ANNEXURE A



ACT Health

Clinical Placement Office (CPO)

Level 3, 2-6 Bowes Street, Phillip | Canberra ACT 2601 **T**: (02) 5124 cpo@act.gov.au

STUDENT AND TRAINEE PLACEMENT ACKNOWLEDGMENT FORM

Name:	
Education Institution:	
Territory Supervisor:	
Supervisor Designation:	
Placement Area:	
Dates of Placement: From: To:	

All students and trainees undertaking a non-clinical placement with the Territory must read and complete this form, prior to the commencement of the Placement. The Territory includes the ACT Health Directorate, Canberra Health Services and Calvary Public Hospital Bruce.

Before commencing a non-clinical placement, students and trainees must complete the following:

1. National Police Check

- 1.1 Students and trainees (**You**, **your**, **yourself**) must have a National Police Check. Please contact Your education institution for information on this and/or read the information on the Territory's student and trainee website: https://www.health.act.gov.au/health-professionals/clinical-placement-office (**Website**) so far as those materials relate to a non-clinical placement.
- 1.2 The Territory will determine whether a student or a trainee with a criminal record is accepted for placement.
- 1.3 If You are an employee of the Provider You must notify the relevant Director-General (or equivalent) if You are convicted of a
 criminal offence. You must also notify the staff of the Clinical Placement Office at the same time before You undertake a nonclinical placement.

2. Working With Vulnerable People Check

• 2.1 You must hold a valid Working With Vulnerable People Check unless registered with the Australian Health Practitioner Regulation Agency.

3. Immunisation

- 3.1 You must have proof of immunisation against certain infectious diseases in accordance with the Territory's Screening & Immunisation Policy. This information is on the Website.
- 3.2 The Territory will determine whether a student or trainee without the required immunisation status is accepted for placement. If You do not have full immunisation status, please contact Your educational institution or the Clinical Placement Office.

4. Workplace introduction

- 4.1 Prior to commencing Your placement You must read the guidelines on confidentiality and other key professional documents on the <u>Student and Trainee Essentials</u> page of the Website.
- 4.2 You must also read the Workplace Health and Safety documents on the Student and Trainee Essentials page of the Website.
- 4.3 When You reach Your placement area Your supervisor will ask You to complete the Orientation to Placement Area Checklist.

The role and obligations of the student or trainee during placement include:

5. Professional Conduct

- 5.1 You must comply with the Provider's standard of conduct while on the Provider's premises. Failure to do so may lead to Your placement being reviewed or even terminated. Please find standards of conduct under the "additional information" tab for the relevant discipline at: https://www.health.act.gov.au/health-professionals/clinical-placement-office/students-and-trainees
- 5.2 You must identify Yourself as a student/trainee.
- 5.3 During Your placement, you must comply with all instructions provided by the Provider in connection with the placement.
- 5.4 Your Territory Supervisor must be notified of any illness and any anticipated absences during placement periods.

• 5.5 You must comply with all relevant professional obligations under any codes, guidelines, standards and frameworks relating to that profession that is the subject of the placement.

6. Ensuring Confidentiality and Privacy of Provider Information and Personal Information

- 6.1 You must not disclose any Provider Information obtained during the placement without the Provider's prior written consent.
- 6.2 You must take all reasonable measures to ensure that any Provider Information accessed or held by You is protected against loss or unauthorised access, use, modification, disclosure or other misuse.
- 6.3 You must comply with the ACT Government Use of Social Media Policy: https://www.act.gov.au/social-media
- 6.4 You may only use Provider Information obtained during the placement for the purpose of undertaking the placement.
- 6.5 You undertake not to access, use, disclose or retain Personal Information or records under the Health Records Act except in performing Your duties in the placement.
- 6.6 If You receive a complaint alleging an interference with patient privacy or confidentiality You must immediately notify Your Territory Supervisor.

7. No Clinical Procedure on Patients

• 7.1 Your placement is a non-clinical placement. You must not perform any clinical procedure on a patient.

8. Questions, Issues, Disputes and Disciplinary Action

- 8.1 In the event of any question, issue or dispute arising in relation to Your placement, (including a failure to meet the required standard of conduct and behaviour), Your educational institution and the Territory will discuss a course of management to resolve the matter.
- 8.2 The Territory will decide how such matters are resolved which may include suspending or terminating Your placement.
- 8.3 You must notify the Territory Supervisor immediately if a conflict of interest (or risk of conflict of interest) arises prior to, or during Your placement. (Information on Research Contracts and Intellectual Property may be found at https://actgovernment.sharepoint.com/:w:/r/sites/intranet-health/PPR/_layouts/15/Doc.aspx?sourcedoc={cd6fc67b-06f5-43d9-8972-7920464987cc})

9. Indemnity

- 9.1 In defending or settling any claim, action or demand the subject of an indemnity You must comply with any reasonable instructions of the Territory and the Institution.
- 9.2 You must not settle any claim, action or demand the subject of an indemnity without obtaining the prior written consent of the Territory, which consent is not to be unreasonably withheld.
- 9.3 You must take reasonable steps to mitigate any liability, loss, damage, costs or expenses including taking reasonable court action, subject to provisions 9.1 and 9.2 above, to defend any claim, action or demand the subject of an Indemnity made against the Territory.

I confirm I have read, understood and agree with the nature and content of the statements and obligations set out in this Placement Acknowledgement Form. I understand that this Placement Acknowledgment Form is valid for a period of one calendar year.		
Signature:	Date:	
Witness* Name:	Title^:	
Signature:	Date:	
*The witness must be over 18 years of age and <u>must not be</u> an employee or representative of the ACT Health Directorate, Canberra Health Services, or Calvary Public Hospital Bruce.		
^Professional title and/or Occupation		