

OFFICE OF THE PROVOST



Health Placements

Release of Personal Documents & Information – Consent Form

Agencies where students attend placements during their course require that the students meet certain requirements, including having a valid police check, a Working with Children Check, first aid/CPR and specific immunisations. The University may be required to provide copies of these documents to the agencies, in order to demonstrate compliance and meet the agency's conditions of the placement.

To enable the University to comply with these conditions:

- A. Students are required to give consent in order for the University to undertake this task on their behalf; and
- B. Students are required to scan their personal documents and upload them onto their student profile in the InPlace student database according to instructions provided.

Please use the following format to name your documents when uploading onto InPlace:

<Current Year> <Name of document> <First Name Surname> <Student ID> <Date Uploaded>

E.g. 2020 Police certificate – Jane Smith 1234567 – 23072020

Please complete and sign the below section of this form and upload via InPlace. For assistance with using InPlace, please contact Student IT Support on 1300 LATROBE (1300 528 762) or <http://www.latrobe.edu.au/students/it/help>. If you are on campus, there are Student IT support locations in the Borchardt Library (Melbourne) and Heyward Library (Bendigo).

I, _____, _____
(Full Name) (Student ID)

Hereby give my consent and acknowledgement of the following: *(please tick each statement)*

- Agree to scan and upload documents required for clinical placements to the **InPlace** student database by the published deadline date.
- Agree to the University accessing my placement documents from InPlace for the purposes of complying with the conditions of clinical placement.
- Agree to University providing copies of my police check, Working with Children Check, first aid/CPR Certificate & Immunisation Evidence to Hospitals/Health Care agencies where I am undertaking clinical placement.
- Agree to maintain and update my placement documents (where applicable) in order to keep placement documents current and valid.
- I am choosing to OPT OUT and not disclose my immunisation status.** (Students who choose this option need to arrange an appointment with their course coordinator)

Signature _____ Date _____

Before me, _____
Name of Witness* Signature of Witness

* Please ensure both sections of this document are witnessed. Please note if the student is under 18 years of age this document must be witnessed and approved by a parent or legal guardian.

OFFICE OF THE PROVOST



Health Placements Student Acknowledgement Form

Student Number: _____

I, _____

(Full name)

Hereby give written acknowledgement of the following:

- I understand that in order to undertake placement I am required to maintain a valid police check dated in the current year of study.
 - I understand that I am required to maintain a current Working with Children Check in order to undertake any placement.
 - I understand that if I have resided overseas for more than 12 months in the past 10 years that I am required to provide a police check from each country of residence and/or statutory declaration that I have never been convicted of any crime.
 - I understand that any disclosable outcomes/negative assessments reported on my National Police Certificate/Fit2Work Police Check or Working with Children Check may impact on my ability to undertake placement.
 - I understand that La Trobe University will make reasonable efforts to find a placement for me if I have a disclosable outcome on my police check and that I may be unable to progress through my course if no venue is available or accepts me for a placement.
 - I understand that I may be required to present evidence of my immunisation status along with other required placement documents to the placement provider on the first day of placement.
 - If I do not wish to provide information about my immunisation status and choose to OPT OUT, I understand that La Trobe University may not be able to find the placement required for me to satisfactorily progress through my course.
 - I understand that I will be required to travel to external venues to undertake placement and that I am responsible for all costs incurred.
 - I understand that I will be responsible for making suitable accommodation arrangements, if required, and that I am responsible for all costs incurred.
 - I understand that placements are subject to change and may be scheduled outside of the standard teaching periods including holiday and exam periods.
 - I understand that La Trobe University is under no obligation to find me an alternative placement if I choose not to attend the placement offered to me.
 - I understand that my contact details will be released to external supervisors/agencies for placement purposes only. <http://www.latrobe.edu.au/policy/documents/privacy-personal-information-policy.pdf>
 - I understand that I will be withdrawn from placement if my documents are not submitted by the due date and may be awarded a fail grade for the subject or placement component of the subject.
 - I understand that if an impairment that may impact on my ability to complete a placement is disclosed by myself or identified by the Clinical Coordinator at La Trobe University, I may be required to provide a medical certificate or statement from a health professional detailing my capability to attend any placement prior to commencing the placement.
- For Disciplines regulated by the National Registration and Accreditation Scheme (National Boards and the Australian Health Practitioner regulation Agency AHPRA) – Dental, Nursing and Midwifery, Occupational Therapy, Optometry, Pharmacy, Physiotherapy, Podiatry, Paramedicine)**
- I have read and understood the mandatory reporting section of AHPRA and that by agreeing to this, I agree to notify the Placements Unit immediately if I become aware of any impairment that has the potential to place the general public at risk. <https://www.ahpra.gov.au/>
 - I understand my legal obligations as a registered student under the Health Practitioner Regulation National Law. <http://www.ahpra.gov.au/About-AHPRA/What-We-Do/Legislation.aspx>
 - I understand that La Trobe University have a duty of care, according to legislation, to report any student that the University feels may be impaired in any way and that may pose a risk to the public. I understand that if this occurs I will be informed of the issue and the subsequent report to AHPRA and may be withdrawn from placement immediately.

Signature _____ Date _____

Before me, _____
Name of Witness* Signature of Witness

*** Please ensure both sections of this document are witnessed. Please note if the student is under 18 years of age this document must be witnessed and approved by a parent or legal guardian.**