

# Schedule 1– Student Undertaking

This Student Undertaking is completed in accordance with the Student Placement Agreement between Education Provider: \_\_\_\_\_ and Student Placement Provider: **BCH**

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