



**Schools of Human Life Sciences, Medicine, Nursing & Midwifery,
Pharmacy, Psychology and Social Work**

Health Sciences

Safety in Practice Agreement

SAFETY IN PRACTICE AGREEMENT

PLEASE READ THE *EXPLANATORY NOTES FOR SAFETY IN PRACTICE AGREEMENT* BEFORE YOU COMPLETE THIS AGREEMENT.

Period of Agreement: From:/...../20..... To:/...../20.....

Course/Unit Details

Course/Unit: _____

SECTION 1: PERSONAL DETAILS

Name: _____

Student ID Number: _____ Date of Birth: _____

Residential Address: _____

_____ Postcode: _____

Phone - Home: _____ Mobile: _____

Email: _____

SECTION 2: EMERGENCY CONTACT

Please provide the details of the person to be contacted in case of emergency during your placement.

Name: _____

Relationship to Contact: _____

Residential Address: _____

Phone - Home: _____ Work: _____ Mobile: _____

Alternative contact name: _____

Relationship to Contact: _____

Residential Address: _____

Phone - Home: _____ Work: _____ Mobile: _____

Name of **Doctor**: _____ Doctor's phone number: _____

SECTION 3: SAFE TO PRACTISE POLICY

I have read and understood the University *Safe to Practise Policy* (p.11) and I will disclose any medical issue (disability, impairment or condition) in existence before, or occurs during professional experience practice, that is likely to detrimentally affect my capacity to safely undertake a professional placement experience immediately to the Head of School or their delegate and undertake a *Safe to Practice Medical Check* if required (p.67).

SECTION 4: CODE OF PROFESSIONAL AND ETHICAL CONDUCT

I have read and agree to comply with the principles and rules set down in Health Sciences *Code of Professional and Ethical Conduct* (p.23).

SECTION 5: NATIONAL POLICE HISTORY RECORD CHECK GUIDELINES AND PROCEDURES

I have read and understood the Health Sciences *National Police History Record Check Guidelines and Procedures* (p.31).

I will immediately notify the School if the status of my criminal history changes and apply for a new National Police History Record Check if required by the Designated Officer.

I agree to provide a copy of my National Police History Record Check or Clinical Placement Clearance (NSW students), to individual placement agencies upon request.

If deemed by a placement provider to have an unsatisfactory criminal history, I am aware that I will not be able to undertake placement in that agency.

SECTION 6: INFECTIOUS DISEASE GUIDELINES AND PROCEDURES

I have read, understood and accept the Health Science *Infectious Disease Guidelines and Procedures* (p.39) and agree to comply with the student responsibility requirements as documented.

I understand that I may be required to provide documentation of compliance with the Guidelines and Procedures to the School, including the *Infectious Disease Compliance Forms* to be completed by the health care provider.

I will immediately notify the school if my status changes.

SECTION 7: LEARNING REQUIREMENTS

I have read and am familiar with the learning requirements for this unit, or year of my course, and of the Placement/s. Yes No

(Please contact your unit coordinator if you have not been provided with information relevant to this section.)

SECTION 8: SAFETY IN PRACTICE DISCLOSURE

Are you aware of any disability or condition (permanent or temporary), or impairment that may affect your capacity to participate in professional placements, laboratory and/or field activities; or that may put yourself or others at risk of harm whilst on placement?

Yes No Details (optional) _____

Are you currently taking any medication or substances that may affect your judgment, mental alertness and/or coordination (e.g. medication labelled with a warning sticker alerting the user not to drive a motor vehicle or operate machinery)?

Yes No Details (optional) _____

Have you suffered seizures, fits, convulsions, epilepsy, blackouts, fainting, double vision, sleep disorders, sleep apnoea, narcolepsy and/or diabetes within the last 5 years?

Yes No Details (optional) _____

Please list any other known medical conditions, physical conditions, psychological issues or medication requirements which may impair your capacity to safely undertake placement, laboratory and/or field activity which are inherent requirements specific to the course as outlined in the functional requirements in the explanatory notes for Section 8:

If you have answered yes to any of the questions above or listed any other known medical conditions, physical conditions or medication requirements that may impact on your ability to successfully undertake a professional experience placement laboratory and/or field activity, or place yourself or others at significant risk of harm, please take the *Safe to Practice Medical Check Form* to a Medical Practitioner or Psychologist before signing this agreement.

SECTION 9: MEETING COURSE REQUIREMENTS - STUDENTS WITH A DISABILITY

I have a Learning Access Plan.

Yes No

If yes, I have discussed with the School's designated contact any special assistance I might need to successfully complete the Placement and am satisfied that the necessary steps have been taken to address these.

Yes No

Please provide a copy of your Learning Access Plan or additional documentation when you lodge this Agreement.

SECTION 10: CONFIDENTIALITY STATEMENT

In relation to my placement, I agree to:

- maintain confidentiality of information, including clients, staff and workplace procedures;
- ensure the anonymity of clients when writing up notes or any other documentation produced as part of my workplace learning placement; and
- sign a workplace specific Confidentiality Agreement if required by the placement agency.

SECTION 11: STUDENT DECLARATION

I have read and understood the Unit information in the Handbook, the policies, guidelines and procedures outlined in this agreement, and any additional information provided by the School and I am aware of the requirements of the professional experience placement, laboratory and/or field activity. The special conditions relating to this/these have been explained to me and I have agreed to meet them. I consent to information from this form, any previous placements and academic progress being used in discussions with potential Placement Agencies. I agree to advise the School's designated contact immediately of any change to my circumstances which are likely to impact upon my ability to practise safely throughout the period of my study.

I have truthfully completed all details relating to my placement, laboratory and/or field activity requirements.

SIGNED by _____
(Signature of Student) *(Date)*

SECTION 12: STAFF AGREEMENT

THIS AGREEMENT is made on the _____ day of _____, 20 _____

BETWEEN THE UNIVERSITY OF TASMANIA

AND _____
(Print Student Name) *(Student ID)*

SIGNED for and on behalf of the **UNIVERSITY OF TASMANIA**

(Signature) *(Date)*

(Position)

