

Placed Student Details - for eventual on-boarding Appendix 3

Student Name	Attach a recent photo for Identification here	
Student ID Number		
Student Address:		
Student Phone Number: Mobile: Home:		
Emergency Contact Details (In Australia) 1. Name: Contact Number: 2. Name: Contact Number:		
	Institution Name:	
	Program/Course/Discipline	
Mandatory Requirements	<i>Please provide proof of Certificates obtained</i>	
1. Obtained National Police Check (not less than 3 years)	<input type="checkbox"/> Yes No <input type="checkbox"/> Copy received by Calvary <input type="checkbox"/>	
2. DCSI -Aged Care Sector Employment Screening (SA only)	<input type="checkbox"/> Yes <input type="checkbox"/> No Copy received by Calvary <input type="checkbox"/> N/A	
3. DCSI -Child-Related Sector Employment Screening (SA only)	<input type="checkbox"/> Yes <input type="checkbox"/> No Copy received by Calvary <input type="checkbox"/> N/A	
4. DCSI -Vulnerable Person Sector Employment Screening (SA only)	<input type="checkbox"/> Yes <input type="checkbox"/> No Copy received by Calvary <input type="checkbox"/> N/A	
5. Provide evidence of positive serology or vaccination for vaccine preventable diseases Copies received by Calvary <input type="checkbox"/> completed Immunisation Waiver received <input type="checkbox"/>	Serology Evidence Measles/Mumps/Rubella <input type="checkbox"/> Varicella <input type="checkbox"/> TB Screening Evidence <input type="checkbox"/> Hep B <input type="checkbox"/> Other <input type="checkbox"/>	Documented Evidence Flu Vaccination <input type="checkbox"/> Adult Diphtheria <input type="checkbox"/> Pertussis <input type="checkbox"/> Tetanus <input type="checkbox"/> Other <input type="checkbox"/>

1. Training Certificates of Completion	
1. National Induction Program (Calvary E learning)	<input type="checkbox"/> Yes <input type="checkbox"/> No Certificate received by Calvary <input type="checkbox"/>
2. Palliative End of Life Care (Calvary E learning) All Modules	<input type="checkbox"/> Yes <input type="checkbox"/> No Certificate received by Calvary <input type="checkbox"/>
3. Manual Handling Practical (within 12 months)	<input type="checkbox"/> Yes <input type="checkbox"/> No Certificate received by Calvary <input type="checkbox"/>
4. Medication Calculation Test (within 12 months)	<input type="checkbox"/> Yes <input type="checkbox"/> No Certificate received by Calvary <input type="checkbox"/>
5. Hand Hygiene Australia (within 12 months)	<input type="checkbox"/> Yes <input type="checkbox"/> No Certificate received by Calvary <input type="checkbox"/>
6. Basic Life Support Theory & Practical (within 12 months)	<input type="checkbox"/> Yes <input type="checkbox"/> No Certificate received by Calvary <input type="checkbox"/>
7. Blood Safe online module –Clinical Transfusion (within 12 months)	<input type="checkbox"/> Yes <input type="checkbox"/> No Certificate received by Calvary <input type="checkbox"/>
	Student Signature: