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 Numb	er		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 undertake							
			ch that your ability rvices, James Cook I	to practice in the chosen d University.	iscipline n	nay be	
I agree that while on Professional Experience Placement I will (please tick)							
Practice w	thin my scono of ovn						
	contraction of exp	erience as a Student	t.				
			t. at all times (if applical	ble).			
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