

Clinical Placement Form

Graduate Certificate of Diabetes Education

STUDENTS MUST PLACE WITH A CREDENTIALLED DIABETES EDUCATOR

Please complete page 2 and submit to GCDEprac@jcu.edu.au

- 1) The Graduate Certificate of Diabetes Education requires you to complete supervised clinical placement with a Credentialed Diabetes Educator (CDE).
- 2) You are required to:
 - a) Source an organisation to host your clinical placement.
 - b) Provide the details of the organisation that is hosting your placement and the Preceptor who will be supervising your placement on page 2.
 - c) Show evidence that your Preceptor will support your completion of the clinical placement components of the course. Confirm that your Preceptor meets the guidelines the JCU Preceptor Criteria outlines.
- 3) Please complete page 2 and submit this document with your online application to the Graduate Certificate of Diabetes Education. A copy of this form also must be submitted to the Student Placement Officer GCDEprac@jcu.edu.au
- 4) Upon acceptance into the course, the James Cook University Clinical Placement Team and Course Coordinator will contact the organization hosting the placement to issue a JCU Student Placement Agreement.
 - a) A **JCU Student Placement Agreement** between your host venue and the University must be in place before you can commence your placement even if your host venue is also your employer. The University undertakes this process for you and we ask that you submit this form with your application to the course and the Student Placement Officer to ensure that we can conduct these negotiations before you are due to commence your placement(s). The University will advise you if you need to delay your placement whilst a JCU Student Placement Agreement is negotiated and advise you when you are able to commence your placement once it is in place.
- 5) The JCU Clinical Placement Team must receive evidence that you comply with all of the Pre-Placement Requirements as outlined on the Professional Experience Placement website before a placement can be undertaken. Please refer to: <https://www.jcu.edu.au/professional-experience-placement>

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STUDENT DETAILS SECTION: (student to complete BEFORE sending to facility)

LAST NAME		FIRST NAME			
STUDENT ID		PHONE NUMBER		EMAIL	
ARE YOU A CURRENT EMPLOYEE OF YOUR PLACEMENT?					

PLACEMENT CONFIRMATION SECTION:

PLACEMENT DATE	FROM		TO			
FACILITY NAME						
FACILITY POSTAL ADDRESS			STATE		P/CODE	
PRECEPTOR NAME		PRECEPTOR PHONE				
PRECEPTOR EMAIL		POSITION TITLE				
AHPRA REGISTRATION NUMBER						

PLEASE INDICATE WHETHER YOU ARE AN ADEA CREDENTIALLED DIABETES EDUCATOR.

<input type="checkbox"/>	<p><i>- I confirm that I am an ADEA Credentialed Diabetes Educator; and</i></p> <p><i>- I confirm that the required support will be provided to the student to undertake the clinical placement components of the course within this workplace</i></p>	<input type="checkbox"/>	<p><i>- I confirm that I am NOT an ADEA Credentialed Diabetes Educator; and</i></p> <p><i>- My CV is attached; and</i></p> <p><i>- I confirm that the required support will be provided to the student to undertake the clinical placement components of the course within this workplace</i></p>
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PLACEMENT REQUIREMENTS:

Please indicate any Placement Requirements the student may need to complete **PRIOR** to placement commencing:

Facility specific orientation (WHS, Fire Evacuation Training, Confidentiality etc.)	Student Deed Poll/Student Declaration (Hospital and Health Services/Local Health Networks ONLY)
CPR and First Aid	Mask Fit Test
Immunisation and Vaccination History	Current COVID-19 Vaccination/Current Flu Vaccination

Further Information/Other Requirements:

IN ORDER FOR JCU STUDENTS TO ATTEND PLACEMENT AT ANY FACILITY, A STUDENT PLACEMENT AGREEMENT/HEALTH SCHEDULE MUST BE IN PLACE. PLEASE PROVIDE THE CONTACT INFORMATION OF THE BEST PERSON TO FACILITATE AN AGREEMENT. (THIS MAY BE YOUR CLINICAL COORDINATOR OR PLACEMENTS TEAM)

CONTACT NAME		PHONE	
CONTACT EMAIL			

BY SIGNING THIS FORM, YOU ARE INDICATING YOU ARE WILLING TO HOST A JCU STUDENT AND IF YOU ARE A CREDENTIALLED DIABETES EDUCATOR.

PRECEPTOR SIGNATURE		DATE	
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