

Student Placement Agreement

College of Health and Human Sciences
Charles Darwin University

Charles Darwin University (CDU) has agreements with various health care agencies/facilities across Australia (Agency) which enable the Placement of students for the practical Placement (**Placement**) required for the programme in which they are enrolled.

Prior to CDU organising a placement for you in an **Agency**, you are required to read and sign this Student Placement Agreement. This document describes your responsibilities to CDU and the Agency during your Placement (s) and other important information of which you should be aware. The Agency may place additional requirements upon you as part of your Placement.

By signing this Agreement, I agree to the following:

1. I will not attempt to find my own Placement without prior approval of the University. I will not contact agencies and/or other universities to discuss possible placement availability and options.
2. Prior to the Placement I will:
 - a. undertake all the necessary immunisations and health screening relating to my degree and provide CDU with evidence of completion;
 - b. advise CDU and the Agency of any medical or health conditions that may affect my ability to perform the duties required by the Placement or complete the Placement;
 - c. provide CDU with a copy of my Student ID Card;
 - d. provide CDU with a National Police Check that is less than twelve months old and will not expire before or during the Placement;
 - e. provide CDU with a current Working with Children Check (and/or criminal screening as per state or territory requirements);
 - f. undertake the Equal Opportunity Online Training Module 1 and provide CDU with a certificate of completion;
 - g. provide CDU with current registrations with AHPRA and/or other relevant registrations.

Under the National Law, information about students will be entered on the Student Register. This information is not published online and is not publicly available. The information AHPRA requests from education providers include:

- name of Education Provider
- student ID number
- student personal details (name, date of birth, sex, mailing address in Australia and email details)
- name of the approved program of study or clinical training being undertaken by the student
- the date on which the student started the approved program of study or clinical training
- the date on which the student is expected to complete the approved program of study or clinical training
- for students that have completed or otherwise ceased to be enrolled in the approved program of study or clinical training, the date of the completion or cessation, and
- the reason why the student completed or otherwise ceased to be enrolled in the approved program of study or clinical training.

No fee applies to student registration

Student Initials _____

3. I acknowledge that:
 - a. CDU will inform the Agency that a National Police Check (and where applicable, Working with Children Check and/or criminal screening as per state or territory requirements) has been obtained;
 - b. in the event that the National Police check (and where applicable, Working with Children Check and/or criminal screening as per state or territory requirements) discloses a court outcome, charge or matter under investigation, CDU will provide the Agency with a certified copy of the National Police check (and where applicable, the Working with Children Check and/or criminal screening as per state or territory requirements), as required by the Agency agreement, and CDU and the Agency will decide whether I can undertake the Placement;
 - c. my pre-clinical/pre-placement documents may be provided and held on file by CDU and/or the Agency

4. I will notify CDU and the Agency if the status of my police record (and where applicable, Working with Children Check and/or criminal screening as per state or territory requirements) changes prior to or during the course of the Placement.

5. During the Placement I will:
 - a. commit myself fully to the work involved in the Placement and conduct myself responsibly as a student of CDU;
 - b. notify both CDU and the Agency if, for any reason, I am unable to attend all, or part of the Placement;
 - c. immediately inform both CDU and the Agency of any accident or incident in which I am involved during placement hours;
 - d. only accept assignment of duties which are commensurate with my level of skill and ability;
 - e. work within my scope of practice as a CDU student;
 - f. neither be employed by the Agency nor receive any remuneration or other entitlement as a result of my Placement unless agreed to by CDU and the Agency prior to Placement;
 - g. not allow my personal employment to impact on my Placement;
 - h. not drive a Northern Territory Government vehicle

6. During the Placement, I will comply with:
 - a. all occupational, health, safety and welfare legislation;
 - b. all reasonable instructions from CDU and the Agency. The Agency provides the final instruction on matters of client/patient care or service;
 - c. all policies, procedures and regulations of the Agency, relevant regulation bodies and the CDU policies, including CDU academic and disciplinary policies.

Student Initials _____

7. I acknowledge that:

- a. I have read and understand the CDU Student Code of Conduct By-Laws and will abide by them <http://www.cdu.edu.au/governance/>
- b. the Agency may refuse the request for my Placement.
- c. the Agency may terminate my Placement prior to the start date.
- d. I am responsible for demonstrating appropriate behaviour while in the Agency, particularly concerning privacy and confidentiality of client/patient's records and all other Agency related information and matters. I will not disclose what I see or hear or pass on information from written records concerning any client/patient, except for the purposes of client/patient care or service. I will not discuss clients/patients publicly, either within or outside the Agency. If confidentiality is breached, the penalty may include termination of my Placement;
- e. any client/patient of the Agency has a right to refuse to be my client/patient or to be subject to my care or service;
- f. my Placement may be terminated by CDU at any time if my performance or conduct is not satisfactory or if I have breached any of the terms of this Agreement.
- g. my Placement may be terminated by the Agency at any time if my performance or conduct is not satisfactory or if I have breached any of the terms of this Agreement. This right will not be exercised without prior discussion with CDU, except in extraordinary circumstances.
- h. my Placement may be terminated if I have not supplied my pre-clinical documents by the specified deadline.
- i. I must disclose to CDU any other matter arising prior to or at any time during the Placement that may reasonably be seen to impact upon my ability to carry out the Placement.

Declaration

To my knowledge, there is no reason why I should not undertake the Placement.

Name:	CDU Student ID Number:
Degree:	Campus:
Signature:	Date:

Student Initials _____

