Schedule 3 – Student Undertaking

This Student Undertaking is completed in accordance with the Student Placement Agreement between [insert name of Education Provider] and Grampians Health - Ballarat

Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Education Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Placement Provider unit/department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Range of Student Placement dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I acknowledge that [please tick]:

🞏 I am not an employee of the Student Placement Provider for the purpose of this placement;

🞏 I have attached to this form a copy of photo identification (e.g. copy of drivers licence);

🞏 I have provided evidence that I am immunised in accordance with the Student Placement Provider's recommendations to my Education Provider;

🞏 Both parties to the Student Placement Agreement can enforce this Undertaking;

🞏 I have informed the Student Placement Provider and provided all relevant details if:

* I have ever had any restrictions on my student registration with the relevant National Board;
* I have ever been disciplined by a relevant professional body;
* I have ever been imprisoned, or found guilty of a violent or sex offence;
* I have been found guilty of a criminal offence (other than a minor traffic offence) in the past 10 years; or
* I am currently subject to charges or under investigation for a criminal offence (other than a minor traffic offence).

In relation to the Student Placement, I undertake that [please tick]:

🞏 I will not communicate, publish or release any confidential information of the Student Placement Provider and will keep all patient information strictly confidential. I am aware that unlawful disclosure of patient information is a criminal offence;

🞏 I will comply with all policies, procedures and reasonable directions of the Student Placement Provider;

🞏 I will behave at all times in such a way as to cause no unreasonable or unnecessary disruption to the routines or procedures of the Student Placement Provider or its patients or staff;

🞏 I will promptly inform the Student Placement Provider if I feel unwell or my health status changes;

🞏 I will promptly inform the Student Placement Provider of any accident or incident that occurs; and

🞏 I will promptly inform the Student Placement Provider and provide all relevant details if:

* I have any restrictions on my student registration with the relevant National Board;
* I am disciplined by a relevant professional body;
* I am found guilty of a criminal offence (other than a minor traffic offence); or
* I am charged or investigated for a criminal offence (other than a minor traffic offence).

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature of student | Date |

I hereby confirm (student Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is a current student of our university and is currently in year \_\_\_\_\_\_\_\_\_\_\_\_\_\_, and confirm they are eligible to undertake Student placement under our current agreement.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Education Provider**

Please affix school stamp