

Clinical Placement Form

Graduate Certificate of Diabetes Education

STUDENTS MUST PLACE WITH A CREDENTIALLED DIABETES EDUCATOR

Please complete pages 2 & 3 and submit to GCDEprac@jcu.edu.au

- 1) The Graduate Certificate of Diabetes Education requires students to complete supervised clinical placement with a Credentialed Diabetes Educator (CDE) or an approved health professional whose line manager is a CDE, subject to Course Coordinator approval.
- 2) Students are required to:
 - a) Source a facility to host their clinical placement.
 - b) Provide the details of the facility that is hosting their placement and the Clinical Supervisor who will be supervising their placement on pages 2 & 3.
 - c) Show evidence that their Clinical Supervisor will support their completion of the clinical placement components of the course. Confirm that their Clinical Supervisor meets the guidelines the JCU Clinical Supervisor Criteria outlines.
- 3) Please complete pages 2 & 3 and submit a copy of this document to the Student Placement Officer GCDEprac@jcu.edu.au
- 4) The James Cook University Student Placement Team will contact the student's chosen facility hosting the placement to issue a JCU Student Placement Agreement.
 - a) A **JCU Student Placement Agreement** between the student's chosen facility and the University must be in place before students can commence their placement even if the facility is also their employer. The University undertakes this process for the student and ask that the student submit this form to the Student Placement Officer to ensure that JCU can conduct these negotiations before placement(s) are due to commence. The University will advise the student if they need to delay your placement whilst a JCU Student Placement Agreement is negotiated and advise them when they are able to commence their placement once it is in place.
- 5) The JCU Student Placement Team must receive evidence that you comply with all the Pre-Placement Requirements (PPRs) as outlined on the JCU Pre-Placement Requirement website and the NS5383 Diabetes Education Student Placement Guide before a placement can be undertaken. Please refer to: <https://www.jcu.edu.au/professional-experience-placement/preparation-checklists/nursing-and-idwifery> and/or the Guide located in **LearnJCU>NS5380/HS5381/NS5382 and NS5383 Clinical Placement Information folder**

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

LAST NAME				FIRST NAME			
STUDENT ID		PHONE		EMAIL			
ARE YOU A CURRENT EMPLOYEE OF YOUR PLACEMENT? (Please mark a response)					YES	NO	
PLACEMENT DATE	FROM			TO			

PLACEMENT CONFIRMATION SECTION: (Please fill in every line)

FACILITY NAME							
FACILITY POSTAL ADDRESS				STATE		POSTCODE	
CLINICAL SUPERVISOR NAME				POSITION			
AHPRA REGISTRATION NUMBER				PHONE			
CLINICAL SUPERVISOR EMAIL							

Section 1: Select one box below to indicate if you are an ADEA Credentialed Diabetes Educator

<input type="checkbox"/>	<ul style="list-style-type: none">I confirm I am an ADEA Credential Diabetes Educator.I confirm that the required support will be provided to the student to undertake the clinical placement components of the course within this workplace.	<input type="checkbox"/>	<ul style="list-style-type: none">I confirm I am NOT an ADEA Credentialed Diabetes Educator;My CV is attached;I confirm that I have a direct line manager who is a Credentialed Diabetes EducatorI confirm that the required support will be provided to the student to undertake the clinical placement components of the course within this workplace
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ONLY COMPLETE ONE SECTION– (Either Section A – Page 1 OR Section B OR Section C – page 2)

Section A: NON – QUEENSLAND HEALTH

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

	Facility Specific Orientation (Please specify in the box below)		Mask Fit Testing (Please indicate how many tests and the type)
	CPR and/or First Aid (Please circle)		COVID-19 Vaccination Evidence
	Immunisation and Vaccination History (Please specify)		Current Influenza Vaccination

Further Information/Other Requirements:

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Section B: QUEENSLAND HEALTH

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

	Queensland Health Checklist (inc AFP Check and/or Working with Children Check specify below if they are not needed)		Student Deed Poll
	Queensland Health iLearn Modules		Mask Fit Test (Please indicate how many tests)
	Immunisation and Vaccination History (Please specify number of doses and/or serologies needed)		Current Influenza Vaccination
	Record of Allied Health Student Training (Allied Health Students only)		THHS Fire and Evacuation Training (THHS Only)

Further Information/Other Requirements:

Section C: NSW SOUTH WALES

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

	NSW Health Code of Conduct		Australian Federal Police Check
	NSW Working with Children Check		NSW Health Undertaking/Declaration Form
	Current Influenza Vaccination		NSW Health Tuberculosis Assessment Tool
	NSW Health Vaccination Record Card (students are asked to provide evidence of dTpa within the last 10 years, MMR Vaccination OR serology, Varicella OR serology, Hep B AND Serology. Please indicate if you would like the Vaccination Record Card used or if a copy of the student's Vaccination Statement is acceptable)		

Further Information/Other Requirements:

It is a requirement for a Student Placement Agreement and/or a Health Service equivalent to be in place prior to commencement of a Student Placement.

Below please provide information for the best person to facilitate an Agreement
(This may be a Clinical Coordinator or Placement Team)

CONTACT NAME		PHONE	
CONTACT EMAIL			

By signing this form, you are indicating you are willing to host a JCU Student
and if you have completed the section above indicating your Credentialed Diabetes Educator status.

CLINICAL SUPERVISOR SIGNATURE		DATE	
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