



# Safety in Practice Student Compliance Documentation Process

September, 2021

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<b>Responsible Officer</b>	Associate Dean, Professional Experience Placement
<b>Approved by</b>	College of Health and Medicine Learning & Teaching Committee
<b>Approved and commenced</b>	October, 2014
<b>Reviewed</b>	September, 2021
<b>Review by</b>	December, 2022
<b>Relevant Policy or Procedure the Process supports</b>	College of Health and Medicine <a href="#">Safety in Practice Compliance and Risk Assessment</a>
<b>Responsible Organisational Unit</b>	College of Health and Medicine

## 1 Executive Summary

All students undertaking College of Health and Medicine programs with a professional experience placement (PEP) component are required to comply with the College of Health and Medicine [Safety in Practice Compliance and Risk Assessment Process](#).

These guidelines identify the student [Safety in Practice Requirements](#) compliance documentation and associated deadlines for completion and submission.

## 2 Implementation and More Information

2.1 Program PEP Administrators will:

- provide a copy of this document to all students enrolling in PEP programs; and
- administer student documentation submission compliance.

2.2 For further information, contact the PEP Program Administrator.

## 3 Safety in Practice Requirements Documentation Submission Deadlines

3.1 Students must complete the Safety in Practice Requirements documentation via the [Safety in Practice Agreement Form](#) (other requirements and forms are hyperlinked within the Agreement Form).

3.2 The College of Health and Medicine assesses student compliance with the following Safety in Practice Requirements:

- national criminal history;
- working with vulnerable people (children) registration;
- medical, physical and psychological capacity to safely undertake the College of Health and Medicine [Mandatory Functional Requirements](#); and
- infectious disease and immunisation status.

3.3 National criminal history, working with vulnerable people card and medical, physical and psychological disclosures, which are subsequently risk assessed for student capacity to practice safely, may inhibit student eligibility to participate in courses. Risk assessment must therefore, be completed prior to enrolment census date.

3.4 **Newly enrolled students** must **complete** and **submit** the Safety in Practice Requirements documentation to the Program PEP Administrator by:

- week two of the first semester of your course; or
- in case of late enrolment, prior to beginning study.

The **Immunisation Record Form/Card** must be completed (with Hep B vaccination commenced) and submitted by census date in the first semester of your course.

**Please Note:** Students in the **Bachelor of Laboratory Medicine** are required to either provide evidence of immunity to Hepatitis B or administration of at least the

first dose of a three dose of Hepatitis B vaccination, by week two of the first semester of the course.

3.5 **Continuing students** must **submit** the Safety in Practice Requirements documentation to the Program PEP Administrator **by**:

- census date of semester one; or
- earlier as per any individual Program requirements (Program to advise).

3.6 Student non-compliance with these submission deadlines can lead to disciplinary action.

#### 4 Submission Non-Compliance Process

Failure to meet the Safety in Practice Requirements Submission Deadlines in 3.4 or 3.5 above can lead to the following disciplinary process being initiated:

4.1 Student must meet with the PEP Administrator to receive formal notification of the outstanding Safety in Practice Requirements documentation and to sign Compliance Documentation Submission Form (**Appendix 1**).

***(Failure to attend will result in referral to the Head of Program)***

4.2 Student will then have until the date/s specified on the Compliance Documentation Submission Form to submit the outstanding documentation.

***(Failure to submit will result in referral to the Head of Program)***

4.3 Student will then be contacted to attend an appointment with the Head of Program to submit the outstanding documentation directly.

***(Documentation will no longer be accepted by the PEP Administrator)***

#### 5 Glossary

<b>Term/Acronym</b>	<b>Definition</b>
<b>Head of Program</b>	Course Coordinator/Authorised Person
<b>Organisational Unit</b>	College of Health and Medicine
<b>PEP</b>	Professional Experience Placement
<b>PEP Administrator</b>	Program PEP Administration Point of Contact Person
<b>Program</b>	Degree

#### 6 Versioning

<b>Initial</b>	Version 1	Pharmacy Program, 2014
<b>Version</b>	Version 2	Approved April, 2017; by College of Health and Medicine Learning & Teaching Committee
<b>Current</b>	Version 3	Reviewed by Manager, PEP Safety in Practice

## Appendix 1 Late Submission Form

### College of Health and Medicine

### Safety in Practice Compliance Documentation – Late Submission Form

Dear \_\_\_\_\_ ID \_\_\_\_\_, you have failed to submit the **completed** College of Health and Medicine [Safety in Practice Requirements](#) documentation indicated below, in accordance with the [Safety in Practice Student Compliance Documentation Guidelines and Process](#) **submission deadlines**.

- 1  Safety in Practice Agreement  
 Health Assessment (where required) **1a**
- 2  National Police Certificate
- 3  Immunisation Record Form/Card  
 Safety in Practice Immunisation Variation Form (where required) **3a**
- 4  Working with Vulnerable People Registration

You are required to contact *(insert PEP Administrator name)* to discuss the late submission process below.

#### Student Declaration

As discussed and agreed with the PEP Administrator, I am aware that I must submit the completed above indicated documentation by:

**Date:**

I am aware that failure to submit the indicated documentation by the date/s will result in my having to meet with the Head of Program to discuss possible:

- submission of the documentation directly to the Head of Program

**Signed by Student:**

Name: \_\_\_\_\_ Student ID number: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Signed on behalf of Head of Program by:**

*(insert PEP Administrator name):* \_\_\_\_\_ Date \_\_\_\_\_