

Protective Services Group (PSG) Health Standards (Extract)

**Information contained within this document should be used as a guide only.*

Protective Services Group (PSG) requires recruits and Senior Protective Services Officers (SPSOs) to perform their duties without detriment to the safety and welfare of themselves, other members of the Service or the general public taking into account access to medication, treatment or equipment, the aggravation of existing medical conditions and the risk imposed upon other SPSOs or the general public while remaining operationally effective during adverse or abnormal conditions for extended periods of time.

A person must demonstrate sufficient physical and mental fitness to meet the genuine occupational requirements and demands of a protective services officer.

Genuine Occupational Requirements of an SPSO

GENERAL REQUIREMENTS

- Participate in Operational Skills and Tactics Training (OST).
- Demonstrate the ability to carry out security duties in a range of government and court buildings, often requiring prolonged periods of standing and patrolling.
- Maintain alertness and situational awareness in high-traffic, high-pressure public environments.
- Make timely decisions under pressure, including managing conflict or incidents involving members of the public.
- Comply with legislative, procedural, and ethical obligations while upholding the integrity of the Queensland Police Service (QPS) and the Queensland Government.

COMMUNICATION REQUIREMENTS

- Communicate confidently and respectfully with members of the public, staff, and emergency responders, including during stressful or confrontational situations.
- Provide clear verbal instructions, directions, or warnings in potentially noisy, tense, or chaotic environments.

- Record accurate details of incidents and observations in written reports that may be used for legal or operational purposes.
- Understand and adapt to the cultural, linguistic, or emotional needs of the people being engaged.

OBSERVATION AND MEMORY SKILLS

- Remain highly observant during routine patrols or static duties, including identifying suspicious behaviour or security vulnerabilities.
- Hear and comprehend information without eye-view of the speaker.
- Ability to effectively apply relevant aspects of legislation, policies and procedures.

RESILIENCE AND ADAPTABILITY

- Work across varied shifts, including nights, weekends, and public holidays, adjusting to changes in workload, location, or operational priorities.
- Operate independently or as part of a small team, showing initiative, discretion, and the ability to adapt to procedural or environmental changes.
- Ability to operate effectively in stressful and physically demanding situations.
- Cope with irregular meal and toilet breaks during a shift.
- Mental ability to manage and deal with stressful, traumatic, and hazardous situations.
- Ability to deal with challenging and/or emotional people.
- Deal with general physical abuse, verbal abuse, and aggressive behaviour

PHYSICAL AND COGNITIVE REQUIREMENTS

Strength	Able to lift/restrain/push/pull non-compliant persons of any weight without assistance. Overall strength and co-ordination is needed to restrain suspect whilst applying handcuffs (under supervision)
Physical agility	Able to stand or sit for prolonged periods of time and perform dynamic neck movements, squatting and kneeling.

Pushing/pulling	Occasionally pushing and pulling light containers in courts.
Walking/sitting	Walking for up to 12 hours/day including in some circumstances with limited visibility due to limited source of lighting. Ascend/descend flights of stairs on a variety of surfaces.
Lifting	Miscellaneous items up to 15kg from floor to shoulder height. Must be able to hold and manoeuvre a scanning wand when conducting body scans on members of the public.
Hearing	Imperative for communication – may require interaction with members of the public and utilise radio and mobile. Potential exposure to noise.
Visual acuity	Must be able to read identification/monitor CCTV footage.
Shift work	May be required to be perform duties during a 24/7 roster.
Uniform	Wear Protective Services uniform in view of public.
Equipment	May be required to wear a radio, torch, baton, handcuffs and carry a notebook.
Administrative work	Sitting and/or computer use for up to 12 hours with capacity to alter position.
Critical analysis	Ability to observe, evaluate and analyse specific situations with reference to person, object, location and level of risk involved in operational decision making.
Communication	Succinct, calm and logical communication skills to liaise with a broad spectrum of society including co-operative/uncooperative persons and culturally diverse members of the public.
Application of knowledge	Must be able to effectively apply relevant legislation, policies and procedures including the Protective Services Use of Force Model ie: restraining techniques in applicable situations and as directed by Senior Protective Security Officer, search powers and techniques.
Rationality	Ability to deal with challenging people, manage competing demands and emergent situations, make sound decisions under pressure.
Risk analysis	Ability to maintain a high/prolonged level of risk analysis in hostile environment and constant vigilance.
Work ethic	Ability to work autonomously, as part of a team in a diverse and dynamic work environment.

Determining Suitability

A person must be deemed “fit for service” prior to commencement of training to become an SPSO (herein referred to as the Applicant). For the purposes of this Standard, ‘fit for service’ is defined as having sufficient physical and mental fitness to meet the genuine occupational requirements and demands of an SPSO. Any medical condition which could suddenly and/or unexpectedly render a person incapable of carrying out the duties of, or prevent them from automatically performing those duties, may make the applicant unsuitable. Each case is to be considered on its individual circumstances. As detailed in this document, advice from relevant medical specialists must be sought before a decision is made about being “fit for service” or otherwise. The following critical risk factors must be considered where a medical condition is identified:

- Is the medical condition prone to sudden deterioration which may render the applicant suddenly and/or unexpectedly incapable of undertaking duties;
- Is the functional ability or safety and welfare of the applicant dependent on uninterrupted access to medical, special dietary concession, aids or equipment;
- Will the medical condition allow the applicant to remain operationally effective under adverse or abnormal conditions for extended periods of time;
- Could the medical condition expose other staff or members of the public to the risk of serious harm and injury;
- Could the performance of duties be expected to aggravate an existing medical condition;
- Will the medical condition allow the uninterrupted completion of the physical training program.

Note: The individual health standard components (Physical Health and Mental Health) are very specific, with fixed criteria. If the standard clearly indicates that a person does not meet a component of the Health Standards, then the critical factors cannot be used to determine suitability. Suitability must be made in accordance with the components of Health Standards.

Specialist Reports

To assist the medical provider (and QPS) in determining suitability, some additional information or reports may be required from relevant medical specialists. It is important that the health care professionals provide sufficient information/reports that adequately address the below points, with consideration given to the Genuine Occupational Requirements, Critical Factors, and Health Standards which are detailed in this PSG Health Standards document. Additional medical reports should address the following points:

- Details regarding the condition/injury.
- Onset of condition/injury.
- Cessation of condition/injury or a notation that the condition is ongoing.
- Cause.

- Symptoms.
- Diagnosis.
- Treatment.
- Risk of re-injury/re-aggravation of condition/injury in comparison to the general population.

Physical Health Standards

1. VISION

Component	Standard	Relevant Comments
Monocular vision	Visual acuity greater than or equal to 6/12 in the better eye, with correction if needed; must be a minimum of 6/36 uncorrected.	May still be considered with a report from a specialist.
Binocular acuity distant	Applicants must have a corrected binocular visual acuity of 6/6 with a corrected visual acuity of 6/12 in the better eye.	May still be considered with a report from a specialist.
Binocular acuity near	Corrected near vision must be N8.	The visual correction must either be contact lenses or glasses.
Colour vision	Colour vision anomaly is screened for using the 24 plate Ishihara test with 4 or more errors constituting a failure. If abnormal, further colour vision testing is required using the Farnsworth D15 test.	If the Farnsworth D15 test result is abnormal, the applicant will require referral to a specialist ophthalmic practitioner for further assessment. Colour correction lenses (contacts or spectacles) are not permitted.
Peripheral vision	Greater than 60 degrees either side of the meridian horizontally and greater than 20 degrees vertically above and below the horizontal.	
Stereopsis	Minimum degree of binocular fusion and stereopsis must be 40 seconds of an arc on a screening test.	Applicants can be assessed by an ophthalmologist for cause and possible correction.
Diplopia (double vision)	Diplopia does not meet the standard.	

Other eye conditions	Report from an ophthalmologist, treating doctor or other suitably qualified medical practitioner is needed.	All candidates who have undergone LASIK and LASEK Eye Surgery, must wait 3 months post-surgery before being cleared medically fit.
-----------------------------	---	--

2. HEARING

Component	Standard	Relevant Comments
Audiometry	Pure tone thresholds must be ≤ 35 db in both ears at each of the following frequencies - 500Hz, 1KHz, 2KHz, 3KHz, 4KHz. This standard must be achieved without hearing aids.	<p>Supplementary unaided criteria: If the standard is not met the supplementary criteria are all of:</p> <ul style="list-style-type: none"> • Pure tone thresholds averaging ≤ 25db in both ears at 500Hz, 1KHz, 2KHz, 3KHz • Pure tone thresholds ≤ 35db in both ears at each of for 500Hz, 1KHz, 2KHz, 3KHz • Pure tone thresholds in each ear ≤ 45db at 4KHz <p>The supplementary criteria can be met unaided or with hearing aids if used. Applicants need to be able to hear normal conversational sounds, be able to distinguish commands or instructions in a noisy environment and be able to hear radio and telephone broadcasts.</p>

3. MUSCULO-SKELETAL AND BMI

Component	Standard	Relevant Comments
Musculo-skeletal history	Shoulder dislocation (single or recurrent) does not meet the standard. Surgical repair is required to meet the standard. Knee instability does not meet the standard. Surgical repair is required to meet the standard. An unrepaired ACL rupture does not meet the standard. Any significant injury or surgery to the musculo-skeletal system including significant	Applicants with single or recurrent shoulder dislocation or knee instability and has received surgical repair, must have returned to full activity over at least a year; and the treating surgeon certifies there is no increased risk of re-injury.

	knee, back and shoulder injuries require an orthopaedic review or neurosurgical review unless there is a lengthy period of demonstrated fitness following injury or surgery.	Applicants who have had shoulder or knee reconstruction within the last five years require a report from an Orthopaedic surgeon. Applicants who have not had surgical repair but can provide relevant information from an orthopaedic surgeon (and if practical from a physiotherapist re rehabilitation) are encouraged to provide the information as part of the PEMS process.
Arthritis / Bone or joint problems	The conditions must not interfere with the ability to perform the operational duties of an SPSO.	Applicants who have had shoulder or knee reconstruction within the last five years require a report from an Orthopaedic surgeon.
Shin splints/medial tibial stress syndrome	A history of medial tibial stress syndrome must be resolved prior to clearing the medical assessment.	A medical report supporting this will be required from the treating doctor.
BMI		BMI is used as a screening test only and is not, in itself a criterion for exclusion. Any applicant with a BMI at end of range (low or high) should be carefully screened. Waist circumference and evidence of the applicant's fitness (including the meeting the fitness standards) is also considered as part of the screening process.

4. ENDOCRINE DISORDERS

Component	Standard	Relevant Comments
Insulin dependent and non-insulin dependent diabetes	HbA1c in the range of 6.1 – 8.0 for a period of 12 months (tested on four occasions at three-month intervals). No hypoglycaemic events in the last 12 months. No end organ damage.	Disturbance of consciousness is a major determining factor for qualifying as being of acceptable risk for SPSO duties. The treating GP must complete a report confirming HbA1c results or alternatively provide copies of pathology results.

		<p>Medication must be safely accessible in both the regular treatment cycle and in times of emergency.</p> <p>A person with insulin dependent diabetes may be at particular risk due to the unpredictable nature of SPSO duties. Applicants who have prescribed insulin or an insulin pump are likely to meet the standard if the person can demonstrate a well-controlled hypoglycaemic history whilst using insulin. A report from the treating GP is required.</p>
--	--	---

5. NEUROLOGICAL CONDITIONS

Component	Standard	Relevant Comments
Epilepsy	A period of 2 years without seizures and medication free is required.	The treating neurologist must complete a report.
Migraines or persistent headaches	Migraines and persistent headaches must be controlled, and the applicant will be required to demonstrate no prolonged periods of incapacity	Persistent migraines or headaches during the past two years require further information in the form of a report from a treating doctor.

6. BLOOD PRESSURE

Component	Standard	Relevant Comments
Systolic blood pressure	A systolic blood pressure which is greater than 140mmHg must be referred for assessment.	An echo-cardiogram diagnosis and if appropriate, measurement of cardiac function is required. If there is any dysfunction then a cardiologist report is required. Treated hypertension may meet the standard if undertaking treatment (nil adverse side effects). A report from a treating doctor is required.
Diastolic blood pressure	A diastolic blood pressure that is greater than 90mmHg needs to be referred for assessment	

7. CARDIAC

Component	Standard	Relevant Comments
Any murmur or abnormal cardiac sound	These are documented and a letter of advice, in which there is a request for diagnosis.	An echo-cardiogram diagnosis and if appropriate, measurement of cardiac function is required. If there is any dysfunction then a cardiologist report is required.
Cardiac rhythm disturbances	Recurrent arrhythmias resulting in syncope or pre-syncope do not meet the standard.	The treating general practitioner or cardiologist must complete a comprehensive report.
Pacemaker	An assessment of the probability of a syncopal attack or other incapacitating event must be evaluated.	A report from the treating cardiologist will be required.

8. SLEEP DISORDERS

Component	Standard	Relevant Comments
Narcolepsy and sleep apnoea	Inadequately treated narcolepsy or sleep apnoea is incompatible with general duties policing. The applicant will be unsuitable until the condition is adequately treated.	An Epworth Sleepiness Scale or the equivalent validated instrument must be administered as part of the medical assessment. A report will be required from the treating specialist.

9. RESPIRATORY

Component	Standard	Relevant Comments
Past or current history of asthma	Asthma treated with oral corticosteroids does not meet the standard. Asthma with a low dose inhaled preventative is likely to meet the standard if spirometry is normal.	Each case needs to be assessed on the history and examination.

10. INFECTIOUS DISEASES

Component	Standard	Relevant Comments
SARS-CoV-2	Acute infection with SARS-CoV-2 does not meet the standard. Previous history and full recovery meet the standard.	

Hepatitis B	Infection with blood-borne virus would not preclude entry unless associated symptoms that could interfere with operational duties.	HEP B immunisation required. Recruiting provides additional information to applicants.
HIV-AIDS	Symptomatic HIV infection is unlikely to meet the standard. Asymptomatic HIV infection may be suitable but will require further investigation and assessment by an infectious disease specialist.	ability to perform the genuine occupational requirements of policing.

11. CANCER

Component	Standard	Relevant Comments
Cancer	Must be free of disease and no longer receiving treatment.	A report from the treating doctor / specialist must confirm the applicant is not impaired by any side-effects from treatment and can undertake the genuine occupational requirements of policing.

12. ALLERGIES

Component	Standard	Relevant Comments
Allergies (including food and drug allergies)	Used as a screen test only and is not, in itself a criterion for exclusion. Any allergies must not interfere with the applicant's ability to perform the duties of an SPSO.	A report from a treating doctor may be required. Report should include history of anaphylaxis and use of Epipen.

13. SKIN DISORDERS

Component	Standard	Relevant Comments
Skin infections	A report from a treating general practitioner or specialist is required. Each case will be assessed on an individual basis.	A report from a treating general practitioner or specialist is required.
Other skin disorders	The capacity of the skin to act as a barrier must be assessed. If suitable protection cannot be achieved, then restrictions are needed and may make the person incompatible with general duties policing duties.	A report from a treating general practitioner, and in severe cases a treating dermatologist may be needed.

14. HEIGHT, WEIGHT AND BODY MASS INDEX

Component	Standard	Relevant Comments
Obesity	BMI is used as a screening test only and is not, in itself a criterion for exclusion. Any applicant with a BMI at end of range (low or high) should be carefully screened. If BMI is in the obese range (>30 for Caucasians)	Measurements of obesity are recommended but the result must be interpreted by the assessing and clearing health professional based on the

	<p>then the following justification must be provided by the assessing and clearing health professional for passing the applicant as FIT:</p> <ul style="list-style-type: none"> • risks related to the high/low BMI • applicants' overall functionality <p>If BMI is less than 20, the above justifications must be provided by the assessing and clearing health professional for passing the applicant as FIT.</p>	<p>overall capacity of the applicant to perform the job.</p> <p>If BMI is >30 or BMI is <30 the assessing health professional must provide relevant comments/justification for passing the applicant FIT.</p>
--	--	---

15. GASTROINTESTINAL

Component	Standard	Relevant Comments
Hernias	Applicants must be free from hernias. If they have had surgical correction, it must be at least 3 months post-surgery before clearing the applicant.	For recent cases, a report from a treating doctor is required indicating the applicant has fully recovered from the surgery.
Irritable Bowel Syndrome	Likely to meet the standard if there is no functional impairment.	A report from a treating doctor will be required.
Crohn's Disease or Ulcerative Colitis	Likely to meet the standard if recovered or on treatment with no restrictions.	A report from a treating doctor will be required.
Urinary System	Renal and Urological conditions would preclude suitability only if they were likely to significantly interfere with SPSO recruit training or operational duties.	A specialist report will be required.
PREGNANCY	Applicants who are pregnant are unsuitable until after confinement.	Protective services training is not considered suitable for pregnant women because of operational safety and skills training.

16. MEDICATION

Component	Standard	Relevant Comments
Prescribed medication	A report must be provided from a medical practitioner.	The requirement for a treating medical practitioner report may be waived by the assessing or clearing medical practitioner if, in their opinion, the nature of the medication and the medical disorder do not warrant this advice.

Over-the-counter medication	The applicant is required to list such medication and state the reason for taking it.	The clearing doctor should consider advice or restrictions as appropriate with particular attention to the reason the preparation is being taken. Review and report by the applicants treating general practitioner may be required.
Psychoactive medication	Applicants taking psychoactive medication, in particular antidepressants and sedatives would be unsuitable. Applicants must be two years medication free.	

Mental Health Standards

It is essential that applicants are free of any mental illness, psychological symptoms or cognitive disability that would prevent them from performing SPSO duties.

The mental fitness standards for joining PSG are quite stringent. Persons who have a psychiatric or psychological condition which would otherwise prevent them from performing unrestricted operational duties cannot be selected for employment. These standards have been set not only to protect the QPS and its existing members, but also to protect applicants and their future health by avoiding the risk of relapse or symptom reaggravation of previous mental health conditions/symptoms, which may be aggravated by the psychological demands of SPSO duties.

Applicants must demonstrate they are not currently suffering any psychiatric/psychological condition/s, disorder/s or experiencing any symptoms. The risk of exacerbation of any previous mental health condition/symptoms must not be significant. As a general guideline, applicants need to demonstrate two years of stability (i.e. cessation of all symptoms) and off treatment before being deemed suitable to meet the occupational requirements of a SPSO. For more significant and/or ongoing conditions, this period is longer.

Although a two-year period of stability (i.e., absence of symptoms and treatment) is cited as a general guideline for determining an applicant's psychiatric fitness, it is acknowledged that the specific timeframe will vary on a case-by-case basis depending on the nature, severity, duration, treatment and future prognosis of each person's mental health history. Any history of Psychosis, Major Depression, Major Mood Disorder or other major significant psychiatric illness MUST have been stable for 5 continuous years.

Where there is a recent history or symptoms of psychiatric, psychological or mental health condition/s, a comprehensive written report from the applicant's treating psychiatrist, psychologist or mental health practitioner will be required. The report will need to address the following points:

- The nature of the psychiatric, psychological or mental health condition (e.g., suspected or established diagnosis);
- The duration of the psychiatric/psychological condition, including onset and cessation dates;
- The severity of the psychiatric/psychological condition, including impacts on personal, academic, occupational and social functioning;
- The treatment of the psychiatric/psychological condition, including type (e.g., counselling, medication, hospitalisation) and duration (onset and cessation dates);
- The risk of relapse and/or exacerbation of the psychiatric/psychological condition;
- The current level of risk of harm (to the person and/or others) if the person is exposed to the psychological and physical operational stressors; and

- Any other risk and/or protective factors that may impact the person's ability to perform the genuine occupational requirements of an SPSO.

The applicant's treating psychiatrist, psychologist, or mental health practitioner must also complete the 'QPS Psychiatric Assessment Form', which is available from the approved Pre-Employment Medical Screening (PEMS) provider at time of completing the medical assessment. This includes consideration of the genuine operational requirements of SPSO duties, including, but not limited to:

- Physical abuse and aggression
- Verbal abuse and aggression
- Exposure to death or life-threatening injury
- Body fluid contact
- Needlestick injury
- Risk of contracting blood borne infections

1. MOOD DISORDERS

Component	Standard	Relevant Comments
Diagnosed with, or experienced symptoms of Major Mood or Affective Disorders	<p>A person who has been diagnosed with, or experienced symptoms of, a major mood disorder must obtain a comprehensive report from their treating psychologist, psychiatrist or mental health practitioner. The person must demonstrate that: a) they are fully asymptomatic and off all treatment (e.g., medication, therapy, counselling, etc.) and b) the risk of relapse or symptom reaggravation is not significant. In addition, the person must be able to cope with the psychological demands of SPSO duties.</p> <p>The psychiatrist/psychologists' report must specify the nature, duration and severity of the disorder, alongside information about any treatment (e.g., medication, therapy) and side-effects. Any history of relapse and/or a prolonged period of depressive symptoms will increase the level of risk and may therefore require a longer period of stability than 2 years.</p>	A person diagnosed with, or exhibiting symptoms of a mild mood disorder may be considered eligible if they provide a report from their medical practitioner confirming that their condition has remained stable on medication for a significant period of time. The report must be issued by a medical practitioner with detailed knowledge of the person's medical history, or alternatively, by a psychologist.

2. ANXIETY DISORDERS

Component	Standard	Relevant Comments
-----------	----------	-------------------

<p>Diagnosed with, or experienced symptoms of Major Anxiety Disorders including, but not limited to, Generalised Anxiety Disorder, Obsessive-Compulsive Disorder, and Post-Traumatic Stress Disorder</p>	<p>A person who has been diagnosed with, or experienced symptoms of, a major anxiety disorder must obtain a comprehensive report from their treating psychologist, psychiatrist or mental health practitioner. The person must demonstrate that: a) they are fully asymptomatic and off all treatment (e.g., medication, therapy, counselling, etc.) and b) the risk of relapse or symptom reaggravation is not significant. In addition, the person must be able to cope with the psychological demands of SPSO duties.</p> <p>The psychiatrist/psychologists' report must specify the nature, duration and severity of the disorder, alongside information about any treatment (e.g., medication, therapy) and side-effects. Any history of relapse and/or a prolonged period of depressive symptoms will increase the level of risk and may therefore require a longer period of stability than 2 years.</p>	<p>A person diagnosed with, or exhibiting symptoms of a mild mood disorder may be considered eligible if they provide a report from their medical practitioner confirming that their condition has remained stable on medication for a significant period of time. The report must be issued by a medical practitioner with detailed knowledge of the person's medical history, or alternatively, by a psychologist.</p>
---	---	--

3. ADJUSTMENT DISORDERS

Component	Standard	Relevant Comments
<p>Diagnosed with, or experienced symptoms of adjustment disorders including, but not limited to, subtypes with Depressed Mood, Anxiety, Mixed Anxiety and Depressed Mood</p>	<p>A person who has been diagnosed with, or experienced symptoms of, an adjustment disorder must obtain a comprehensive report from their treating psychologist, psychiatrist or mental health practitioner. The person must demonstrate that: a) they are fully asymptomatic and off all treatment (e.g., medication, therapy, counselling, etc.) and b) the risk of relapse or symptom reaggravation is not significant. In addition, the person must be able to cope with the psychological demands of SPSO duties.</p> <p>The psychiatrist/psychologists' report must specify the nature, duration and severity of the disorder, alongside information about any treatment (e.g., medication, therapy) and side-effects. In particular, the report should include information pertaining to the person's concentration</p>	<p>A person diagnosed with, or exhibiting symptoms of a mild mood disorder may be considered eligible if they provide a report from their medical practitioner confirming that their condition has remained stable on medication for a significant period of time. The report must be issued by a medical practitioner with detailed knowledge of the person's medical history, or alternatively, by a psychologist.</p>

	levels, attention span, impulsivity, emotional and behavioural control, and propensity for self-harm. Any history of relapse and/or a prolonged period of depressive symptoms will increase the level of risk and may therefore require a longer period of stability than 2 years.	
--	--	--

4. PSYCHOTIC DISORDERS

Component	Standard	Relevant Comments
Diagnosed with, or experienced symptoms of psychotic disorders including, but not limited to, delusional disorder, Schizophrenia, or other thought disorders or hallucinations	Any person who has been diagnosed with, or experienced symptoms of, a psychotic disorder will be deemed unsuitable to perform the genuine occupational requirements of an SPSO.	If the psychotic disorder was acute, mild intensity, defined by a specific precipitating cause, rapidly resolved with treatment, and/or ceased more than two (2) years ago, the case may be considered. The person must demonstrate that they have been fully asymptomatic and functioning effectively without any treatment for at least two years. Additionally, the risk of relapse or reaggravation of previous symptoms must not be significant.

5. ATTENTION-DEFICIT/HYPERACTIVITY DISORDER

Component	Standard	Relevant Comments
Diagnosed with, or experienced symptoms of: Attention-Deficit Disorder (ADD) Attention-Deficit Hyperactivity Disorder (ADHD)	Any person who has been diagnosed with, or experienced symptoms of this condition must obtain a comprehensive report from a psychiatrist or psychologist specialising in this specific disorder. Ordinarily, the person must be able to demonstrate that: a) they are fully asymptomatic and off treatment (e.g., medication, therapy, counselling, etc.) for a minimum period of two years; and b) the risk of relapse or symptom reaggravation is not significant.	A person diagnosed with, or exhibiting symptoms of a mild mood disorder may be considered eligible if they provide a report from their medical practitioner confirming that their condition has remained stable on medication for a significant period of time. The report must be issued by a medical practitioner with detailed

	The psychological report must specify the nature and severity of the disorder, alongside information about any treatment (e.g., medication, therapy) and side-effects. The report should also outline the extent to which inattention and impulsivity is typically manifest in social, academic, and occupational settings.	knowledge of the person's medical history, or alternatively, by a psychologist.
--	---	---

6. LEARNING DISORDER

Component	Standard	Relevant Comments
Diagnosed with, or experienced symptoms of learning disorder including, but not limited to, Dyslexia	Any person who has been diagnosed with, or experienced symptoms of, a learning disorder must obtain a comprehensive report from a psychiatrist or psychologist specialising in this specific disorder. Ordinarily, the person must be able to demonstrate that they are not suffering from any significant functional impairments (e.g., no marked deficits in literacy, learning/ training capability, academic performance, etc.)	The psychiatrist/psychologists' report must specify the nature and severity of the disorder, alongside information about any treatment (e.g., medication, therapy) and side-effects. In particular, the report must specify how the person's current academic functioning compares to the general population given the person's chronological age, measured intelligence, and age-appropriate education.

7. PERVASIVE DEVELOPMENTAL DISORDERS

Component	Standard	Relevant Comments
Diagnosed with, or experienced symptoms of pervasive developmental disorders including, but not limited to, Autism and Asperger's Syndrome	Any person who has been diagnosed with, or displayed symptoms of, a disorder such as Autism or Asperger's will be deemed unsuitable to perform the genuine occupational requirements of an SPSO.	

8. OTHER PSYCHOLOGICAL CONDITIONS

Component	Standard	Relevant Comments
Diagnosed with, or experienced symptoms of other psychological conditions. This includes, but is not limited to, the following: Substance Dependence, Impulse-Control Disorders, Eating Disorders, Personality Disorders, Self-Harm Behaviours, etc.	Must obtain a comprehensive report from a psychiatrist, psychologist or mental health practitioner.	A report from the treating psychiatrist, psychologist or mental health practitioner will be required where a recent (i.e., < 5 years ago) history of psychological issues is declared. Generally, a person will need to be asymptomatic and off treatment for a period of at least two years. Additionally, the risk of relapse or reaggravation of previous symptoms must not be significant.
Counselling, therapy, or psychotropic medication	A person who has consulted or received treatment from a psychiatrist, psychologist, counsellor, social worker, or other mental health practitioner (including general practitioner in some cases) for a psychiatric/psychological condition not covered by the aforementioned categories must be asymptomatic. Additionally, the risk of relapse or reaggravation of previous symptoms must not be significant. A person who has not suffered any psychiatric/psychological symptoms but rather undertook counselling for issues unrelated to a mental illness or disorder (e.g., career guidance, marriage or grief counselling, etc.) will typically not be considered as unsuitable and the two-year guideline may not apply. Each person will be evaluated on a case-by-case basis.	A comprehensive report from the treating psychiatrist, psychologist, counsellor, social worker, or mental health practitioner is required. The report must specify the nature, rationale, duration and severity of the treatment (i.e., medication, therapy, counselling, etc.) and/or mental health condition, alongside information about any other interventions or precautions that were required. Information about the risk of relapse and future exacerbation of symptoms is also requested.

Hospitalisation (treatment for a mental illness or psychological problem, either as an inpatient or outpatient)	<p>A person who has been admitted to a hospital (either voluntary or involuntary) for a psychiatric or psychological condition, or treated as an outpatient at a psychiatric hospital, must be asymptomatic for a minimum of two years. In addition, the risk of relapse or symptom reaggravation must not be significant.</p>	<p>A comprehensive report from the hospital's psychiatrist, psychologist or mental health professional is required. The report must specify the nature, duration, and severity of the mental health issue, alongside information about any treatment (e.g., medication, therapy) and side-effects</p>
--	--	---