

Schedule 1 – Student Undertaking

This Student Undertaking is completed in accordance with the Student Placement Agreement between _____ and Seymour District Memorial Hospital

Name of Student: _____ Telephone: _____

Address: _____

Email address: _____

Emergency contact person: _____ Telephone: _____

Education Provider: _____

Student Placement Provider unit/department: _____

Range of Student Placement dates: _____ to _____

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).

Signature of student

Date