

# Professional Experience Placement Student Declaration



Surname		Given Names	
Student Number		Degree program	

## Mandatory Pre Clinical Requirement Declaration I declare that (please tick):

I will complete all immunisation and health requirements, required in the Course I am enrolled in. I have complied with and will maintain all Professional Experience Placement requirements for my course as listed in the handbook and where required I will provide evidence of completion of the requirements to the University. Professional Experience Placement requirements may include, but not limited to:

- a. A National Criminal History Check
- b. A nationally accredited 'Apply First Aid' course from an Australian Registered Training Organisation
- c. A nationally accredited CPR course from an Australian Registered Training Organisation
- d. A Working with Children suitability check (Blue Card) issued by the Public Safety Business Agency
- e. any particular Facility requirements of which I am notified from time to time

I will comply with any new or additional Professional Experience Placement requirements as notified or included in the Facility requirements for Student placement. environment prior to the commencement of experience placement.

Where there is a pre-existing illness or disability such that your ability to practice in the chosen discipline may be impaired, the student must advise AccessAbility Services, James Cook University

## I agree that while on Professional Experience Placement I will (please tick)

Practice within my scope of experience as a student.

Wear the correct uniform and placement ID badge at all times (if applicable).

Adhere to the placement Facility's procedures, policies and code of conduct.

Maintain the confidentiality of information concerning the personal affairs and health related information of Patients/ Clients of the Facility in which I am to carry out my Professional Experience Placements during the length of the Course.

Notify the University and Host Facility of all non-attendance as soon as possible.

## During my enrolment I acknowledge that (please tick)

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