

Professional Experience Placement Student Declaration

PERSONAL DETAILS

Student ID		Discipline		Year Level	
Surname		Given Names			
Course of Study					

Every Student must fill out and submit the following declaration to confirm that they agree to and will fulfil the Course requirements for Professional Experience Placement.

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 Young 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 discipline specific staff if I have a physical, psychological or any other condition that may impact on my ability to undertake Professional Experience Placement and practice safely in the clinical environment.

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.

MANDATORY PRE-CLINICAL REQUIREMENT DECLARATION (cont)

During Placement

I agree that while on Professional Experience Placement I will

✓ Please tick

- | | |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Practice within my scope of experience as a Student. |
| <input type="checkbox"/> | Wear the correct uniform and placement ID badge at all times (if applicable). |
| <input type="checkbox"/> | Adhere to the placement Facility's procedures, policies and code of conduct. |
| <input type="checkbox"/> | Maintain the confidentiality of information concerning the personal affairs and health related information of Patients/Clients of the Facility in which I am to carry out my Professional Experience Placements during the length of the Course. |

During my enrolment I acknowledge that

✓ Please tick

- | | |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | I have read the current National Board policy for Registered Health Practitioners Social Media Policy and understand that it also applies to students in Board-approved Courses. I am aware of the potential implications of online behavior during social media communication and that it may affect my professional life and registration. |
| <input type="checkbox"/> | I have read and understood the current JCU Social Media Policy |
| <input type="checkbox"/> | I have read and understood the current JCU Student Conduct Policy |
| <input type="checkbox"/> | I have read and acknowledged the current Procedure for Infectious Disease for Students within the Division of Tropical Health & Medicine |
| <input type="checkbox"/> | I have read and understood the current JCU Review of a Student's Suitability to Continue a Course Involving Placement |
| <input type="checkbox"/> | I have read and understood the current Professional Experience Placement Procedures for Students within the Division of Tropical Health and Medicine. |

Please print and sign form, and email to dthmplacements@jcu.edu.au

Student Signature

Date