Important: Before emailing this document to healthplacements@jcu.edu.au save it to your desktop or placement folder. If you are using a Mac, please save the form as a PDF before submitting.

Professional Experience Placement Student Declaration



Surname			Given Names				
Student Number			Degree program				
Mandatory Pre Clinical Requirement Declaration I declare that (please tick):							
 I will complete all immunisation and health requirements, as required in the Course I am enrolled in. I have complied with and will maintain all Professional Experience Placement requirements for my course as listed in the handbook and where required I will provide evidence of completion of the requirements to the University. Professional Experience Placement requirements may include, but not limited to: A National Criminal History Check A nationally accredited 'Apply First Aid' course from an Australian Registered Training Organisation A nationally accredited CPR course from an Australian Registered Training Organisation A Working with Children suitability check (Blue Card) issued by the Public Safety Business Agency any particular Facility requirements of which I am notified from time to time 							
	I will comply with any new or additional Professional Experience Placement requirements as notified or included in the Facility requirements for Student placement.						
□ I will notify d undertake Pr							
Where there is a pre-existing illness or disability such that your ability to practice in the chosen discipline may be impaired, the student must advise AccessAbility Services, James Cook University.							
I agree that while on Professional Experience Placement I will (please tick)							
Practice with	Practice within my scope of experience as a Student.						
	Wear the correct uniform and placement ID badge at all times (if applicable).						
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