



EDUCATION DEPARTMENT STUDENT REGISTRATION DETAILS

ORG-062

An undergraduate student is classified as any person involved in current studies and undertaking clinical experience at Bass Coast Health (BCH). This includes TAFE, University and Registered Training Organisation undergraduates.

Student details							
Title		Surname		Given Name/s			
Email							
Date of birth				Gender			
Discipline				Year level			
Course							
Have you previously undertaken a placement at this health service?	Yes / No		If yes, when?				
Education provider details							
Institution							
Coordinator Name							
Coordinator Email							
Coordinator Contact No							
Placement start date			Completion date		Total Days		
Certification of applicant							
Objectives completed and submitted?	These are to ensure your expectations, and goals for the placement are clear.					Yes/No	
Privacy, Confidentiality and Security Agreement read and submitted?	As part of your placement with BCH, you agree to abide by the By Laws which include the 'Confidentiality & Privacy of Personal Information' policy. All students who undertake placement at BCH are required to maintain patient confidentiality. Please sign the ORG-004 -Privacy, Confidentiality and Security Agreement attached.					Yes/No	
Publication & Data Consent	Photos may be taken of you whilst you are at BCH. These photos are intended for promotional purposes including publication in the BCH staff newsletter, media releases, Annual Quality of Care Report and the BCH website. Data collected may be used for research or program development Do you consent to the data collection and publication of your photos?					Yes/No	
AHPRA Registration	Has your education provider registered you as a student with AHPRA?					Yes/No/ Unsure/NA	
I hereby certify that the above information is correct and complete to the best of my knowledge and belief. I understand that I may be suspended from placement if any of the statements in this application are found to be deliberately misleading.							
Applicant Signature							
Applicant Name (please print)							

Placement statutory requirements - OFFICE USE ONLY		
Hand Hygiene Online Package completed?	Yes/ No	
Privacy, Confidentiality and Security Agreement completed?	Yes/ No	
Objectives completed?	Yes/No	
Student Lanyard provided	Yes/No	No:



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AHPRA Registered?	Yes/No/Unsure/NA
Orientation Paperwork completed by:	
Signature:	
Designation:	

This Registration form has been compiled in correlation with the DHHS Standardised Student Induction Protocol, February 2017.