Declarations

Student name (please print carefully): ________________________________

Student ID: __________________ Study Year:
(eg, 1st, 2nd, 3rd, 2nd Yr Grad Entry, 1 year conversion)

Please circle below which placement you have been allocated:

DEU       Block 1     Block 2     Block 3     Block 4     Not yet placed

Please read and sign the three declarations below and submit to the School of Nursing & Midwifery office (via the assignment box- no cover sheet required) one week prior to the compulsory on-campus pre-clinical meeting, unless advised otherwise by email from the Clinical Placement Unit. Students who do not submit this form within the specified time period, will have their clinical placement revoked and will fail the topic in which the clinical placement was scheduled.

The original Police Clearance, Immunisation and DOH orientation forms should be kept by the student until asked for by the venue staff at the clinical venue orientation or on the first day of placement.

Department of Health On-line Orientation

I, ___________________________, have read and completed the compulsory Department of Health On-line Orientation and will undertake to give the associated forms to the requesting staff member at my placement venue/ward at orientation or on the first day of clinical placement. I understand that if I fail to do this I may not be accepted at my allocated placement. I understand that non-attendance at clinical placement will incur a ‘Fail’ grade for the topic.

Student Signature: ___________________________

Date: ______________________________

Police Clearance

I, ___________________________, have read and understood the School of Nursing & Midwifery’s protocol on Police Clearances and have organised to have the necessary police clearance in my possession prior to attending my placement.

I recognise that industry partners require students to obtain police clearances and that I will be required to provide the clinical placement body with the original police clearance before being allowed to commence my placement. I understand that if I fail to do this I may not be accepted at my allocated placement. I understand that non-attendance at clinical placement will incur a ‘Fail’ grade for the topic.

Furthermore, I accept that all decisions regarding the appropriateness of an individual to undertake a placement is entirely up to the placement venue and the University takes no responsibility for these decisions.

Student Signature: ___________________________

Date: ______________________________
Consent to Immunisation

I, ______________________________________, have read and understood the School of Nursing & Midwifery’s protocol on immunisation and agree to have the necessary immunisations prior to undertaking my placement.

I am aware that as a student/midwife I am at risk of contracting a communicable disease. I understand that some of these diseases can be prevented through immunisation.

I recognise that some industry partners require students to be vaccinated against some or all of the communicable diseases (listed at the end of this document) and that I will be required to provide the clinical placement body with a copy of an immunisation record before being allowed to commence my placement. I understand that if I fail to do this I may not be accepted at my allocated placement. I understand that non-attendance at clinical placement will incur a ‘Fail’ grade for the topic.

I accept that neither the University nor the industry partner takes any responsibility for any adverse health effects which I may experience as a result of undertaking the required immunisations.

Furthermore, I accept that all decisions regarding the appropriateness of an individual to have immunisations is entirely up to the placement venue and the University takes no responsibility for these decisions.

Student Signature: ___________________________________

Date: ______________________________________________

Fitness for Practice

I, ______________________________________, have read and understood the School of Nursing & Midwifery’s protocol on fitness for practice. I am aware of, and understand, my obligation to report any physical, psychological or psychiatric condition that might impede my ‘fitness for practice’. I understand that, as with all student matters within the School, confidentiality is assured and no disclosure of information will be made outside that necessary for the administration of my progress in the course.

Student Signature: ___________________________________

Date: ______________________________________________

Minimum vaccination recommendations for ALL (public and private) venues:

Polio
Diphtheria/Tetanus
Varicella
Hepatitis B
Hepatitis A (only for those students attending remote and Northern Territory clinical placements)
Influenza
Measles/Mumps/Rubella (students born during or since 1966)
Pertussis (using dTpa) (only for students involved in paediatric and maternity)