the Code prescribe and regulate the standards of conduct required of all staff members.

25. Where a staff member suspects a breach of the Code may have occurred, they may seek advice from their supervisor, or a senior manager.

26. A staff member whose conduct falls below the standards outlined in the Code will be dealt with in accordance with this Framework or the relevant GHE procedures.
27. Where breaches of this Code also constitute breaches of the law they will be handled accordingly.
28. An alleged breach of this Code by a staff member may be dealt with under the relevant sections of the relevant employment agreement.
29. The Code should be read in conjunction with GHE policies, procedures and workplace agreements and individual contracts.
30. Breaches of this Code may also result in *Termination for Serious and Wilful Misconduct* (see section below). Academic misconduct is separate and managed through the *Staff Academic Integrity and Academic Misconduct Policy*.
31. Unsatisfactory performance is separate to misconduct and is dealt with under the section on *Performance Management* in this Framework.
32. The full Staff Code of Conduct is attached at Appendix Two.

4. Recruitment

Purpose

33. The purpose of this section of the Human Resources Framework is to outline the processes for the recruitment of staff for GHE's general and academic staff.

Specific requirements in relation to academic staff selection

34. To ensure that all staff with responsibility for academic oversight and teaching and supervisory roles are qualified to deliver GHE courses or units of study, the following criteria should usually be met by the applicant:
 - a) hold knowledge of contemporary developments in the discipline or field, which is informed by continuing scholarship or research or advances in practice;
 - b) have skills in contemporary teaching, learning and assessment principles relevant to the discipline, their role, modes of delivery and the needs of particular student cohorts; and
 - c) hold a qualification in a relevant discipline at least one level higher than is awarded for the program of study, or equivalent relevant academic or professional or practice-based experience and expertise.
35. Applicants for specialised roles such as experienced practitioners and teachers undergoing training, who may not fully meet the standard for knowledge, skills and qualification or experience required for teaching or supervision must have their teaching guided and overseen by staff who meet the specifications above.
36. The requirements for determining the equivalency of professional experience with academic qualifications are outlined in the **Academic Staff Qualifications Policy**.

Recruitment of full-time and ongoing sessional positions - general

Identifying staffing needs and the request to recruit

37. Prior to commencing the recruitment process, the area seeking additional staff should consider the following:
 - a) strategic and operational plans;
 - b) current staffing structure;
 - c) options for the career advancement of existing staff;
 - d) any foreseeable changes which might impact on the area or the role;
 - e) how the needs for the position might best be met.

38. Where the need for additional staff has been identified the manager or Course Coordinator must complete a Request to Recruit Form to be forwarded to the OD.
39. Where the OD agrees to the Request to Recruit, they will authorise the development of:
 - a) the position description (see Appendix Three for position description template);
 - b) notice of advertisement (if required);
 - c) membership of the selection panel (if required).
40. It is the responsibility of the OD to facilitate the sourcing of applicants.
41. Applicants may be sourced via:
 - a) an internal Expression of Interest;
 - b) searching employment sites, including LinkedIn;
 - c) advertising (mixed media);
 - d) employment of a recruitment consultant;
 - e) professional forums and associations; and/or
 - f) direct approach to known suitable candidates.
42. Membership of the selection panel will vary depending on the nature of the position being recruited:

| Position | Panel composition |
|---|--|
| Academic staff | Academic Director; Course Coordinator |
| Course Coordinator | Academic Director; Operations Director? |
| Professional staff | Area/Office Manager; Operations Director |
| Senior managerial staff (academic and professional) | CEO; Operations Director, Academic Director and where the position is at the level of Senior General Manager or above, at least one Owner of GHE and one external member either from the Academic Board or Board of Directors. |

43. The Chair of the panel will generally be the most senior staff member of the interview panel.

Selection criteria

44. Minimum selection requirements are:
 - a) eligibility to undertake paid work in Australia;
 - b) strong verbal and written communication and interpersonal skills;
 - c) relevant and recent industry or academic experience;
 - d) for academic employees, formal tertiary qualifications and/or relevant work experience in accordance with the **Academic Staff Qualifications Policy**.

45. Areas may add their own relevant selection criteria to these minimum requirements.

46. A copy of the selection criteria should be kept with the record of interview and selection.

Shortlisting

47. Where there is more than one suitable applicant, shortlisting must occur as soon as possible after the date on which applications close.
48. In shortlisting, panel members must demonstrate respect for diversity, equality of opportunity, and non-discrimination, as well as alignment of the interests of professionals with the group's strategic objective.
49. Panel members should shortlist individually in the first instance.

50. All panel members are then required to reach a consensus in relation to shortlisting.
51. A selection panel may accept late applications with valid reasons.
52. Applicants not shortlisted will be notified as soon as possible.

Interviews

53. Interviews are required for all positions.
54. The OD undertakes a preliminary interview of shortlisted applicants to validate generic communication skills, attitude, and information relating to previous employment history.
55. Applicants found not to be suitable at this phase of the interview process will be notified by the OD as soon as possible after the decision is made.
56. After the preliminary interview if the applicant is found to be suitable the OD will organise a further round of interviews to be conducted by the selection panel.
57. It is the responsibility of the OD to ensure that the selection panel is forwarded the relevant documentation necessary to conduct the interview.
58. Interviews may be conducted in person, via telephone, video conference or another online medium.
59. Interviews must be structured in such a way as to enable the collection of sufficient evidence to confirm that the applicant(s) selected have the required skills, experience and motivation to carry out the duties of the role and also demonstrate a commitment to the brand and values of GHE.
60. The selection panel should prepare the interview questions using the guidelines and templates provided by the OD.
61. After all interviews have been completed, the selection panel must reach consensus on a recommendation decision.
62. Selection panels must be satisfied that the recommended applicant(s) meets the selection criteria and is suitable for the position.
63. Where more than one applicant is deemed appointable, applicants should be ranked in order of preference.
64. It may also be appropriate not to recommend any of the applicants for appointment from the interview.
65. In such cases, the panel Chair should contact the OD to advise the decision and discuss alternative recruitment options.

Reference check

66. Reference checks must be undertaken prior to appointing any new member of staff.
67. Reference checking will verify factual information regarding the applicant such as dates and places of employment, as well as provide an insight into the applicant's work history, aptitude for the position, behaviours, attitudes and potential fit with GHE organisational culture and practice.
68. During the interview process the applicant must be informed that references will be checked.
69. Generally, the Chair of the selection panel will conduct the telephone and/or written reference checks.
70. All referee reports are confidential and are only available to people involved in the recruitment process.
71. The person conducting the reference check should identify themselves by title and company name and state why the call is being made.
72. Referees must be able to provide feedback about an applicant from a work perspective and questions worded to address the requirements of the position.

73. Responses to these checks must be documented and be retained within the recruitment file.
74. If the applicant is a current employee or has recently been employed with GHE, a review of the employee's personnel file should also be undertaken and if not listed as a referee, the applicant's line manager must also be questioned.
75. If the Chair cannot obtain a response from a listed reference, the candidate should be contacted and asked for additional information/contact details on the listed referee or for an additional referee to be provided.
76. The Chair must not seek comment on matters unrelated to qualifications or performance, e.g., race, religion, national origin, age, gender, disability, marital status, pregnancy, or other related family matters.
77. At all times the Chair must have regard to protect the confidentiality of the referee.

Additional checks

78. Depending on the requirements of the position, the OD may also conduct, or request, the following checks where appropriate:
 - a) qualification checks;
 - b) criminal/police checks;
 - c) Working with Children checks;
 - d) psychological tests using Psychometric Solutions or a similar service.
79. Proof of Australian Citizenship or Permanent Residency (PR) Status must be provided as follows:
 - a) for citizenship original evidence such as an Australian Citizenship certificate or Australian Birth Certificate along with a valid Australian passport (photo identification page only);
 - b) for Australian Permanent Residents an Australian permanent residence visa label, accompanied by a valid overseas Passport to confirm the identity of the visa holder.
80. Copies of original documents must be retained and signed as 'sighted' by the OD or an Authorised Officer.
81. The confidentiality of applicants must be protected at all times.

Approval of the successful applicant

82. Following the conclusion of the reference check and any additional checks, the Chair is authorised to make a final decision in relation to the first ranked applicant where all checks are positive.
83. Recommendations for appointment must only be made once feedback is obtained from at least two referees.
84. Where checks raise doubts in relation to an applicant, the Chair may reconvene the selection panel to discuss any concerns or, where the doubts raised are sufficiently concerning as to make the applicant immediately non-appointable, commence interviewing the referees of the second ranked applicant.
85. Where the reference checks and any other additional checks are positive, the Chair completes a written report and recommendation to appoint, forwarded to and formally approved by all members of the selection panel.

Applicant notification

86. The Chair of the selection panel is responsible for advising the applicant of their success in being offered the position.
87. The OD is responsible for providing formal written notification to the successful candidate.
88. Once the successful applicant has formally accepted the position the OD is responsible for formally notifying unsuccessful applicants of the outcome of the process.

Recruitment of casual staff

Identifying staffing needs and the Request to Recruit

89. Casual staff vacancies are not required to undergo the full selection process detailed above. Nonetheless, these staff must meet the requirements for the role they undertake, and selection must occur in a non-discriminatory and fair manner.
90. Casual recruitment is used to cover ad hoc and/or short- to medium-term vacancies where a clear need for the work to be completed has been established. Casual recruitment is appropriate for purposes such as:
 - a) temporary high or additional workloads;
 - b) sessional and study period teaching requirements;
 - c) covering short-term staff absences.
91. The manager of the hiring area must seek approval for the recruitment of casual or short-term sessional staff from the OD and needs to establish:
 - a) a clear need for the work to be completed and the timeframe for the recruitment process;
 - b) duties, classification and period required;
 - c) relevant skills, knowledge, experience and qualifications required, including consideration of specific work requirements, such as Working with Children Checks; and
 - d) if relevant, selection criteria.
92. Potential candidates should, where possible, be sourced through an open and merit-based process.
93. The following options should be considered when sourcing casual employees:
 - a) GHE's casual employment register;
 - b) searching employment sites, including LinkedIn;
 - c) professional forums and associations;
 - d) referrals or networks;
 - e) advertising (mixed media); and/or
 - f) direct approach to know suitable candidates.

Selection criteria

94. Minimum selection requirements are:
 - a) eligibility to undertake paid work in Australia;
 - b) strong verbal and written communication and interpersonal skills;
 - c) relevant and recent industry or academic experience;
 - d) for academic employees, formal tertiary qualifications and/or relevant work experience in accordance with the **Academic Staff Qualifications Policy**.
95. Areas may add their own relevant selection criteria to these minimum requirements.
96. A copy of the selection criteria should be kept with the record of interview and selection.

Selection process and applicant notification

97. All new casual candidates must be interviewed.
98. The minimum requirement is a video conferencing interview; however, in-person interviews are preferred.
99. The interview must be conducted by the area manager and one other relevant employee from the area.
100. In the case of casual academics, the interviewing panel must include at least one academic employee, preferably the relevant Course Coordinator.

101. The OD is responsible for verifying any additional checks that may be required.
102. Records of casual staff interviewed should be retained by the OD for 12 months.
103. The records should include who was interviewed, by whom, on what date and the reason why the recommended candidate was selected. These records may be relied upon to support selection decisions if challenged.

Reference check

104. A minimum of two referee reports must be obtained from referees nominated by the candidates and should be current or recent supervisors or line managers.
105. All referee reports are confidential and are only available to people involved in the recruitment process.

Approval and feedback

106. After a casual applicant is selected, the hiring manager should:
 - a) inform the successful applicant;
 - b) obtain approval for a casual contract from the OD; and
 - c) notify and provide feedback to unsuccessful candidates, if relevant.

5. Contractual and remuneration arrangements

Purpose

107. The purpose of this section of the Human Resources Framework is to outline the requirements in relation to contractual and remuneration arrangements.

Offer letter - Employment Agreements

108. The CEO or Operations Director is responsible for issuing all Letters of Offer/Employment Agreements.
109. A final verification of all the documents below is undertaken by the OD prior to release of the Letter of Offer:
 - a) Request to Recruit Form;
 - b) Application for Employment- completed by candidate;
 - c) Resume of the applicant;
 - d) Interview Feedback form;
 - e) copies of professional qualification and certifications;
 - f) reference check as pertinent to the type of employment;
 - g) form for authenticating professional credentials;
 - h) Assessment of Professional Equivalence Form where required.
110. After all the above processes are completed the OD collates all the information and prepares a Letter of Offer to the selected applicant, requesting their formal acceptance.
111. Once an acceptance is received a formal employment agreement is executed.
112. Following execution of the employment agreement, the OD will initiate the joining formalities as below:
 - a) the OD provides the joining kit to the appointed staff member, which contains:
 - i. TFN form;
 - ii. My Choice Super Form;
 - iii. Employee personal information;
 - iv. Access ID and Email ID request form.

113. A personnel file will be opened, which contains hard copies of personal details, previous employment details and academic details along with a copy of the Letter of Offer duly signed by the staff member joining the organisation.
114. All the physical files will be marked as Confidential and will have restricted access.
115. The Operations Director and the Human Resources department will have ownership of all the physical documents (personal files) and all concerned will ensure that confidentiality is maintained regarding the personal information of the employees.
116. All relevant areas will be duly advised of the new employee's details to facilitate the provision of payroll/benefits, facilities and information such as ID-card, Email-ID, workstation, telephone / LAN etc.

Remuneration

117. GHE seeks to attract and retain highly qualified employees with the required education, experience and skills necessary to achieve the GHE's mission.
118. In setting remuneration for all positions GHE:
 - a) will compensate employees at a level consistent with comparable market benchmarks or other appropriate job markets for similar skills, responsibilities, educational qualifications, and working conditions;
 - b) maintain internal equity for all employees performing similar functions based on the requisite knowledge, skills, complexity, autonomy, experience, contacts, scope, and decision-making or supervisory responsibility required to perform those functions;
 - c) recognise superior performance and encourage the undertaking of qualifications that enhance the employee's potential;
 - d) comply with all applicable federal and state laws and regulations.
119. Salary is negotiated by mapping qualification and years of experience of applicant with the relevant employment agreement.
120. Remuneration is reviewed annually based on changes in relevant employment agreement.
121. An additional review may be undertaken as part of the performance review cycle.

Probation

122. The period of probation ranges from a minimum period of three and a maximum of six months for all appointments.
123. During the probation period, at least one review meeting should be conducted with the supervisor to discuss the new staff member's performance. The supervisor must make a determination and recommendation to the OD as to whether the staff member's employment should be confirmed before the end of the probation period.
124. The performance of staff who are on probation as per the terms of their appointment shall be evaluated and if found satisfactory their appointment will be confirmed.

Cessation of employment

Resignation

125. GHE requires employees who wish to resign their employment to confirm their intention in writing, including the intended cessation date, to the appropriate manager/supervisor within the notice period stipulated in the relevant industrial instrument, legislative provision or as per the relevant employment agreement.
126. Where possible, employees classified at mid-level and above intending to resign may be requested to provide an extended period of notice of up to six (6) months, to allow for a smooth and orderly transition of their functions and responsibilities.

127. Failure to give the required period of notice of resignation may result in the forfeiture of payment with respect to the period of notice not given, subject to the relevant employment instrument or legislative provision and contractual obligations.

128. Where possible, prior to the employee ceasing employment, an exit interview should be conducted.

129. The employee's resignation must be acknowledged and confirmed in writing by the OD.

Redundancy/retrenchment

130. Redundancy or retrenchment are instances of termination that come about through a change in the position or function that an employee performs, rather than any fault on their part.

131. Redundancy may happen when GHE:

- a) introduces new technology (e.g. the job can be done by a machine);
- b) experiences a slow-down due to lower sales or production;
- c) closes down;
- d) relocates interstate or overseas; and/or
- e) restructures or reorganises.

132. Redundancy or retrenchment cannot occur as a result of poor performance or misconduct of an employee.

133. The procedure for retrenchment or redundancy is in accordance with the relevant employment agreement.

Abandonment of employment

134. Where an employee is absent from the workplace without reasonable cause and without the consent of the employer, the employee's employment contract may be terminated on the grounds that they have abandoned their employment.

135. The absence of an employee from work for a continuous period exceeding three working days without the consent of the employer and without notification to the employer is prima facie evidence that the employee has abandoned their employment.

136. If within a period of 14 days from their last attendance at work, or the date of their last absence in respect of which notification has been given or consent has been granted, an employee has not established to the satisfaction of their employer that they were absent for reasonable cause, the employee is deemed to have abandoned their employment.

137. Abandonment of employment operates as from the date of the last attendance at work or the last day's absence in respect of which consent was granted, or the date of the last absence in respect of which notification was given to the employer, whichever is the later.

Termination

138. In the case of a dismissal/termination for poor work performance or misconduct, GHE will give the employee the appropriate notice as per the relevant employment agreement or payment in lieu of notice.

139. The notice of termination will be in writing specifying the reasons for the termination and will also include details of the final payments to be made to the employee, including all accrued entitlements.

140. A series of steps should be followed prior to any termination of employment or other disciplinary action; however, each particular circumstance will determine the number of warnings and the suitable review period for the employee to remedy their performance and/or behaviour.

141. Where a manager/supervisor has concerns about an employee's performance or conduct (apart from academic misconduct), a disciplinary interview will be convened to provide an opportunity for both the employer and employee to discuss the issue(s) of concern.
142. The employee will have the right to be supported by a person of their choosing and will have the right to respond to the allegations of poor performance or misconduct put to them. This meeting will be witnessed, confirmed in writing and acknowledged by the employee concerned.
143. The warnings procedure will normally include a series of verbal, written and witnessed warnings that set out to any employee who is being warned, the basis of the warning and the ways that an employee can and must improve their work performance and/or behaviour. It must also identify what action or actions will occur if there is no improvement within the time frames set down.

Termination for serious and wilful misconduct

144. 'Summary' or 'instant dismissal' is dismissal without notice and occurs where an employee commits an act of serious and wilful misconduct. This may include, but is not limited to:
 - a) serious breaches of the Staff Code of Conduct, provisions in this Framework or other GHE policies;
 - b) refusal to carry out a lawful instruction of a manager/supervisor;
 - c) consuming, possessing, selling, manufacturing or being under the influence of drugs or alcohol on GHE premises without authorisation;
 - d) dishonesty, theft or other unlawful activities;
 - e) gross negligence (subject to the nature of the negligence);
 - f) vandalising, intentionally damaging or misusing the organisation's or another employee's property; or
 - g) assault/ fighting.
145. Upon receipt of an allegation of serious and wilful misconduct against a member of staff, the appropriate manager/supervisor will interview all witnesses and immediately arrange a meeting with the staff member and advise that they are able to have a support person present at that meeting.
146. At the meeting, the manager/supervisor will present all the facts and evidence to the employee that surrounds the alleged misconduct. This may involve notes taken from interviews with other employees or clients who may have seen what took place.
147. The staff member must be allowed to respond to the allegations and explain their actions, whether it be in that meeting, or to provide a written explanation at a later point in time.
148. The appropriate manager/supervisor is then required to advise the employee that he/she will consider all the evidence, and make a decision concerning the future of the employee's employment based on that evidence.
149. If, after considering all the evidence (including statements given by witnesses), and after considering the employee's explanation, the appropriate manager/supervisor comes to the conclusion that the employee has in fact engaged in misconduct, the appropriate manager/supervisor will make a recommendation to the Operations Director.
150. After the meeting, the employee will be deemed to be immediately suspended from duty and escorted from the premises – this serves as a risk management process to protect GHE's tangible and intellectual property.
151. The time taken by an employer to 'consider' all of the evidence immediately prior to making a decision should be between one to three business days, depending on the circumstances.

152. The notice of termination will be in writing and will specify the reasons for the termination and will also include details of the final payments to be made to the employee, including all accrued entitlements.

Final payments

153. Upon termination, the manager/supervisor responsible shall ensure that employees received written confirmation of their termination, including details of all outstanding entitlements and the method of payment used for the employee's final payments.

154. The process for the staff lodgement and review of a grievance in relation to the termination of their employment is covered in the section on Grievance Resolution below.

Return of property

155. The manager/supervisor responsible must ensure that an employee who is ceasing employment immediately returns all property belonging to or leased by GHE which is in the employee's control, including, but not limited to, any stationery, cheque books, books, documents, records, discs, access cards, security passes, keys, mobile phones, computer hardware and software, credit cards, motor vehicles, computer log-in codes, stock, samples and safety and/or branded clothing belonging to GHE.

156. As soon as practicable, the terminating employee's security access to premises, networks and computer systems is to be cancelled either directly, or by advising the relevant staff.

157. When a termination occurs, the manager/supervisor responsible must ensure the immediate return to GHE of all documents and records in the employee's control and instruct the employee to delete any documents and/or records held electronically in any medium in the employee's control.

6. Staff wellbeing

Purpose

158. The purpose of this section of the Human Resources Framework is to specify GHE's commitment to staff in relation to their health and safety in the workplace.

Induction

159. A formalised induction process is vital to ensuring that new staff are not only productive in the workplace as quickly as possible but feel welcomed and comfortable in their new working environment and are aware of safety requirements and provisions.

160. The line manager of the new employee is responsible for ensuring all new members of staff complete a formal induction which includes:

- a) the new staff member's role, including probation criteria and how the role fits into the team, area and GHE as a whole;
- b) an overview of the physical location in which the staff member will work;
- c) health and safety procedures;
- d) electronic systems and access;
- e) quality assurance practices;
- f) performance expectations and standards;
- g) team culture;
- h) staff training and development;
- i) policy and regulations;
- j) compliance matters including a detailed introduction to GHE's obligations under the ESOS framework.

161. Staff who will have any responsibilities in relation to students, academic or otherwise, will also receive training in relation to their responsibilities under the following policies:
- a) Student Diversity and Equity Policy;
 - b) Student Disability Policy;
 - c) Student Sexual Assault and Sexual Harassment Policy;
 - d) Student Wellbeing, Orientation and Support Policy;
 - e) Student Academic Integrity and Academic Misconduct Policy (academic staff only).
162. The staff member's supervisor will complete an Induction Compliance Checklist and place a record of the completed checklist on the staff member's personal file.
163. Induction must be completed within seven working days from the start of employment.

Workplace safety

164. GHE has an obligation to ensure the health and safety of staff and to ensure that its staff, students, contractors, visitors and other persons visiting a GHE campus or teaching location are, as far as practicable, not exposed to risks to their health and safety arising out of their activities and engagement with GHE.
165. The promotion and maintenance of workplace health and safety (hereinafter referred to as 'OHS') is primarily the responsibility of management although all staff, students, contractors, visitors and other persons visiting a GHE campus are obliged to comply with instructions to ensure their own health and safety and the health and safety of others at GHE.

Responsibilities of all

166. Staff, students, contractors, visitors and other persons visiting a GHE campus or teaching location must:
- a) take reasonable care for their own health and safety;
 - b) take care that their acts or omissions do not adversely affect the health and safety of other persons;
 - c) comply with any instruction that is given by GHE with regards to safety;
 - d) report incidents and any unsafe conditions or issues that come to their attention. Staff are also required to take corrective action to eliminate immediate hazards within their control.

Responsibilities of managers

167. All managers must:
- a) acquire and keep up-to-date knowledge of work health and safety matters;
 - b) gain an understanding of the nature of the operations of their area of management and of the hazards and risks associated with those operations;
 - c) ensure that staff and students have available for use, and uses, appropriate resources and processes to eliminate or minimise risks to health and safety from work carried out as part of the conduct of the business or undertaking;
 - d) take corrective action to eliminate immediate hazards within their control hazards at the workplace; and
 - e) report incidents and any unsafe conditions or issues that come to their attention.

Responsibilities of the Operations Director

168. The OD is responsible for ensuring that:
- a) GHE has appropriate processes for receiving and considering information regarding incidents, hazards and risks and responding in a timely way to that information (Workplace Health and Safety Management System);

- b) ongoing consultation with stakeholders is undertaken so that they may contribute to decisions about the implementation of safety practices and systems designed to ensure the health, safety and welfare of employees;
 - c) organisation-wide safety checks are undertaken on a regular basis;
 - d) staff (and students and visitors where applicable) are provided with safety equipment, safe systems of Work, Information, Instruction, Training and Supervision as prescribed in the relevant state legislation;
 - e) hazards are verified and resources to rectify any hazards are deployed;
 - f) any serious risks to GHE's operations are reported immediately to the Office of the CEO and following that to the Audit and Risk Committee.
169. GHE senior management, governance boards and owners are responsible for ensuring that resources are allocated to identify and rectify any hazards or issues that may compromise workplace safety and that the Workplace Health and Safety Management System is being implemented effectively.

Workplace Health and Safety (WHS)

170. The WHS relates to all aspects including, but not restricted to risk management that includes identification of hazards, assessment of risk, control of risk and continuous monitoring. The system includes:
- a) WHS training and education;
 - b) WHS representation and consultation;
 - c) work design, workplace design and standard operating procedures;
 - d) changes to work methods and practice, including those associated with technological change;
 - e) safety responsibilities;
 - f) emergency procedures and drills;
 - g) provision of WHS equipment, services and facilities;
 - h) workplace inspections and audits;
 - i) reporting and recording of incidents, accidents, injuries and hazards; and
 - j) First Aid provisions.
171. If an issue is not resolved after reasonable efforts to do so in accordance with this section of the Framework, any stakeholder may refer an issue to SafeWork SA to seek their assistance in resolving it.

Other relevant documentation

172. Staff, students, contractors, visitors and other persons visiting a GHE campus or teaching location may also reference the following documentation in relation to allied aspects of workplace safety:
- a) Terms of Reference Audit and Risk Committee;
 - b) Risk Management Policy;
 - c) Business Continuity Policy;
 - d) Critical Incident Policy.

Grievance resolution

173. A staff member who believes something is unfair, unjust or upsetting in relation to a work-related matter has the following informal options available to them:
- a) speak to the person causing the problem and inform them that their behaviour, decision or action was unfair, offensive or discriminatory, and why they believe this to be so;

b) speak to their immediate manager/supervisor, or if that is not appropriate, a senior manager, about the grievance, seeking mediation.

174. If the matter remains unresolved after these informal procedures, the employee can submit a formal grievance in writing to the OD.

175. Without prejudice to either party, work should continue as normal while the matter in dispute is being dealt with in accordance with this procedure.

Informal grievance process

| Procedure | Responsibility | Timeline |
|--|-----------------------------------|-----------------------|
| The parties discuss the issue to resolve the grievance. | Parties to the grievance | As soon as possible |
| Ensure that the staff member is directed to submit the grievance to his/her supervisor. Acknowledge grievance to the staff member. | Supervisor who receives grievance | Within 5 working days |
| Evaluate risk level. High-risk grievances must be referred to the Operations Director. | Supervisor who receives grievance | In a timely manner |
| Investigate grievance. Ensure the staff member is kept informed. | Supervisor who receives grievance | In a timely manner |
| Provide notification of outcome to staff member. | Supervisor who receives grievance | |
| If the outcome is not accepted by the complainant, advise them of the opportunity to seek a review by the OD | Supervisor who receives grievance | |
| Provide information on written grievance details and outcomes to the OD. | Supervisor who receives grievance | In a timely manner |
| Record information about written grievance details and outcome in grievance records | OD | In a timely manner |

Formal grievance process

| Procedure | Responsibility | Timeline |
|---|-----------------------|------------------------------------|
| Acknowledge grievance | OD | Within 5 working days |
| Appoint a responsible officer to investigate the grievance and take one of the following actions: | OD | Commence Investigation immediately |
| Transfer responsibility for dealing with grievance to local level if the grievance has not been considered at the local level and it is appropriate for the grievance to be handled locally, OR | Responsible Officer | In a timely manner |
| make a determination on practice / process consistent with principles detailed in this HR Framework | Responsible Officer | In a timely manner |

| Procedure | Responsibility | Timeline |
|---|---------------------------------------|--|
| The responsible officer or the senior officer will submit a report and recommendation for action to the CEO, on conclusion of the investigation. | Responsible Officer or Senior Officer | Within 5 working days |
| The CEO will, having due regard for the recommendations of the report: confirm the action; vary the action; or set the action aside and substitute a new action. | CEO | Within 5 working days |
| Notify the staff member in writing of the outcome of the investigation undertaken. Should a complex grievance not be resolved within 20 working days a formal written progress report will be provided to the complainant within this timeframe | Responsible officer or Senior Officer | Within 20 working days |
| Record information about grievance details and outcome in the Records Management System. If the outcome is not accepted by the complainant and/or the respondent either party may seek the services of an external mediator by referring to the Industrial Relations Commission or other relevant statutory authority. The employee may seek the assistance of the Office of the Employee Ombudsman throughout this process | Responsible Officer | Within 5 working days of the grievance outcome advice. |

176. Other grievances will be investigated as follows:

- a) a grievance concerning the staff member's supervisor should be referred to a Senior Officer (the Academic Director or Operations Director as appropriate);
- b) a grievance concerning a senior officer should be addressed to and dealt with by the CEO;
- c) a grievance concerning the CEO should be addressed to and dealt with by the Chair of the Board of Directors.

7. Professional development

Purpose

177. The purpose of this section of the Human Resources Framework is to outline GHE's approach to professional development.

Approach to professional development

178. GHE acknowledges that staff professional development:

- a) is central in leading to student success;
- b) recognises and respects that staff members are professionals;
- c) supports staff at all levels of expertise; its value is confirmed by external validation;

- d) relies on a rich mix of resources, including a theoretical and philosophical base, a research base, and illustrations of good practice;
 - e) can take many different forms and employs various modes of engagement.
179. Discussions in relation to the professional development goals and needs of individual staff members will take place through the Performance Planning and Review cycle (see next section).
180. All staff will be required to undertake a 'refresher' session annually in relation to GHE's obligations under the ESOS framework and the potential implications for international students arising from the exercise of these obligations.

Academic staff

181. Provisions for the professional development and scholarship of academic staff, including eligibility and processes for application and funding, are outlined in the **Staff Scholarship Policy**.

Professional staff

182. The organisation's approach to professional development will be to draw on both internal and external sources of expertise to lead workshops and seminars, and to encourage staff to attend and present at relevant internal and external staff development activities.

Eligible staff

183. All general staff employed under the relevant employment agreement who hold a minimum 0.6 fractional appointment.

8. Performance management

Purpose

184. The purpose of this section of the Human Resources Framework is to outline the expectations and requirements in relation to staff performance management, including for the CEO and executive staff.

Performance Planning and Review (PPR)

185. Performance Planning and Review (PPR) provides line managers and staff the opportunity to plan and set agreed performance and development goals for the forthcoming year, and to review the previous year's performance.
186. GHE deploys the Management by Objective (MBO) approach to PPR as it provides a systematic and fair approach that focuses on achievable goals. It aims to increase strategic alignment and quality outcomes by aligning goals and objectives throughout GHE.
187. It is expected that all permanent, fixed-term and continuing staff will participate in the PPR process on an annual basis. All staff may request the option of 360 review as part of the annual process.
188. The process provides effective and fair processes for the assessment of staff performance, expectations and workload and includes the opportunity for staff to contribute transparently in the process and respond to comments and suggestions.
189. For academic staff the outcomes of any peer review process completed during the review period should be considered as part of this process.
190. PPR is primarily a developmental tool and is used to assist staff to ensure that their work goals align with GHE's strategic aims and objectives.
191. Goals set should be at a level consistent with the staff member's position description and position descriptors/classification standards.

192. PPR should not be a punitive process. With regular informal feedback during the performance period, the PPR should not be the first indication of unsatisfactory performance. However, where performance is deemed 'unsatisfactory', unsatisfactory performance provisions can be implemented in accordance with the relevant employment agreement.

General responsibilities

- 193. The Board of Directors is responsible for monitoring the performance of the CEO according to the procedures set out in this section.
- 194. Line managers are responsible for planning, monitoring and reviewing the performance and development of their staff.
- 195. Line managers are required to give regular informal feedback to their staff throughout the 12-month PPR period. Any issues should be managed as they arise, and it is the line manager's responsibility to manage performance in a timely manner.
- 196. Staff are responsible for developing their own work plan, identifying objectives and clarifying role expectations with their line manager as part of the PPR process.
- 197. All staff members and their line-managers will develop performance and professional development plans and agree on implementation processes. This plan will feed directly into GHE supported professional development opportunities, including those managed under the **Staff Scholarship Policy**.

PPR Process

Timing

- 198. Upon commencement, line managers will meet with new staff to set performance goals for their first performance review in accord with clause 208b.
- 199. A staff member's first performance planning and review session will occur three months after appointment, then annually thereafter.
- 200. More frequent reviews, e.g. quarterly or 6-month, may be held as agreed between the employee, manager/supervisor, management and OM.
- 201. The annual PPR cycle will generally occur to meet the following deadlines.

| PPR STAGE | DEADLINE |
|--|-----------------|
| Training for all staff prior to engaging in PPR | Ongoing |
| New Staff – Set Performance Goals | At commencement |
| Review and Planning (includes self-review & meeting below) | February |
| Monitoring | December |

Training

202. All staff must undertake compulsory PPR training prior to engaging in the PPR process.

Self-review

- 203. The employee completes a self-appraisal on an approved template.
- 204. The completed self-appraisal is made available to the line manager at least three days prior to the review meeting which should ideally occur annually by the end of February.

Review meeting

- 205. Line managers prepare their own assessment comments for the review meeting.
- 206. The staff member and line manager meet to discuss findings, performance, future goals and development needs.

207. The discussion includes opportunities for both parties to clarify and explain their comments.
208. The following areas are covered as part of the discussion.
- a) Review performance work goals:
 - i. review the statement of duties and any other documentation about the role, ensuring that the position description reflects the current duties of the role;
 - ii. review work goals established at the last review;
 - iii. review progress against documented work goals;
 - iv. review assessment information provided by employee, reviewer and any others, identifying areas of strength and achievement and areas for improvement including the outcomes of the optional 360 review;
 - v. review impediments to work performance and factors impacting on the person's job performance and satisfaction.
 - b) Goals for next twelve months (shorter period can be arranged if necessary):
 - i. consider the organisation's strategic plans and the team's objectives or service plan;
 - ii. establish work goals which are closely related to the job role and the outcomes required in the objectives.;
 - iii. agree how the goals will be measured and reported;
 - iv. identify any training and development needs necessary for the employee to achieve the goals;
 - v. where performance is satisfactory or above satisfactory, identify any incentives, rewards or recognition appropriate to acknowledge the achievement of goals.
 - c) Identify action:
 - i. Identify any training and development needs, focussing on areas that could be improved or where outstanding performance could enable the employee to play a mentoring and support role with other employee;
 - ii. identify any resourcing or support required;
 - iii. identify any other action.

Optional 360 review

209. All staff have the option of requesting a 360 review as part of their annual PPR.
210. The line manager and employee meet to:
- a. discuss the 360 review process;
 - b. tailor the survey questions to each individual and to their position;
 - c. choose at least 5 colleagues to be surveyed;
211. Survey participants, following advice that they have been selected to participate in a 360 review process of their colleague and their role, may opt-out.
212. Survey participants will then be provided specific training in 360 review, including the provision of constructive feedback, how it will be used and the primacy of confidentiality.
213. Once administered, the survey should be completed within 1 week.
214. The survey results will be provided to the line-manager who will prepare a report for discussion with the staff member during their review session.

Records management

215. A record of the main discussion points and agreed actions is written at the meeting or immediately by the line manager.
216. The record of discussion is reviewed by line manager and the staff member, corrections or changes made, and a final version signed by both parties.

217. Documentation of the review should be completed within two weeks of the review meeting.
218. The record is kept on a confidential personnel file in OM.
219. The record is should be used as reference for the implementation of the agreed actions and for consideration of progress at the next review.

Managing poor performance

220. If problems are identified as the result of ongoing performance monitoring, the line manager and a Human Resources representative will implement a formal performance management process, as follows.

Formal counselling (First Warning)

221. A meeting is scheduled with the staff member who is to be informed of the reason for the meeting.
222. The staff member has the option of nominating a support person or union representative to be present.
223. During the counselling meeting the line manager will:
 - a) ensure that the staff member understands the objectives and serious nature of the counselling;
 - b) clarify for the staff member why their performance is unsatisfactory and the possible ramifications;
 - c) provide the staff member with the opportunity to respond to the concerns raised;
 - d) identify and seek agreement on reasons for non-achievement of goals;
 - e) discuss a plan of action to address the reasons for non-achievement;
 - f) set a timeframe by which the performance issues will be addressed (six to eight weeks is recommended); and
 - g) identify any further training and development needs necessary for the employee member to achieve the goals.
224. All agreed outcomes must be documented and signed by the line manager and the member of staff.
225. The record is kept on a confidential personnel file.

Formal counselling (Second Warning)

226. If the performance issues are not addressed within the agreed time frame, the line manager will schedule another review meeting at which the issues will be reviewed, and a revised timeline will be agreed for the performance issues to be addressed.
227. The staff member has the option of nominating a support person or union representative to be present.
228. All agreed outcomes must be documented and signed by the line manager and the member of staff.
229. The record is kept on a confidential personnel file.

Final warning (Final Probation)

230. If after the first and second warnings have been given the staff member's performance does not improve then the line manager will schedule a final warning meeting.
231. The staff member has the option of nominating a support person or union representative to be present.
232. The purpose of this meeting is to clarify for the staff member that they are to be placed on a period of final probation and are required to address the issues immediately and advise them of the options if they do not achieve the agreed goals.

- 233. The Operations Director or Academic Director (as appropriate) will attend this meeting.
- 234. All agreed outcomes must be documented and signed by the line manager and the member of staff.
- 235. The record is kept on a confidential personnel file.

Termination

- 236. Should performance be deemed to be unsatisfactory at the end of the final probation period the line manager, in consultation with the Senior Manager will consider all other options available including extension of probation, restricting work role, or delaying salary progression.
- 237. Should any of these options be considered at this late stage, this is considered an extension to the final probation and the same process for *Final Probation* is to apply.
- 238. If there is still no agreed improvement in performance, then termination will be the final step.
- 239. Before commencing dismissal processes, the line manager, a Senior Manager, and a Human Resources representative will review all documentation to ensure that the processes have been fair and objective and that the staff member has been given both the opportunity and the support to improve their performance.
- 240. Where agreement is reached to terminate the member of staff, the procedure outlined in the section on *Cessation of Employment (Termination)* apply.

Dispute resolution

- 241. Where there is a disagreement between a staff member and their supervisor about any part of the PPR process, the matter should be elevated to the relevant Senior Manager (Operations Director or Academic Director).

Associated information

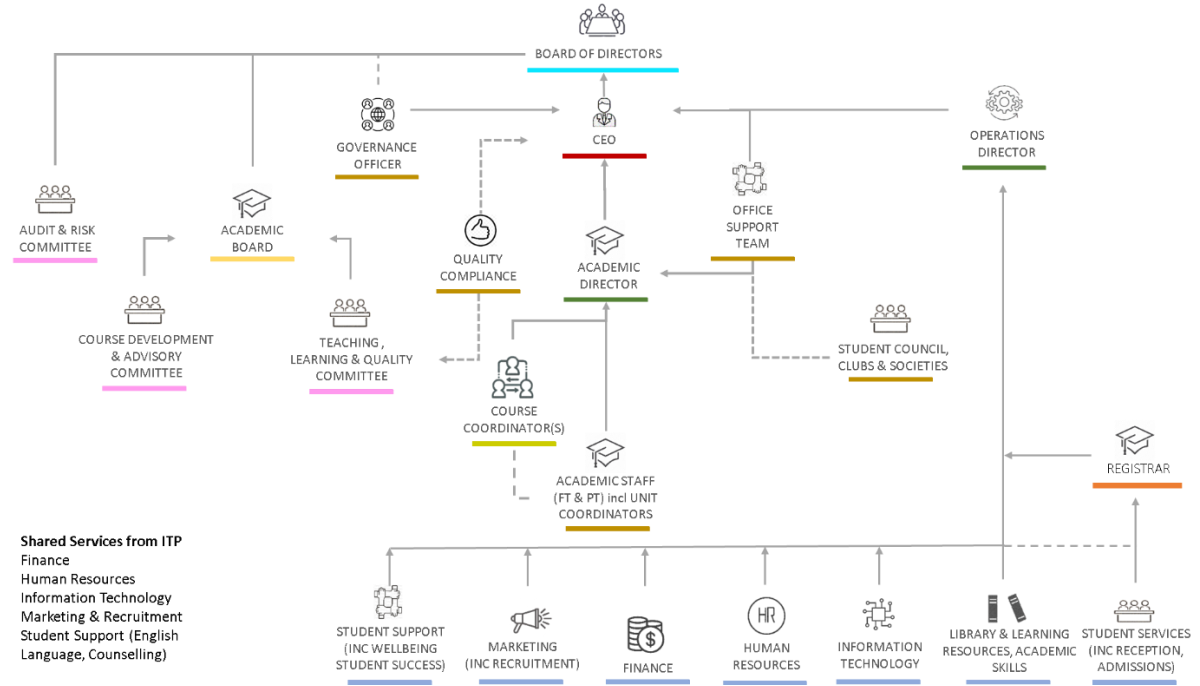
| | |
|---|--|
| Related Internal Documents | <p>Academic Freedom Policy Academic Staff Qualifications Policy Business Continuity Policy Conflict of Interest Policy Corruption, Fraud and Mismanagement Policy Critical Incident Policy Delegation of Authority Policy Governance Framework Intellectual Property and Copyright Policy Quality Assurance Policy Risk Management Policy Staff Academic Integrity and Academic Misconduct Policy Staff Scholarship Policy Student Academic Integrity and Academic Misconduct Policy Student Complaints, Grievances and Appeals Policy Student Disability Policy Student Diversity and Equity Policy Student Sexual Assault and Sexual Harassment Policy Glossary of Terms</p> |
| Related Legislation, Standards and Codes | <p><i>Tertiary Education and Quality Standards Agency Act 2011</i> <i>Higher Education Standards Framework (Threshold Standards) 2021</i> TEQSA Guidance Notes: <i>Academic Integrity, Version 1.2, Scholarship, Version 2.5, Determining Professional Equivalence, Version 2.2, Diversity and Equity, Version 1.2, Wellbeing and Safety, Version 1.2</i> <i>Education Services for Overseas Students Act 2000</i> <i>National Code of Practice for Providers of Education and Training to Overseas Students 2018</i> <i>Work Health and Safety Act 2012 (SA)</i> <i>Fair Work Act 2009 (Cth)</i> <i>Superannuation Guarantee (Administration) Act 1992</i> <i>Tax Administration Act 1953 (Cth)</i></p> |
| Date Approved | 29 January 2021 |
| Date of Effect | 29 January 2021 |
| Date of Review | June 2026 |
| Approval Authority | Board of Directors |
| Document Custodian | Operations Director |
| PinPoint DocID | 2835 |

Change history

| | | |
|------------------------|-------------|--|
| Version Control | Version 1.3 | |
| Change Summary | 16-Oct-20 | V1.0 Draft approved by Board of Directors (BoD) 29 January 2020 |
| | 12-Mar-21 | V1.1 revised version including BoD requested changes for approved by CEO (add PPR timeline, 360 review option, mandatory referee checks) |
| | 29-Nov-21 | V1.2 administrative updates |
| | 27-Jul-23 | V1.3 administrative updates following TEQSA registration |

Warning - Document uncontrolled when printed! The current version of this document is maintained on the GHE website at <https://www.globalhe.edu.au/policy>

Appendix One - Current organisational chart for GHE



Appendix Two - Staff Code of Conduct

1. All staff are required to promote the integrity of GHE by:
 - a) adhering to professional standards in their work and in their interactions with other employees and stakeholders of GHE. This includes being honest, impartial and conscientious when undertaking their duties;
 - b) maintaining the highest standards of integrity and honesty in their work;
 - c) adherence to ethical and legal standards to be maintained in business.
2. All staff are expected to support GHE in its efforts to create an open and mutually supportive work and learning environment by:
 - a) responsibly sharing information and giving willing assistance to other members of staff in furthering the goals and objectives of GHE;
 - b) not abusing a position of power or using a position to offer a benefit as a result of any relationship;
 - c) not using offensive language in either face-to-face or electronic communications;
 - d) not engaging in discrimination, harassment or bullying;
 - e) declaring all possible conflicts of interest.
3. All staff are required to consider and uphold compliance requirements mandated by legislative and regulatory requirements and codes, professional body accreditation requirements, GHE's contractual obligations with third parties and internal frameworks, policy and procedures.
4. All staff are required to comply with all reasonable and lawful instructions of managers/supervisors.
5. All staff are to strictly observe occupational health and safety rules, responsibilities and practices at all times.
6. All staff are to adhere to requirements of confidentiality of any information, records or other sensitive material acquired during the course of employment and/or after the cessation of employment with GHE.
7. All staff must adhere to the guidelines for the proper intended use of and respect for GHE equipment, information, electronic systems, supplies and property (including intellectual property).
8. All staff have a responsibility to ensure that resources are used only for legitimate purposes and not wasted, abused, used improperly or extravagantly.
9. Staff are not to possess, distribute, sell, consume or be under the influence of drugs or alcohol while in the workplace.
10. Staff are not to compete with or against the interests of GHE, either directly or indirectly. This includes a duty not to engage in outside employment without the prior approval of GHE.

Additional standards expected of supervisors

11. Supervisors are required to:
 - a) act equitably and consistently in their dealings with all their staff;
 - b) ensure their staff understand the performance standards expected of them;
 - c) provide guidance and directions to staff in a reasonable way;
 - d) provide equitable access to appropriate development and promotional opportunities;
 - e) reasonably and flexibly accommodate the needs of staff with a disability, illness, family responsibilities or to allow religious or cultural observance.

Workplace bullying

12. Workplace bullying is repeated and unreasonable behaviour that can be carried out in a variety of ways (including through email and text messaging or social media channels) and is directed towards a worker or a group of workers potentially creating a risk to health and safety.
13. Bullying, including workplace bullying, does not include reasonable management action that is carried out in a reasonable manner.
14. Examples of behaviours, whether intentional or unintentional, that may be regarded as workplace bullying if they are repeated include:
 - a) abusive, insulting or offensive language or comments;
 - b) unjustified criticism and/or spreading misinformation or malicious rumours;
 - c) deliberately excluding someone from the workplace or from a particular project/activity in which they would normally expect to be involved and/or unreasonably changing deadlines and timelines;
 - d) withholding information or denying access to resources that are vital for effective work performance;
 - e) setting tasks that are unreasonably below or beyond a person's skill level; and/or
 - f) changing work arrangements to deliberately inconvenience a particular worker or workers.

Sexual harassment

15. Sexual harassment is:
 - a) unwanted sexual advances, unwelcome requests for sexual favours, or other unwelcome conduct of a sexual nature; and
 - b) in the circumstances, a reasonable person would have expected you to be offended, humiliated or intimidated by this behaviour.
16. Depending on the circumstances, any of the following could be sexual harassment:
 - a) staring or leering in a sexual manner;
 - b) unwelcome wolf whistling;
 - c) comments about a person's physical appearance or sexual characteristics;
 - d) sexual or physical contact, such as slapping, kissing touching, hugging or massaging;
 - e) displaying or circulating sexual material, for example on a noticeboard or by email;
 - f) repeated sexual invitations when the person has refused similar invitations before;
 - g) initiation ceremonies involving unwelcome sexually related behaviour;
 - h) intrusive questions about sexual activity;
 - i) sexual assault (also a crime under the *Crimes Act*).

Appendix Three - Position Description Template

Please use the template in PinPoint DocID: 2990

Position Title

Position Description

| | |
|--|--|
| Position Title: | |
| Job Category: | |
| Direct Manager: | |
| Location: | |
| Direct Reports: | |
| Appointment | |
| Date Approved: | |
| Approved by: | |
| Position in GHE Organisation Chart: | |

Job Purpose

Key responsibilities

The Academic Director's duties will include (but not be limited to) the following.

Sub-heading

1. xx
2. xxx
 - a) xxxx
 - b) xxx

Sub-heading

3. etc

Organisational compliance

Qualifications and training required

- Minimum of a doctoral qualification in a relevant field.

Experience, knowledge and skills required

Mandatory

- www

Desirable

- cccc

Personal attributes

- xxx