



## Safe to Practise Procedure **UNDER REVIEW**

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| <b>Related Policy</b>                  | <i>Safe to Practise Policy</i>               |
| <b>Responsible Officer</b>             | Provost                                      |
| <b>Approved by</b>                     | Pro Vice-Chancellor (Students and Education) |
| <b>Approved and commenced</b>          | December 2010                                |
| <b>Review by</b>                       | December 2013                                |
| <b>Responsible Section / Work Unit</b> | Colleges and Academic Units                  |

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## 1 Objective

The objective of this procedure is to enable implementation of, and compliance with, the *Safe to Practise Policy*.

This procedure should be read in conjunction with the *Safe to Practise Policy*.

## 2 Scope

This procedure applies to College and Academic Unit staff delivering, and students enrolled in, degrees which:

- are accredited by professional bodies;
- include courses and/or units involving work integrated learning professional experience practise placement component/s; and
- contain safe to practise requirements established by the professional accreditation boards/bodies.

## 3 Procedure

| Procedural Steps   | Responsible Person             |
|--|--------------------------------|
| <p><b>Step 1</b> Develop local Safe to Practise Declaration and Medical Check process which takes into consideration:</p> <ul style="list-style-type: none"> <li>• <i>Privacy Policy</i> requirements for disclosure and transfer of information; and</li> <li>• Course or unit-specific requirements (such as communication, infectious disease considerations and physical dexterity)</li> </ul> | College or Academic Unit staff |
| <p><b>Step 2</b> Make the Safe to Practise Declaration and Medical Check process available to students online (see <i>Template Form in Appendix</i>)</p>   | College or Academic Unit       |
| <p><b>Step 3</b> Download and complete the Safe to Practise Declaration form, including Medical Check if required</p>  | Student                        |
| <p><b>Step 4</b> Where a criminal history record check is required under course or unit specifications, develop and make available to students the National Police Check process in accordance with <i>Police Check Policy (Students)</i> and associated <i>Police Check Procedure (Students)</i></p>  | College or Academic Unit       |
| <p><b>Step 5</b> Where required, undertake a National Police Check and submit the National</p>   | Student                        |

|                |   |                          |
|----------------|---|--------------------------|
|                | Police Certificate to the School, Centre or University Institute for sighting   |                          |
| <b>Step 6</b>  | Assess and document student capacity to safely undertake practise of the course or unit-specific requirements in relation to any impairment or recorded criminal history  | College or Academic Unit |
| <b>Step 7</b>  | Advise students that they are eligible or ineligible to undertake professional experience practise  | College or Academic Unit |
| <b>Step 8</b>  | In cases where an impairment exists, but students are eligible, negotiate reasonable adjustments for professional experience practise on the basis of the health check advice   | College or Academic Unit |
| <b>Step 9</b>  | In cases where a student is refused professional experience practise or is withdrawn from professional experience practise due to safety issues, advise the student in writing as to the: <ul style="list-style-type: none"> <li>• reason/s for refusal or withdrawal;</li> <li>• consequences for course completion and where applicable any remedial action that can be undertaken; and</li> <li>• process for the student to seek a review of the decision to refuse professional experience practise</li> </ul> | College or Academic Unit |
| <b>Step 10</b> | Where required, provide information relating to reasonable adjustments to practise placement providers  | College or Academic Unit |
| <b>Step 11</b> | Where required, the student's impairment and criminal history is reported to legislated national or state registration and accreditation boards<br><i>(included in Template Form in Appendix)</i>   | College or Academic Unit |

#### 4 Definitions

|                                     |   |
|-------------------------------------|---|
| <b>Impairment</b>                   | Medical, physical, psychological or mental health condition or disorder that is likely to detrimentally affect the student's capacity to safely undertake professional experience practise. |
| <b>Inherent Requirements</b>        | The mandatory, not negotiable, components specific to an educational degree, course or unit to be undertaken by a person.   |
| <b>Practise Placement Providers</b> | Industries/employers and community organisations where professional experience practise occurs.   |
| <b>Professional</b>                 | Predetermined periods of professionally accredited  |

|                                 |  |
|---------------------------------|--|
| <b>Experience Practise</b>      | degrees involving immersion learning placement in the professional workplace.  |
| <b>Public Health and Safety</b> | A decision may be taken adverse to a person where impairment makes it necessary in order to protect the health and/or safety of the person with impairment and/or others.          |
| <b>Reasonable Adjustments</b>   | The alterations or modifications that are able to be provided so as to alleviate the impairment, after due consideration is given to inherent requirements and academic integrity. |
| <b>Work Integrated Learning</b> | Purposefully designed curriculum, incorporating a diverse range of approaches, which enable student learning through the integration of academic theory with the practise of work. |

## 5 Supporting Documentation

- Work Integrated Learning Policy and Procedure
- Work Health and Safety Policy
- Police Records Check Policy (Students)
- Disability and Health Conditions Policy
- Working Safely in Laboratories, Workshops and Studios Minimum Standard  
Field Activity Minimum Standard
- Privacy Policy

## 6 Versioning

|                   |   |
|-------------------|---|
| Former Version(s) | Version 1 – <i>Safe to Practise Procedure</i> ; approved December, 2010, amended in December 2016 to update titles and incorporate Colleges.                      |
| Current Version   | Version 2 – <i>Safe to Practice Procedure</i> (current document); approved December 2010, amended in December 2017 to reflect College structure and nomenclature. |

### Template Safe to Practise Declaration and Medical Check form

#### SAFE TO PRACTISE DECLARATION AND MEDICAL CHECK FORM

In accordance with the University of Tasmania *Safe to Practise Policy*, all students intending to undertake work integrated learning professional experience practise placement are required to establish and maintain their medical, physical and psychological capacity to practise safely. Students who do not complete this form will be ineligible to undertake professional experience practise.

#### Personal Information Statement

Your personal information is being collected by the ...*(insert S/C/I)*... on behalf of the University of Tasmania for the primary purpose of establishing your capacity to participate safely in professional experience practise placement. Your personal information will only be used for the primary purpose for which it is collected and disclosed only to the following persons or organisations:

- employees of the University who require the information to properly carry out their duties; and
- professional experience practise placement providers for implementation of reasonable adjustments; and where required
- mandatory reporting to legislated national or state professional practise registration and accreditation boards.

The University will ensure that your personal information is not used for another purpose or disclosed to third parties without your consent unless such a disclosure is required or permitted by law.

Personal Information will be managed in accordance with the *Personal Information Protection Act 2004*, and the University of Tasmania's *Privacy Policy*. For information on how your personal information is being used or stored or to access your personal information visit the University's website at <http://www.utas.edu.au/governance-legal/policy>. You also have the right to request access to your personal information held by the University in accordance with the *Right to Information Act 2009 (Tas)*.

### SECTION A – Safe to Practise Declaration

#### To be completed by Student

I ..... ID ..... have read and understand the University *Safe to Practise Policy* and hereby declare that I:

- (a)  **have** or (b)  **do not have** medical, physical or psychological issue/s which may impair my capacity to safely undertake professional experience practise in relation to the functions/activities which are inherent requirements specific to the ...*(insert course or unit)*... ; and
- will disclose any medical, physical or psychological issue that occurs during professional experience practise to the ...*(insert authorised officer)*... and undertake a Medical Check.

If you ticked BOX (a), please continue to SECTION B – Medical Check prior to signing below and submitting this form.

If you ticked BOX (b), please sign below and submit this form to ...*(insert authorised officer)*...

Signed: ..... Date: .....  
(Student's Signature)

## SECTION B – Medical Check

### To be completed by Student

I ..... ID ..... hereby give authority for *(Practitioner's Name)* ..... to release information relating to my medical, physical or psychological capacity to safely undertake work integrated learning professional experience practise.

Signed: ..... Date: .....  
*(Student's Signature)*

### To be completed by Medical Practitioner

Dear Practitioner,

The University of Tasmania requires all students to declare or establish via medical check their capacity to safely participate in work integrated learning professional experience practise.

The above student has disclosed to the ....*(insert S/C/I)*... that they have a medical, physical or psychological issue which could impair their capacity to safely undertake professional experience practise.

Could you please assist by completing the following form? Thank you for your time and consideration.

Name: .....

Profession: ..... Practise

Stamp: .....

Phone: ..... Date of Medical

Check: .....

Address: .....  
.....

Signature: .....

Email: .....

Could you please assess the medical, physical or psychological issue which may impair the student's capacity to safely participate in professional experience practise, in relation to the following functions or activities which are inherent requirements specific to the ...*(insert course or unit)*...:

- *(insert functions and/or activities)*
- .....
- .....

Please contact ...*(insert S/C/I contact person's name and phone number)*... if you require clarification.

1. Do you believe this student has the capacity to safely undertake these functions or activities at present?

Yes       No

If No, when do you believe they will have the capacity?

.....  
.....

2. Do you have any concerns that this student's capacity to safely undertake these functions or activities is impaired?

Yes       No

If yes, would you please describe these concerns?

.....  
.....  
.....  
.....

3. Would you please describe any recommendations to the ....(insert S/C/I)... that you believe will assist this student to safely undertake these functions or activities?

.....  
.....  
.....  
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4. Would you please describe any specialised equipment/resources that may assist this student to safely undertake these functions or activities?

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