Office of the Provost



Schedule 3 – Student Undertaking

This Student Undertaking is completed in accordance with a Student Placement Agreement

Name of Student:	Telephone:
Address:	
Email address:	
Emergency contact person:	Telephone:
Education Provider:	
acknowledge that [please tick]:	
I have attached to this form a copy of photo	ement Provider for the purpose of this placement; o identification (e.g. copy of drivers licence); sed in accordance with the Student Placement ion Provider;
I understand that my Student Placement Pl	rovider can enforce this Undertaking;
 I have ever been disciplined by a relevent line of the large ever been imprisoned, or found line of the large ever been found guilty of a criminal of the large ever line of t	student registration with the relevant National Board; ant professional body;
minor traffic offence). In relation to the Student Placemen	t. I undertake that [please tick]:
I will not communicate, publish or release a Provider and will keep all patient information patient information is a criminal offence;	any confidential information of the Student Placement on strictly confidential. I am aware that unlawful disclosure of and reasonable directions of the Student Placement Provider;
	o cause no unreasonable or unnecessary disruption to the
	nt Provider if I feel unwell or my health status changes;
I will promptly inform the Student Placemer I will promptly inform the Student Placemer I have any restrictions on my student r I am disciplined by a relevant profession I am found guilty of a criminal offence	nt Provider of any accident or incident that occurs; and not Provider and provide all relevant details if: registration with the relevant National Board; onal body;
Signature of the student	

Please note: This document is to be uploaded to InPlace by the date specified to you by your Placement Officer