

# Professional Experience Placement Student Declaration



## PERSONAL DETAILS

Surname		Given Names	
Student Number		Discipline	

## 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. a National Criminal History Check
  - b. a nationally accredited 'Apply First Aid' course from an Australian Registered Training Organisation
  - c. a nationally accredited CPR course from an Australian Registered Training Organisation
  - d. a Working with Young Children suitability check (Blue Card) issued by the Public Safety Business Agency
  - e. 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.

### During Placement

I agree that while on Professional Experience Placement I will (please tick)

- Practice within my scope of experience as a Student.
- Wear the correct uniform and placement ID badge at all times (if applicable).
- Adhere to the placement Facility's procedures, policies and code of conduct.
- 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)

- 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.
- I have read and understood the current JCU Social Media Policy
- I have read and understood the current JCU Student Conduct Policy
- I have read and acknowledged the current Procedure for Infectious Disease for Students within the Division of Tropical Health & Medicine
- I have read and understood the current JCU Review of a Student's Suitability to Continue a Course Involving Placement
- I have read and understood the current Professional Experience Placement Procedures for Students within the Division of Tropical Health and Medicine.

Student Signature

Date