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| **Student Details** | | | |
| Name: | | Contact number: | |
| Course name: | | Placement location: | |
| Placement dates | | Student year: | |
| **Education Provider** | **Emergency Contact Details** | | |
| University/TAFE: | Name: | | |
| Contact name: | Contact number: | | |
| Contact number: | Relationship: | | |
| Contact email: |  | | |
| **Tick the boxes to indicate the areas/policy documents that you have read an understood:** | | | |
| *Read:*  [ ] Privacy and Confidentiality Policy  [ ] Documentation Policy  [ ] Medication Management Policy  [ ] Professional Boundaries  [ ] OH&S Information   * Emergency Codes * Fire Safety * Emergency Equipment   [ ] Manual Handling   * Workplace Violence * No Lift * Manual Handling Policy   [ ] Incident Reporting, Investigations and Management Policy  [ ] Infection Control   * Standard & Transmission-Based Precautions Policy * Hand Hygiene Policy | | | *Complete:*  [ ] Watch Glenn’s Story  Email to [education@gshs.com.au](mailto:education@gshs.com.au)  [ ] Completed checklist  [ ] Signed Student Agreement  [ ] Valid Hand Hygiene Certificate |

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| **As part of my clinical placement at Gippsland Southern Health Service (GSHS), I agree to the following:**   * I WILL ONLY access information I need to do my job * I WILL NOT disclose, copy, release, sell alter or destroy any confidential information unless it is part of my job. If it is part of my job to do any of these tasks, I will follow the correct procedure (such as putting confidential papers in appropriate shredding bins or using appropriate Gippsland Southern Health Service procedures. * I WILL NOT misuse or be careless with confidential information. * I KNOW that my access to confidential information may be audited. * I WILL NOT remove confidential information (e.g. medical records, photocopied patient forms or electronic data) from GSHS unless it is an authorised work practice. I understand that this includes sending data via unsecured e-mail or to my home computer. * I WILL report any activities to my manager/supervisor/educator that I suspect may compromise the confidentiality of information. I understand these reports, made in good faith, will be held in confidence to the extent permitted by law. * I WILL endeavour to wear my identification badge at all times whilst on GSHS premises. * I UNDERSTAND my obligations under this Agreement will continue at completion of my placement. * I AM RESPONSIBLE for my use or misuse of confidential information. * I ACKNOWLEDGE that I have read and understood the above stated of Confidentiality and the accompanying hospital policies relating to confidentiality * I ACKNOWLEDGE that I have read and understood the GSHS student orientation package in preparation of my upcoming placement * I WILL comply with all policies, procedures and reasonable directions of Gippsland Southern Health Service * I WILL behave at all times in such a way as to cause no unreasonable or unnecessary disruption to the routines or procedures of Gippsland Southern Health Service or its patients or staff; * I will promptly notify both my Education Provider and Clinical Placement Provider if:   1. I feel unwell or my health status changes   2. Any accident or incident occurs   3. Any restrictions are placed on my student registration with the relevant National Board   4. I am disciplined by a relevant professional body   5. I am investigated, found guilt of or changed with a criminal offence (other than minor traffic offences) | |
| **By signing this, I agree that I have read, understood and will comply with this agreement.**  **I am aware that failure to comply with this agreement may result in the termination of my clinical placement at GSHS and/or criminal legal penalties.** | |
| **Student name (print):** | **Date:** |
| **Signature:** | |