



Bass Coast Health Undergraduate Student Placement Registration and Declaration Form

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.

Links to all the relevant documents can be found on the Bass Coast Health website: www.basscoasthealth.org.au

Please return this form a minimum of 7 days prior to commencement of your placement to:

studentcoordinator@basscoasthealth.org.au

Student Demographics			
Title			
Given Name/s		Surname	
University Email Address			
Date of Birth		Contact Number	
Next of Kin			
Name			
Contact Number		Relationship to Student	
Education Provider Details			
Institution			
Course Title		Year Level	
Coordinator Name			
Coordinator Email			
Coordinator Contact No			
Bass Coast Health Placement Details			
Placement Location			
Placement dates	From:		To:
Student Declaration			
Privacy, Confidentiality and Security Agreement	<p>Bass Coast Health (BCH) is obliged under the Health Records Act 2001 to ensure that it complies with relevant privacy, confidentiality and security legislation – to protect our clients, our staff and our organisation. As part of this, individuals are required to understand their obligations and responsibilities, including what it means to maintain privacy, confidentiality and security of information, and what it means to make this declaration.</p> <p>I declare that I have read and understood the Bass Coast Health Privacy, Confidentiality and Security Agreement available on the Bass Coast Health website. I agree to abide by the terms and conditions outlined in this document. I agree that I will not access confidential staff or patient information that is not directly related to my duties as an undergraduate student during my time at BCH. Failure to abide by this policy may result in the immediate cancellation of my student placement.</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Australian Charter of Healthcare Rights	I declare that I have read, understood and will abide by the Australian Charter of Healthcare Rights made available to me on the Bass Coast Health website.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Student Orientation Manual	I declare that I have read and understood the Bass Coast Health Undergraduate Student Orientation Manual provided to me on the Bass Coast Health website <u>prior to</u> commencement of my placement, and will conduct myself in accordance to the expectations of the clinical placement provider and my university Student Undertaking Agreement.	Yes <input type="checkbox"/>	No <input type="checkbox"/>



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National Hand Hygiene Initiative	I declare that I have provided Bass Coast Health with a copy of my ' National Hand Hygiene Initiative ' certificate, valid within the last 12 months a minimum of 7 days prior to the commencement of my placement.	Yes <input type="checkbox"/> No <input type="checkbox"/>
National Disability Insurance Scheme (NDIS)	I declare that I have provided Bass Coast Health and/or my Education Provider with the following documentation required for my placement: <ul style="list-style-type: none">• NDIS clearance screening number Information regarding NDIS clearance screening can be found on the NDIS website: NDIS Worker Screening Check NDIS Quality and Safeguards Commission (ndiscommission.gov.au)	Yes <input type="checkbox"/> No <input type="checkbox"/>
I hereby certify that the above information and declarations are correct and complete to the best of my knowledge and belief. I understand that I may be suspended or my placement may be cancelled immediately if any of the statements in this application are found to be deliberately misleading.		
Student Name (please print)		
Student Signature		
Date		

Placement statutory requirements - OFFICE USE ONLY		
NHHI Online Package certificate provided	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Placeright Information verified	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Signature:		
Designation:		
Date:		

This declaration form has been compiled in correlation with the DHHS Standardised Student Induction Protocol, Oct 2023.