

Statement by Student on Clinical Placement

Name of Student: _____ Telephone: _____

Email address: _____

Emergency contact person: _____ Telephone: _____

Tertiary institution/Employer: _____

Monash Health unit/department: _____

Period of placement at Monash Health: _____ to _____

I acknowledge that in relation to my placement at Monash Health [please tick] :

- I will keep all patient information strictly confidential and I am aware that unlawful disclosure of patient information is a criminal offence;
- I will comply with all policies, procedures and reasonable directions of Monash Health;
- I will behave at all times in such a way as not to cause unreasonable or unnecessary disruption to the routines or procedures of Monash Health or its patients or staff;
- I will promptly inform Monash Health of any accident, injury or incident that occurs to me or a patient I am attending; and
- I will immediately leave Monash Health's premises if requested by Monash Health for any reason.

I also acknowledge that [please tick] :

- I have informed Monash Health and provided relevant details if:
 - I have any restrictions on my registration with the relevant National Board;
 - I have ever been disciplined by a relevant professional body;
 - I have ever been imprisoned for, 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 criminal charges or under investigation for a criminal offence (other than a minor traffic offence).
- I am aware of the immunisations recommended by Monash Health and of the risks of not being immunised.
- If I do not have a Monash Health identification badge, I have attached to this form evidence of my current registration with the relevant National Board and photo identification (e.g. copy of drivers licence).

Signature of Student

Date

Signature of Monash Health Supervisor

Name

Date