Welcome to the Child & Family Health (CFH) Nursing Stream.

This information pack has been developed to assist students in preparing for Professional Experience Placement (PEP). During PEP students will develop their CFH nursing practice under the supervision of experienced CFH nurses. All students undertaking PEP in NSW must meet both University of Tasmania and NSW Health placement compliance requirements prior to commencing placement.

**Placement**

The University of Tasmania and NSW Health will work together to organise placement within the Early Childhood Health Centres.

To complete the CFH program, students are required to undertake to one PEP Unit each semester. Each PEP unit requires 15 days attendance at a Early Childhood Health Centre on weekday day shifts. Placements are able to be undertaken on a full-time or part-time basis. It is recommended that student attend at least two days/week to optimise learning. One If a public holiday occurs, or students are absent during placement, this time will need be made up.

**Placement dates are:**

- CNA752: from 19 March 2018 to 1 June 2018
- CNA753: 16 July to 21 October 2018

Placement requires 100% attendance. Students will need to consider how they will manage personal and work commitments during placement as well as any impact this will have on their financial situation during this time.

Students are required to obtain a University of Tasmania ID card. To obtain a university ID card, students will need to email a passport photo together with a copy of photo ID (driver’s licence/passport) to Sydney.placements@utas.edu.au Cards will be posted to the student’s postal address as listed in e-student.

**Compliance**

Although students are already a Registered Nurse, for the purposes of placement, their status changes to a student, and therefore the following compliance process need to be completed prior to undertaking placement. This includes all students already employed with NSW Health.

The University of Tasmania has a duty of care to ensure students are safe to enter the practice environment and ensure the safety of the public. It is a mandatory
requirement of the CFH program to complete the University of Tasmania Safety in Practice compliance processes.

Criteria to meet compliance requirements are very strict and rigidly enforced. Students need to read the information in the attached documents carefully to ensure correct completion of compliance documents. These requirements can take time and there may be costs involved for students, therefore it is recommended that students commence this process as soon as possible so that if any follow up is required, this can be finalised in a timely manner. Information about completing compliance requirements is included in this pack.

Additionally, once the University of Tasmania compliance processes are complete, the PEP Team will assist you in meeting NSW Health compliance requirements.

Both University of Tasmania and NSW Health compliance verification must be achieved prior to placement commencement.


**InPlace**

The University of Tasmania uses ‘InPlace’ to manage all aspects of placement. You will need to upload your compliance documents into InPlace as instructed. Log in to InPlace via [https://inplace.utas.edu.au/](https://inplace.utas.edu.au/) using your university email address and password. A guide to using InPlace is included in this pack.

The NSW PEP Team look forward to managing your PEP with you and can be contacted as below at [Sydney.placements@utas.edu.au](mailto:Sydney.placements@utas.edu.au) or as below:

Kind Regards

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NSW PEP Coordinator

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**Suzy Shortridge**

Placement Officer

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Safety in Practice Student Compliance Documentation
Guidelines and Procedure

December, 2017

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Responsible Officer
Associate Heads, Learning and Teaching

Approved by
School of Medicine and School of Health Sciences Learning and Teaching Committees

Approved and commenced
October, 2014

Reviewed
December, 2017

Review by
December, 2020

Relevant Policy or Procedure the Guideline supports
Faculty of Health Safety in Practice Compliance and Risk Assessment Procedure

Responsible Organisational Unit
School of Medicine and School of Health Sciences
1 Executive Summary

All students undertaking Faculty of Health programs with a professional experience placement (PEP) component are required to comply with the Faculty of Health's Safety in Practice Compliance and Risk Assessment Procedure.

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 Faculty assesses student compliance with the following Safety in Practice Requirements:
- national criminal history;
- working with children registration
- medical, physical and psychological capacity to safely undertake the Faculty of Health Mandatory Functional Requirements; and
- infectious disease and immunisation status.

3.3 National criminal history 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 semester one; or
- in case of late enrolment, prior to beginning study.

The Working with Children Registration Card and Immunisation Record Form/Card Immunisation Record Form/Card must be completed (with Hep B vaccination begun) and submitted by week 1 of semester 2, unless required earlier by individual Program - Program to advise).
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 Procedure**

Failure to meet the Safety in Practice Requirements Submission Deadlines in 3.4 or 3.5 above can lead to the following disciplinary procedure 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)*

4.4 The Head of Program has the discretion to initiate an allegation of general misconduct against any students who still fail to comply with the Safety in Practice Requirements Submission Deadlines under *Ordinance 9 – Student Discipline*.

5 **Glossary**

<table>
<thead>
<tr>
<th>Term/Acronym</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head of Program</td>
<td>Degree Coordinator/Authorised Person</td>
</tr>
<tr>
<td>Organisational Unit</td>
<td>School of Medicine and School of Health Sciences</td>
</tr>
<tr>
<td>PEP</td>
<td>Professional Experience Placement</td>
</tr>
<tr>
<td>PEP Administrator</td>
<td>Program PEP Administration Point of Contact Person</td>
</tr>
<tr>
<td>Program</td>
<td>Degree</td>
</tr>
</tbody>
</table>

6 **Versioning**

<table>
<thead>
<tr>
<th>Initial</th>
<th>Version</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Version 1</td>
<td>Pharmacy Program, 2014</td>
</tr>
<tr>
<td>Version</td>
<td>Version 2</td>
<td>Approved April, 2017; by School of Medicine and School of Health Sciences Learning and Teaching Committees</td>
</tr>
<tr>
<td>Current</td>
<td>Version 3</td>
<td>Reviewed by Faculty Manager, PEP Safety in Practice</td>
</tr>
</tbody>
</table>
Appendix 1  Late Submission Form

School of Medicine and School of Health Sciences

Safety in Practice Compliance Documentation – Late Submission Form

Dear __________________________ ID_________, you have failed to submit the completed Faculty of Health Safety in Practice Requirements documentation indicated below, in accordance with the Safety in Practice Student Compliance Documentation Guidelines and Procedure submission deadlines.

☐ Safety in Practice Agreement
☐ Health Assessment (where required)  1a
☐ National Police Certificate
☐ Immunisation Record Form/Card
☐ Safety in Practice Immunisation Variation Form (where required)  3a
☐ Working with Children 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:

•  1 & 2  30th April
•  3 & 4  30th July

I am aware that failure to submit the indicated documentation by this date 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; or
• allegation of general misconduct under Ordinance 9 – Student Discipline, which can be initiated by the Head of Program against any student who fails to comply with the Safety in Practice Student Compliance Documentation Guidelines and Procedure submission deadlines.

Signed by Student:

Name: _________________________________  Student ID number: _____________

Student Signature: ________________________________  Date _______________

Signed on behalf of Head of Program by:

(insert PEP Administrator name): ________________________________  Date _____________

Safety in Practice Student Compliance Documentation Guidelines and Procedure (December, 2017)  Page 4
NSW Student Compliance Checklist

All documents must be uploaded into InPlace
InPlace Login: https://inplace.utas.edu.au/
- click ‘Staff and Students’
- Your username is your University email address, i.e. student123@utas.edu.au
- Your password is the same for all University accounts, i.e. MyLO, eStudent and Webmail

<table>
<thead>
<tr>
<th>University of Tasmania Compliance Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item</td>
</tr>
<tr>
<td>Safety in Practice Agreement</td>
</tr>
<tr>
<td>Health Assessment Form</td>
</tr>
<tr>
<td>Working with Children Check</td>
</tr>
<tr>
<td>2018 CNA752 Planner</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>University of Tasmania &amp; NSW Health Compliance Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item</td>
</tr>
<tr>
<td>National Police Certificate</td>
</tr>
<tr>
<td>NSW Health Form 2: TB Assessment Tool</td>
</tr>
<tr>
<td>NSW Health Form 3: Student Undertaking Declaration</td>
</tr>
<tr>
<td>NSW Health Code of Conduct</td>
</tr>
<tr>
<td>NSW Health Vaccination Record Card</td>
</tr>
</tbody>
</table>
Professional Experience Placement (PEP)
InPlace Compliance Guide for Students

InPlace is the University of Tasmania’s web based system used by staff and students to organise Professional Experience Placements (PEP). On InPlace students can access their student compliance details, upcoming placements and facility information.

Logging in for the first time
- Go to: https://inplace.utas.edu.au/ and click ‘Staff and Students’
- Your **username** is your University email address, i.e. student123@utas.edu.au
- Your **password** is the same for all University accounts, i.e. MyLO, eStudent and Webmail
- When you log in to InPlace you will be presented with **Terms and Conditions** that you need to accept in order to use the system.

Navigation

<table>
<thead>
<tr>
<th>Icon</th>
<th>Page</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>🏠</td>
<td>Home</td>
<td>Widgets will appear on your home page at different times to highlight any items that require attention in an easy to access way. Widgets on your home page may include:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Message Board</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Student Data Required</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Upcoming Placements</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Placement Requirements</td>
</tr>
<tr>
<td>🕵️</td>
<td>My Details</td>
<td>This page provides access to multiple sources of information. What you can do on your details page:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Check your contact and enrolment information (any changes need to be made via eStudent)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Add or edit emergency contacts and car/transport information (this information may be used when allocating your placements)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Add comments for placement preferences</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- View and update compliance items</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- View upcoming and completed placements</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- View notes and documentation</td>
</tr>
<tr>
<td>🎓</td>
<td>Help</td>
<td>A pop up box will appear by clicking this icon. Brief information about the current page on will be provided. Further information can be found by clicking the InPlace documentation link, alternatively you can click ‘Contact Support’ for further options.</td>
</tr>
<tr>
<td>⚠️</td>
<td>Alert notifications</td>
<td>This page displays all the alerts assigned to or applicable to you when you log on to InPlace.</td>
</tr>
<tr>
<td>📆</td>
<td>Calendar</td>
<td>Allows you to view your upcoming placements in a calendar format.</td>
</tr>
<tr>
<td>📑</td>
<td>Document Repository</td>
<td>Students can view documentation. Items you might find in your document repository:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Verified compliance documentation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Placement rosters</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Facility information</td>
</tr>
</tbody>
</table>
Widgets (Home Page)

Student Data Required

This widget is very important as it alerts you to provide additional information. The most common alert you will see is for compliance and it will appear like this:

To view/action the compliance requirement, click the red hyperlink ‘Health Student Application - Compliance: # items required.’ This will take you through to your student profile so that you can review/update your compliance items.

Upcoming Placements

This widget displays your placement allocation and allows you to view additional information.

Students will be able to view their allocated rotations before and after placements are published when there is an option for placement preferencing – including dates.

To view more information about your placement as a whole, click the red ‘detail’ hyperlink.

To view specific information (i.e. address, phone number) about your placement facility, click the red link under ‘Agency’ e.g. St Vincent’s Hospital, Sydney/Mental Health.

To view your placement shifts, click the red ‘view schedule’ link.
Verification Rejected

This widget displays any compliance documents that have been rejected by staff and the reasons why they were not accepted. You can view your rejected items by clicking the red hyperlink with the name of the compliance item and follow instructions to meet compliance requirement.

<table>
<thead>
<tr>
<th>Rejected (1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Working with Children Check Achieved</td>
</tr>
<tr>
<td>You have not uploaded your clearance letter</td>
</tr>
</tbody>
</table>

Student Compliance

To update or check your compliance/verification status, click on the ‘My Details’ icon. Alternatively, you can access your compliance items through the ‘Student Data Required’ widget.

Scroll down the page to view your compliance items; items marked with a red asterisk (*) are compulsory.

You can upload most of your documentation to InPlace. The compliance documents that you have to present to the PEP Team in person will not have an upload option.

PEP Staff will review, verify/reject required compliance items.

To update documentation:

Students need to upload each document under the specific compliance item. Only one document can be uploaded for verification; documents with multiple pages (such as SIPS and vaccination records) will need to be scanned into one document and then uploaded. Previously uploaded documents will be overwritten by the newer item.

PDF documents are the preferred format and should be less than 20mb file size.
Click the red [Edit] Link within the compliance item; this will bring forward a pop up box (see below example)

![Edit Pop Up Box](image)

Upload your relevant documentation and the PEP Team will enter additional data in fields as required.

To upload your documents:

Click the choose file button (another pop up will appear)
Select the file you wish to upload (.pdf is preferred for multi-page documents) and click open.
  - Once you have uploaded the document it will appear in the pop up box:

You then need to click the upload button and it will move to the right:

To submit your changes, click the black ‘Save’ button and staff will receive a notification that you have updated your compliance information.

PLEASE NOTE: Maximum file size if 20MB. If your document is larger than this, you can reduce the PDF size by opening the document in acrobat, and selecting ‘reduce file size’.

Updating documents will automatically change your verification status to ‘No’ with an amber coloured box:

Compliance works in a traffic light scheme for both expiry and verification:

<table>
<thead>
<tr>
<th>Expiry</th>
<th>Verification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your compliance item has expired</td>
<td>Your compliance documentation has been rejected by staff and needs to be resubmitted. Follow instructions given to resubmit.</td>
</tr>
<tr>
<td>Your compliance item is in date but due to expire shortly</td>
<td>Your compliance documentation has been submitted and is pending verification by staff.</td>
</tr>
<tr>
<td>Your compliance item is in date</td>
<td>Your compliance documentation has been submitted and verified by staff.</td>
</tr>
</tbody>
</table>
Once you have completed your compliance, your page should look similar to this:

<table>
<thead>
<tr>
<th>Compliance</th>
<th>Description</th>
<th>Value</th>
<th>Expiry</th>
<th>Verified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety in Practice Agreement form*</td>
<td>Yes</td>
<td>28/02/2017</td>
<td>[Edit]</td>
<td>No</td>
</tr>
<tr>
<td>Safe to Practice Health Assessment form</td>
<td>[View]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Working with Children Check Achieved*</td>
<td>Yes</td>
<td>17/04/2018</td>
<td>[Edit]</td>
<td>No</td>
</tr>
<tr>
<td>National Police Check*</td>
<td>10/02/2019</td>
<td>[Edit]</td>
<td>No</td>
<td>Rejected</td>
</tr>
<tr>
<td>NSW CHA</td>
<td>[Edit]</td>
<td>Yes</td>
<td>No</td>
<td>Rejected</td>
</tr>
<tr>
<td>DTaP/Tetanus/Polio</td>
<td>Yes</td>
<td>[Edit]</td>
<td>No</td>
<td>Rejected</td>
</tr>
<tr>
<td>Measles/Mumps/Rubella*</td>
<td>Serological evidence of immunity provided</td>
<td>[Edit]</td>
<td>No</td>
<td>Rejected</td>
</tr>
<tr>
<td>Varicella*</td>
<td>Serological evidence of immunity provided</td>
<td>[Edit]</td>
<td>No</td>
<td>Rejected</td>
</tr>
<tr>
<td>Tuberculosis*</td>
<td>Screening not required</td>
<td>[Edit]</td>
<td>No</td>
<td>Rejected</td>
</tr>
<tr>
<td>Vaccination Record Card*</td>
<td>Yes</td>
<td>28/12/2018</td>
<td>[Edit]</td>
<td>No</td>
</tr>
<tr>
<td>Asthma Certificate*</td>
<td>Yes</td>
<td>26/11/2017</td>
<td>[Edit]</td>
<td>No</td>
</tr>
<tr>
<td>CPR*</td>
<td>Yes</td>
<td>28/02/2015</td>
<td>[Edit]</td>
<td>No</td>
</tr>
<tr>
<td>NSW Health Form 2: TB Assessment Tool</td>
<td>[Edit]</td>
<td>No</td>
<td>Rejected</td>
<td></td>
</tr>
<tr>
<td>NSW Health Form 3: Student undertaking/Declaration</td>
<td>[Edit]</td>
<td>No</td>
<td>Rejected</td>
<td></td>
</tr>
<tr>
<td>NSW Code of Conduct*</td>
<td>[Edit]</td>
<td>No</td>
<td>Rejected</td>
<td></td>
</tr>
<tr>
<td>NSW CimConvert Verification status*</td>
<td>Fully Verified</td>
<td>[Edit]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:** Several compliance requirements have expiry dates which are clearly displayed. It is the student’s responsibility to ensure that all compliance requirements are valid for the duration of their placement. Students with compliance requirements that are due to expire or have already expired will not be able to attend placement.

**Facility and Roster information:**

In most cases information regarding your placement facility and required documentation will be available via the document repository.

Once students have been allocated to a placement the information attached to the placement site will automatically appear, students can download the document by clicking view (this should start an automatic download of the PDF document).

This information is updated on a regular basis and may change from placement to placement. There may also be additional requirements for students to complete prior to attending placement – this is governed by each placement site.

Placement rosters can also be found within the document repository, students will be advised when these are available to view.

**Please note:** Several private partners only provide rosters 2 weeks prior to placement commencing. Other private partners may require students to access their placement management systems to access rosters and complete pre-placement requirements; this information will be included in the facility information sheets via the document repository.
SAFETY IN PRACTICE AGREEMENT

INTRODUCTION

Faculty of Health students undertaking a professional experience placement (PEP), laboratory and/or field activity (placement) as a requirement of a unit or course of study must sign a Safety in Practice Agreement annually. The purpose of the Agreement is to ensure that you are aware of your rights and responsibilities while undertaking PEPs.

The agreement should be completed in accordance with the Safety in Practice Student Compliance Documentation Guidelines and Procedure, scanned and submitted via upload into InPlace. The PEP Coordinator/Administrator of your Program will be able to discuss any additional arrangements and support that you may need. The PEP Administrator of your Program will sign this agreement on behalf of the Program and it will be ‘verified’ and remain accessible to you in InPlace.

Important Note:

1. Bachelor of Medicine and Bachelor of Surgery (MBBS) and Bachelor of Paramedic Practice (BPP) students must be 18 years of age before undertaking PEP. MBBS and BPP students are therefore, required to complete this Agreement after turning 18 years of age.

2. Any student under the age of 18 years enrolled in Non MBBS and BPP Programs that include PEP must have the written consent of their parent or guardian when completing this Agreement.

You will not be permitted to undertake your PEP if a completed and signed Agreement has not been received.

Period of Agreement: January 1st, 2018 - February 28th, 2019

COURSE/UNIT DETAILS

Please enter the details of ALL PEP unit/s in which you are enrolled into the designated area on page 5 of this Agreement.

EXPLANATORY NOTES

You should carefully read the Explanatory Notes relating to each section before completing and signing the Agreement.

SECTION 1: PERSONAL DETAILS

You must change your contact information through the e-student centre or notify Student Administration of any changes to your address or other contact information.

Personal information is collected by the University of Tasmania (UTAS) in relation to PEPs to assist in the administration and to enable you to participate in the program. Failure to provide the University with the requested information will result in your PEP being refused. Some of your personal information including your name, student number and photo, contact details and information on special requirements will be disclosed to the healthcare provider where you are undertaking your PEP. Where personal information is provided to a healthcare provider, the provider will be informed that they are bound by the privacy provisions of the University in relation to the use, disclosure and storage of personal information.
SAFETY IN PRACTICE AGREEMENT

Your de-identified personal information (that is information that does not readily identify an individual) may be used by the healthcare provider for management of PEPs, research and statistical purposes. The healthcare provider will ensure that data will:

- be protected,
- not be provided to unauthorised third parties,
- only be used for the stated purposes, and
- remain de-identified.

Your personal information will only be used or disclosed for the primary purpose for which it is collected. Personal information will be managed in accordance with the Personal Information Protection Act 2004, and the UTAS Personal Information Privacy Policy. For more information on how your information is being used by the University, or to access your personal information, visit the University’s website at http://www.utas.edu.au/, or contact the University on (03) 6226 4858.

The University may be required to provide your name, course information, healthcare provider details and your start and end date to the commonwealth government. The information is required for funding purposes and failure to consent to that information transfer will result in you not being permitted to undertake PEP. Further information will be provided to you via email when the data collection commences including the Privacy Policy for the commonwealth government and a contact person.

SECTION 2: EMERGENCY CONTACT

An emergency contact is requested so the University can identify and contact the most appropriate person in the case of an emergency during your PEP.

SECTION 3: SAFE TO PRACTISE POLICY

In order to meet the University work, health and safety requirements, you are required to read the University Safe to Practise Policy. If you make a disclosure in Section 9, then you will need to take the Health Assessment Form to your Medical Practitioner for completion before you sign the Agreement.

SECTION 4: CODE OF PROFESSIONAL AND ETHICAL CONDUCT

You are required to read the Faculty of Health PEP Code of Ethical and Professional Conduct which contains rules which must be adhered to by all students undertaking PEPs. These rules are as clear, precise and unambiguous as possible and constitute basic, non-negotiable requirements for completion of your degree at UTAS. It is not possible to create a rule for every situation or contingency, hence the Code also provides a framework for you to apply to different circumstances during practise.

SECTION 5: NATIONAL POLICE HISTORY RECORD CHECK AND WORKING WITH CHILDREN REGISTRATION

Most Australian health care agencies and non-government organisations require National Police History Record Checks and Working with Children Registration for all staff, students and volunteers who deal with sensitive information and will come into contact with children, elderly and vulnerable people.

The Faculty of Health has determined that all students enrolled in courses involving PEP will require:

1. A National Police History Record Check. When you apply for a National Police History Record check you will receive a National Police Certificate.

   You are required, in accordance with Faculty of Health National Police Record Check Procedures, to obtain a current National Police Certificate, and International Police Certificate where required, by week 2 of the first semester of your course and every 3 years thereafter.

   If you commit an offence during your course of study you are required to immediately notify the:
   - Australian Health Practitioner Regulation Agency, where applicable; and
SAFETY IN PRACTICE AGREEMENT

- PEP Coordinator/Administrator for your Program. Your case may be referred to the Manager, Faculty of Health PEP Safety in Practice for assessment. The Manager, PEP Safety in Practice may require you to undertake a new National Police History Record Check.

2. Working with Children Registration. When you apply for registration you will receive a Working with Children Registration Card (Tasmania) or Letter (NSW). (Laboratory Medicine students are exempt)

You are required, in accordance with the Faculty of Health Working with Children Registration Procedure, to obtain Working with Children Registration.

SECTION 6: INFECTIOUS DISEASE GUIDELINES AND PROCEDURES

The Faculty of Health Infectious Disease Guidelines and Procedures apply to students who are required to undertake PEPs in health care settings involved in the provision of patient/client care and services and with exposure-prone procedures (e.g. research, laboratory). In general you are required to comply with the Procedures and Guidelines in a manner consistent with that which applies to employees/health care workers within the same vocational field. Faculty of Health students are required to read and comply with the following Faculty of Health documents prior to undertaking PEPs:

- Infectious Disease Guidelines and Procedures;
- Tasmanian Student Immunisation Record Form;
- or
- NSW Student Immunisation Record - Information Checklist; and
- Infection Control Guidelines.

SECTION 7: LEARNING REQUIREMENTS

You are required to read and become familiar with the learning requirements for the PEP units in your course that you will complete during the period of this agreement.

SECTION 8: WORK HEALTH AND SAFETY

You are required to read and become familiar with the work health and safety information and procedures relating to incident, accident and injury and student insurance located at Work Health and Safety.

SECTION 9: SAFETY IN PRACTICE DISCLOSURES

UTAS is committed to continuously improving the management and standards of work, health and safety and in so doing we strive to protect the health and safety of our students and other people in the community with whom students interact as part of their study.

In accordance with the University of Tasmania Safe to Practise Policy and Work, Health and Safety Policy, all students required to undertake PEP(s) are to establish and maintain their medical, physical and psychological capacity to practise safely.

You are therefore, required to declare your capacity to safely undertake the following professional experience placement Mandatory Functional Requirements for your course:

1. Capacity to read and write to enable the student to:
   - read and understand patient/client records, charts and/or medication labels and dosages; and
   - accurately record patient/client notes.

2. Capacity to undertake critical thinking and reflective analysis to:
   - self-evaluate and reflect upon one’s own practice, feelings and beliefs and the consequences of these for individuals and groups.

3. Capacity to communicate to enable the student to:
   - interact with patients/clients and health practitioners in a professional setting;

Final Version: 15th November, 2017
SAFETY IN PRACTICE AGREEMENT

- accept instruction and professional criticism;
- question directions and decisions which are unclear; and
- resolve conflict and negotiate with staff and patients/clients.

4. Psychological capacity to:
- understand the importance of and demonstrate the professional attributes of honesty, integrity, critical judgement, insight and empathy;
- interact with patients/clients, carers and others in a caring, respectful manner to provide emotional support and health education; and
- maintain self-control in professional situations.

5. Physical capacity to: (5. N/A for Postgraduate Counselling and Psychology students)
- use technical equipment, which includes having the dexterity to undertake clinical procedures and handle, maintain and program equipment;
- apply clinical procedures (e.g. physical examination, wound management), support patients/clients and perform cardiopulmonary resuscitation (CPR); and
- manage essential equipment and materials.

If you answer YES to any of the questions in the Safety in Practice Disclosure, you are required to have the Health Assessment Form completed by a Medical Practitioner. Declaring a medical, physical and/or psychological condition will not automatically exclude you from undertaking PEP.

UTAS is committed to anti-discrimination practices and will provide reasonable adjustments to enable students to participate in PEPs as long as safety requirements are not compromised.

Your health information will only be used for the direct purpose for which it is collected. The information provided by you in Section 9 may be disclosed to the healthcare provider at which you are undertaking your PEP, in which case that provider will be informed that they are bound by the privacy provisions of the University and that they are required to contact you in relation to the use, storage and disclosure of your health information. If you do not provide the information requested you may be refused PEP.

SECTION 10: SUPPORT TO MEET PLACEMENT REQUIREMENTS

The University aims, wherever possible, to arrange for PEPs to be flexible enough to meet the needs of all participating students. You are asked to indicate if there are any factors that may impact your ability to undertake your PEP, including relocation to a region away from place of residence. These might relate to family circumstances or responsibilities, your state of health, disability, cultural or spiritual requirements. The Academic Coordinator of Professional Experience of your Program will discuss possible options with you and if necessary negotiate any additional arrangements and support that may be required.

SECTION 11: CONFIDENTIALITY STATEMENT

During the PEP you may be provided with access to confidential information about the healthcare provider or its patients/clients. By signing the Agreement you agree not to discuss or disclose confidential information with anybody other than in accordance with your PEP conditions.

SECTION 12: STUDENT DECLARATION

IMPORTANT: You must read and sign this section.

By signing the Student Declaration you agree that you have read and understood your rights and responsibilities regarding your PEP; and at the time of signing, have read and understood the UTAS Safe to Practise Policy and that all information provided by you is true and correct to the best of your knowledge.

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SAFETY IN PRACTICE AGREEMENT

SECTION 13: STAFF AGREEMENT

The agreement will be signed on behalf of the University by the person designated by the Head of Program or their nominee.

PLEASE READ THE EXPLANATORY NOTES ON PAGE 1 BEFORE YOU COMPLETE THIS AGREEMENT.

AGREEMENT

Period of Agreement: January 1st, 2018 - February 28th, 2019

Course/Unit Details: 19/03-1/06/2018:CNA752

SECTION 1: PERSONAL DETAILS

Name: ____________________________________________________________

Student ID Number: _______________ Date of Birth: _______________

Residential Address: ______________________________________________

_________________________________________ Postcode: ____________

Phone - Home: _______________ Mobile: __________________________

University Email: _______________________________________________

SECTION 2: EMERGENCY CONTACT

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

Name: __________________________________________________________________________________________

Relationship to Contact: ______________________________________________

Residential Address: _____________________________________________________________________________

Phone - Home: _______________ Work: _______________ Mobile: _______________

Alternative contact name: _________________________________________________________________________

Relationship to Contact: ______________________________________________

Residential Address: _____________________________________________________________________________

Phone - Home: _______________ Work: _______________ Mobile: _______________

Optional:

Name of Doctor: _________________________ Doctor’s phone number: ___________________
SAFETY IN PRACTICE AGREEMENT

SECTION 3: SAFE TO PRACTISE POLICY

PLEASE mark all boxes ☒ to acknowledge your adherence to compliance items.

☐ I have read and understood the University Safe to Practise Policy and I will disclose any existing health issue (disability, impairment or condition), which may detrimentally affect my capacity to safely undertake PEP, immediately to the PEP Coordinator/Administrator and undertake a Health Assessment if required.

SECTION 4: CODE OF PROFESSIONAL AND ETHICAL CONDUCT

☐ I have read and agree to comply with the principles and rules set down in Faculty of Health PEP Code of Ethical and Professional Conduct.

SECTION 5: NATIONAL POLICE HISTORY RECORD CHECK AND WORKING WITH CHILDREN REGISTRATION

1. I have read and complied with the Faculty of Health National Police Record Check Procedures.

I agree to provide a copy of my National Police Certificate to individual healthcare providers upon request.

If I commit an offence during the course of study, I will immediately notify the:

☐ Australian Health Practitioner Regulation Agency via the AHPRA - Form - NOCE-00 - Notice of certain events; and

☐ PEP Coordinator/Administrator and apply for a new National Police Certificate if required by the Manager, Faculty of Health PEP Safety in Practice.

2. I have complied with the Faculty of Health Working with Children Registration Procedure and completed a Working with Children Registration. *(Laboratory Medicine students are exempt)*

I agree to provide a copy of my Working with Children Registration Card or Letter to individual healthcare providers upon request.

SECTION 6: INFECTIOUS DISEASE GUIDELINES AND PROCEDURES

I have read, understood and accept and agree to comply with the student responsibility requirements as documented in the Faculty of Health:

- Infectious Disease Guidelines and Procedures; and
- Infection Control Guidelines.

I have complied with the Immunisation Requirements by submitting my completed Student Immunisation Record Card to the PEP Coordinator/Administrator for sighting and agree to maintain possession of the card.

☐ I will immediately notify the PEP Coordinator/Administrator if my infection status changes.

SECTION 7: LEARNING REQUIREMENTS

I will read and familiarise myself with the learning requirements for this unit, or year of my course, and of the PEP/s.

Yes ☐ No ☐

SECTION 8: WORK HEALTH AND SAFETY

I have read and understood the student work health and safety information and procedures relating to incident, accident and injury and student insurance located at Work Health and Safety.

Final Version: 15th November, 2017
SAFETY IN PRACTICE AGREEMENT

SECTION 9: SAFETY IN PRACTICE DISCLOSURE

Do you have any permanent, episodic or temporary health condition/s or impairment/s, including visual or auditory processing (learning disability)?

**IMPORTANT:** Minor treated and stable conditions (*e.g.* Asthma, hyper/hypothyroidism, stomach reflux, eye lenses) do not need to be disclosed.

Yes ☐ No ☐

Do you take any medication (prescribed or non-prescribed) or other 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 ☐

Have you experienced seizures, fits, convulsions, epilepsy, recurrent fainting, significant visual or hearing impairment (which is unable to be corrected with devices, such as glasses or hearing aids), sleep disorders, sleep apnoea, narcolepsy or diabetes within the last 5 years?

Yes ☐ No ☐

Do you have any other known medical conditions, physical conditions, psychological issues or medication requirements which may impair your capacity to safely undertake Professional Experience Placements, laboratory and/or field activities?

Yes ☐ No ☐

After reading the Faculty of Health Mandatory Functional Requirements (pages 3 & 4), do you have any concerns about your capacity to safely undertake Professional Experience Placements, laboratory and/or field activities?

Yes ☐ No ☐

If you have answered YES to any of the questions above please take the Health Assessment Form to your Medical Practitioner for completion or procure a copy of your Educational Psychological Assessment Report (learning disability), then scan and submit the Form or Report via InPlace.

SECTION 10: SUPPORT TO MEET PLACEMENT REQUIREMENTS

In accordance with specific Course Requirements, students are allocated to professional experience placements subject to availability and generally must relocate to regions away from their place of residence.

I understand this statement: Yes ☐

I require additional arrangements or learning support to successfully undertake the PEP:

No ☐ **Go to Section 11** Yes ☐ complete below

I have discussed with the Course Coordinator of my Program the additional arrangements and support I require to undertake PEP in the agreed location and am satisfied with the outcome.

Yes ☐ No ☐
**SECTION 11: CONFIDENTIALITY STATEMENT**

In relation to my PEP, I agree to:

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

**SECTION 12: 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 PEP Coordinator/Administrator and I am aware of the requirements of the PEP, 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 PEPs and academic progress being used in discussions with potential PEP providers.

☐ I agree to advise the PEP Coordinator/Administrator 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 PEP, laboratory and/or field activity requirements.

**SIGNED by**

(Signature of Student)  
(Date)

**SECTION 13: 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** by PEP Administrators via Electronic signature:

Name:  

(Signature of PEP Administrator)  
(Date)
To complete your Child and Family Health (CFH) program, you are required to undertake to one PEP Unit each semester. Each PEP unit requires 15 days attendance at a Child and Family Health Centre on weekday day shifts, although if there are evening clinics, you may be encouraged to attend to further develop your practice. Attendance can be full time or part-time, with a minimum attendance of two days/week to consolidate learning. If a public holiday occurs during your placement, you will need to make up this day. Your first PEP will be CNA752, and must be undertaken between 19 March 2018 and 1 June 2018.

The below information will assist the NSW PEP Team to organise your placement in a timely manner.

**Dates**
Although every endeavour will be made to place you on your first preferred dates, if these are not available, we may need to allocate you on your reserve dates.

<table>
<thead>
<tr>
<th>First Preferred dates</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Full time</td>
<td></td>
</tr>
<tr>
<td>Part time (please give either days of the week or dates to make up 15 days in total)</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>2nd Preferred dates</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Full time</td>
<td></td>
</tr>
<tr>
<td>Part time (please give either days of the week or dates to make up 15 days in total)</td>
<td></td>
</tr>
</tbody>
</table>

**Location**
If you have a preferred CFH centre where you would like to undertake PEP, please nominate below. If you know the name of the Manager/Clinical Nurse Educator, please include their contact details. This is especially important for centres located outside of Sydney.

<table>
<thead>
<tr>
<th>Location</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Person</td>
<td></td>
</tr>
<tr>
<td>Role/Title</td>
<td></td>
</tr>
<tr>
<td>Phone</td>
<td></td>
</tr>
<tr>
<td>Email</td>
<td></td>
</tr>
</tbody>
</table>
How to Obtain a National Police Certificate

If you have already undergone a National Police Record Check within the past six months you may submit the ORIGINAL document (National Police Certificate) to the Professional Experience Placement Coordinator/Administrator of your relevant Program. Copies will not be accepted.

Tasmanian Students


Complete the following details on the application form:

| Section 1: | Complete applicant details (Write your own address - Not that of the University or your School) |
| Section 2: | Tick “National Police Record Check” |
| Section 3: | In the Option 1 – Employment/ Privilege under Schedule 1 box tick “Child Related Health” |
| Section 4: | Tick the box for a receipt of payment |
| Section 5: | Not applicable |
| Section 6: | Attach certified copies of documents required as evidence of identity |
|             | NOTE: For information regarding Certified Documents |
| Section 7: | In addition to your signature (the applicant), a witness who knows you will also need to sign the form |

Return Form and Attachments to:

Criminal History Services
Tasmania Police
GPO Box 308
Hobart TAS 7001

New South Wales Students

Individuals requiring a National Police Check must:

- complete an online application form at: https://npcoapr.police.nsw.gov.au/aspx/dataentry/Introduction.aspx (click on Next at bottom of the page);
- Type of Check: “name and date of birth check”;
- Select purpose of check: “Employment/Student placement”;
- Upload required proof of identity documents and pay online; and
- present the printed confirmation page and proof of identity documents used to a NSW Police station (your application will not be processed until this action has been completed).

Note: Allow up to three weeks for application to be processed.

International Students

International students are required to:

- provide an equivalent National Police Check for their country of origin or the country they have resided in the last 12 months and produce an original copy of their National Police Certificate, or equivalent that has been translated into English; and
- obtain a National Police Check from the Australian State or Territory Police in which they reside and produce an original copy of their National Police Certificate.

Placements in other States, Territories and Countries

Students undertaking placements in other states/territories or countries may be required to apply for additional related documentation – more information will be provided to students on an individual basis.

Previous Version: 1st June, 2015
Final Version: 20th January, 2017
How to Apply for Working with Children Registration

Students intending to undertake professional experience placement (PEP) must obtain Working with Children Registration in compliance with Faculty of Health Working with Children Registration Procedure requirements. There is mandatory registration required for Faculty of Health students who will be working with children as part of their course. There is also a clearance where required in specific circumstances.

Working with Children Registration Application  (mandatory)

Please obtain registration via the guidelines below. Once registered, upload a scanned copy of your Working with Children Registration Card/Letter into InPlace to enable sighting and Verification by your Program PEP Administrator.

1  Tasmanian Students

To apply for Working with Children Registration, go to the Department of Justice Working with Children website at http://www.justice.tas.gov.au/working_with_children/application. Read and follow the instructions on that page and then click on Start Your Application at the bottom of the page. If you have current Tasmanian Working with Children Registration (Employee or Volunteer) relating to your involvement with another ‘Organisation’, you can just transfer the registration to the ‘University of Tasmania’.

Include the following details on the application form:

- Are you submitting this form for yourself? Choose - ‘Yes’
- Purpose of registration: Choose - ‘Volunteering’  (cost will be $17.76)
- Child-related activity: Choose - ‘Health, counselling and support service for children’
- Are you currently working or volunteering in a child related activity? Choose - ‘No’
- Are you currently engaged, or about to be engaged, by an employer or volunteer body to undertake child-related work? Choose - ‘Yes’
- Organisation Name: Choose - ‘University of Tasmania’
- What is your job title or volunteer role? Type in - ‘Student’
- In what capacity are you engaged in this activity? Choose - ‘Volunteer’

1.1  International Students Coming to Tasmania

As part of the application process above, international students coming to Tasmania are required to provide an original copy of their National Police Certificate (NPC) (translated into English) from their country of origin or the country they have resided in the last 12 months.

Applicants from overseas can complete the online Working with Children Registration application form before coming to Australia and post or email their ID, photo and payment to the Department of Justice (within 20 days of completing the form or it will expire). See the Interstate/overseas applicants’ fact sheet at: http://www.justice.tas.gov.au/__data/assets/pdf_file/0008/284363/Interstate_and_Overseas_Applicants.pdf

Important Note:

In cases where a person cannot obtain a NPC from their country of origin for a genuine reason (e.g. the country won’t provide it once they have left), the Department of Justice may accept Visa documents (copy) and a character reference letter supplied by someone the person has worked for or volunteered with in their country of origin.
Students in this case, or where their resident country process for providing a NPC takes quite some time, should proceed with the application and, once payment has been made, the Department of Justice will contact them to request additional documentation as required.

Once the application is completed and payment made, students can download the Department of Justice Registration to Work with Vulnerable People Statutory Declaration form at: http://www.justice.tas.gov.au/__data/assets/pdf_file/0011/292925/Registration_to_Work_with_Vulnerable_People.pdf. Completion of the Statutory Declaration form allows the students to undertake PEP under the supervision of a registered person until their Working with Children Registration is granted.

1.2 Interstate Students Undertaking Electives in Tasmania

In accordance with Tasmanian legislation as identified on the Tasmanian Department of Justice Working With Children website, students with interstate WWC Registration undertaking PEP in Tasmania for less than 28 days per year are exempt from acquiring WWC Registration.

2 New South Wales Students

To apply for a Working with Children Check, go to the NSW Office of the Children's Guardian website at http://www.kidsguardian.nsw.gov.au/working-with-children/working-with-children-check. Under the ‘Need more help?’ menu, access the ‘What do I need to do as an applicant?’ video and then go to and click on the Start Here logo at the top of the page.

Include the following details on the application form:

- Purpose for check: Volunteer (free of charge)
- Child-related sector: Children’s health services

2.1 Tasmanian Students Undertaking PEP in NSW

In accordance with NSW legislation and as identified on the NSW Office of the Children's Guardian Working with Children Check website, Tasmanian students with Tasmanian WWC Registration undertaking PEP in NSW for less than 30 days per year are exempt from acquiring NSW WWC Registration.

3 Placements in other States and Territories

Students undertaking placements in other states and territories will require the relevant State or Territory Registration. See: https://aifs.gov.au/cfca/publications/pre-employment-screening-working-children-checks-and-police-checks#table-1
Code of Conduct Agreement
for Students undertaking Clinical Placements

Instructions for Students:
Complete this form and provide it to the NSW Health organisation when requested.

SECTION A: PERSONAL DETAILS
(Name details provided must be same as the details on the Student ID)

Family Name: ________________________________ Given Names: ________________________________

Address: _________________________________________________________________

______________________________________________________________

Student ID: __________________ Phone Number: __________________

Date of Birth: ___________ Gender: __________________

University/TAFE: _______________________________________________________

SECTION B:

I undertake that if I am charged or convicted of any criminal offence after the date of issue of my National Police Certificate or while I am completing my course, I will notify NSW Health before continuing with any clinical placement.

and agree to abide by the provisions set out in the Code of Conduct at all times during all of my clinical placements within NSW Health Facilities. Failure to do so may lead to withdrawal of my clinical placements within NSW Health.

Name: ________________________________ (please print)

Signature: ________________________________

Date: ________________

June 2013
Dear Student,

Requirements for Professional Experience Placement (PEP) within Health Care Agencies

This fact sheet accompanies the NSW Health Vaccination Record Card which is available from the Sydney PEP Administration Team.

The University is required to comply with Commonwealth and State legislation and regulations to ensure the safety of students and patients. The College of Health and Medicine has a duty of care towards both students and patients to prevent or minimise the risk of transmission of infectious or blood-borne diseases.

The accompanying NSW Health Vaccination Record Card is to be completed by a health care provider to enable you to comply with the College of Health Medicine, and NSW Health Occupational Assessment, Screening and Vaccination Against Specified Infectious Policy for students undertaking PEP in NSW health agencies.

It is recommended that you take this letter to your health care provider with your vaccination card.

Once you have your Immunisation Record Card completed, you are required to:

- Submit your card to the PEP Coordinator/Administrator NSW during semester 1 and at other times as requested
- Submit your card to NSW Health during Bulk Compliance days in Semester 1 and for final verification as indicated by NSW Health
- Take your Card with you on placement to all Private Health Care facilities on the first day of PEP

If you do not submit your completed Vaccination Record Card to your PEP Coordinator/Administrator prior to your first scheduled placement you will not be eligible to undertake professional experience placement and therefore may not be able to complete your course.

The College of Health and Medicine Infectious Diseases Guidelines and Procedures can be accessed at:

2018 NSW Student Vaccination Record Checklist
# Student Immunisation Checklist

**Cost of the Program:** Students are responsible for the costs of all assessment, screening and vaccination requirements.

**Evidence:** Sources of evidence may include Child Health Records/vaccination clinics, staff health and GP medical records. Students previously immunised in Australia may also be able to download their immunisation history from the [Australian Immunisation Register](http://www.immunise.gov.au). Serology reports can also be attached. All entries must be legible and in English.

- **ALL ENTRIES MUST INCLUDE DATE, GP SIGNATURE AND STAMP** (with Provider Number)
- All vaccinations must include batch number, written or with sticker attached
- Serology and other test results need to be entered onto the card with date, GP signature and stamp included

## Instructions for the Student

In preparing to visit your health care provider, ensure that you have done the following: *(Please Tick)*

<table>
<thead>
<tr>
<th></th>
<th>Evidence of immunity to diphtheria/tetanus/pertussis</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>✓ One dose of the combined adult dTpa (adult diphtheria, tetanus and pertussis vaccine. If no batch number available, a booster dose will be required</td>
</tr>
<tr>
<td></td>
<td><strong>NOTE:</strong> Blood tests and/or ADT will not be accepted</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Evidence of Hepatitis B vaccination</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>✓ Documented age appropriate course of hepatitis B vaccine. A hepatitis B serology test is required one month after your 3rd Hepatitis vaccination. A verbal history and written declaration is acceptable if all attempts fail to obtain the vaccination record</td>
</tr>
<tr>
<td></td>
<td>✓ <strong>And,</strong> Hepatitis B serology demonstrating Anti-HBs greater than or equal to 10IU/ml. <em>This must be recorded as a numerical value. No other result will be accepted</em></td>
</tr>
<tr>
<td></td>
<td>✓ If your result is &lt;10IU/ml, you will need to contact the NSW PEP Coordinator immediately for further advice</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Evidence of vaccinations against measles/mumps/rubella</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>✓ Documentation of <strong>TWO DOSES</strong> of measles/mumps/rubella vaccinations at least one month apart</td>
</tr>
<tr>
<td></td>
<td>✓ <strong>Or</strong> positive IgG for Measles and Mumps, with Rubella result recorded as a numerical value. <em>Rubella serology report to be attached</em></td>
</tr>
<tr>
<td></td>
<td>✓ <strong>OR</strong> if born before 1966, you are considered immune and no further action is required</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Evidence of immunity to Varicella</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>✓ Documentation of 2 doses of varicella vaccination at least one month (evidence of one dose is sufficient if vaccinated before the age of 14; if vaccinated after age 14, 2 x varicella vaccinations are required)</td>
</tr>
<tr>
<td></td>
<td>✓ Or positive IgG for varicella</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>NSW Health 2 Tuberculosis (TB) Assessment tool</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>✓ If you have lived in one or more high risk countries for a combined period of three (3) months or more, you will be required to undertake TB screening at your local Chest Clinic.</td>
</tr>
</tbody>
</table>

|   | NSW Health form 3 student undertaking declaration |
NSW Health Vaccination Record Card Completion Guide

All documents must be uploaded into InPlace as a single PDF file

InPlace Login: [https://inplace.utas.edu.au/](https://inplace.utas.edu.au/)
- click ‘Staff and Students’
- Your **username** is your University email address, i.e. **student123@utas.edu.au**
- Your **password** is the same for all University accounts, i.e. MyLO, eStudent and Webmail

<table>
<thead>
<tr>
<th>Vaccinations</th>
<th>Vaccination Card entry must include</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diphtheria, Tetanus and Pertussis</strong></td>
<td>Given within the last 10 years</td>
</tr>
<tr>
<td></td>
<td>• Date of administration <strong>AND</strong></td>
</tr>
<tr>
<td></td>
<td>• Batch number (if no batch number, a booster will required) <strong>AND</strong></td>
</tr>
<tr>
<td></td>
<td>• Health care provider signature <strong>AND</strong></td>
</tr>
<tr>
<td></td>
<td>• Health care provider practice stamp</td>
</tr>
<tr>
<td><strong>Hepatitis B</strong></td>
<td>Evidence of previous age appropriate vaccination <strong>OR</strong></td>
</tr>
<tr>
<td></td>
<td>• If no documented evidence, health care practitioner to write</td>
</tr>
<tr>
<td></td>
<td>‘Confirmed verbal history of age appropriate vaccination obtained from student’ onto card, including date, signature and practice stamp <strong>AND</strong></td>
</tr>
<tr>
<td></td>
<td>• Serology result record as a number ≥ 10 IU/mls (<strong>note</strong>: positive, immune or detected are not accepted) <strong>OR</strong></td>
</tr>
<tr>
<td></td>
<td>• If a non- responder, confirmation that a booster course has been given</td>
</tr>
<tr>
<td></td>
<td>• All entries must include:</td>
</tr>
<tr>
<td></td>
<td>• Date of administration <strong>AND</strong></td>
</tr>
<tr>
<td></td>
<td>• Batch number if given within last 2 years <strong>AND</strong></td>
</tr>
<tr>
<td></td>
<td>• Health care provider signature <strong>AND</strong></td>
</tr>
<tr>
<td></td>
<td>• Health care provider practice stamp</td>
</tr>
<tr>
<td><strong>Measles, Mumps, Rubella</strong></td>
<td>• Evidence of two doses of MMR vaccine, administered at least one month apart <strong>OR</strong></td>
</tr>
<tr>
<td></td>
<td>• Date of administration <strong>AND</strong></td>
</tr>
<tr>
<td></td>
<td>• Batch number if given within last 2 years <strong>AND</strong></td>
</tr>
<tr>
<td></td>
<td>• Health care provider Signature <strong>AND</strong></td>
</tr>
<tr>
<td></td>
<td>• Health care provider practice stamp</td>
</tr>
<tr>
<td></td>
<td>• Serology result indicating positive IgG for measles and Mumps, <strong>AND</strong></td>
</tr>
<tr>
<td></td>
<td>• Rubella serology report confirming full immunity.</td>
</tr>
<tr>
<td></td>
<td>• Documented on vaccination card with date, signature and practice stamp</td>
</tr>
<tr>
<td></td>
<td><strong>OR</strong></td>
</tr>
</tbody>
</table>

2018 NSW Vaccination Record Card Completion Guidelines
<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>Varicella</strong></td>
<td>• Born prior to 1966</td>
<td>• If vaccinated at under 14 years old, evidence of one dose of</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Varicella vaccine completed on vaccination card</td>
</tr>
<tr>
<td></td>
<td>• If vaccinated at 14 years or older, evidence of two doses of</td>
<td>• If vaccinated at 14 years or older, evidence of two doses of</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Varicella vaccine, administered at least one month apart</td>
</tr>
<tr>
<td></td>
<td>AND</td>
<td>AND</td>
</tr>
<tr>
<td></td>
<td>• Date of administration AND</td>
<td>• Batch number if given within last 2 years AND</td>
</tr>
<tr>
<td></td>
<td>• Health care provider signature AND</td>
<td>• Health care provider signature AND</td>
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<tr>
<td></td>
<td>• Health care provider practice stamp</td>
<td>• Health care provider practice stamp</td>
</tr>
<tr>
<td></td>
<td>OR</td>
<td>OR</td>
</tr>
<tr>
<td></td>
<td>• positive IgG for Varicella</td>
<td>• positive IgG for Varicella</td>
</tr>
<tr>
<td></td>
<td>• Documented on vaccination card with date, signature and</td>
<td>• Documented on vaccination card with date, signature and</td>
</tr>
<tr>
<td></td>
<td></td>
<td>practice stamp</td>
</tr>
</tbody>
</table>

| **Tuberculosis** | • If you were born or have spent three months or longer,       | • If you were born or have spent three months or longer,         |
|                 | combined, in any of the countries listed the attached NSW      | combined, in any of the countries listed the attached NSW        |
|                 | Health TB High risk countries, you will require a mantoux test| Health TB High risk countries, you will require a mantoux test |
|                 | • If a mantoux test is required, it must be one month apart    | • If a mantoux test is required, it must be one month apart      |
|                 | from the administration of any live vaccines (MMR, Varicella,  | from the administration of any live vaccines (MMR, Varicella,    |
|                 | dTpa)                                                           | dTpa)                                                           |
|                 | • If you have ever had a BCG, this must be recorded on the     | • If you have ever had a BCG, this must be recorded on the       |
|                 | vaccination card under ‘other TB investigations’                | vaccination card under ‘other TB investigations’                 |
|                 | **Mantoux Tests Interpretations:**                              | **Mantoux Tests Interpretations:**                               |
|                 | • Reaction is negative, and no BCG scar, no further action     | • Reaction is negative, and no BCG scar, no further action       |
|                 | • Reaction > 8 mm and no BCG, CXR required and results         | • Reaction > 8 mm and no BCG, CXR required and results           |
|                 | recorded on Vaccination Card                                    | recorded on Vaccination Card                                    |
|                 | • Reaction is negative, and BCG scar present, repeat mantoux   | • Reaction is negative, and BCG scar present, repeat mantoux    |
|                 | test, if still negative, no further action                      | test, if still negative, no further action                       |
|                 | • Reaction >10mm and BCG confirmed, CXR required and results    | • Reaction >10mm and BCG confirmed, CXR required and results     |
|                 | recorded on Vaccination Card                                    | recorded on Vaccination Card                                    |
|                 | • All entries must include date, Health care provider Signature,| • All entries must include date, Health care provider Signature, |
|                 | Health care provider practice stamp                            | Health care provider practice stamp                              |
### Personal Details

- **Surname**: GAZING
- **Given names**: STAR
- **Address**: 6B MILKY WAY OUTER GALAXY
- **State**: NSW
- **Pcode**: 2001
- **Date of Birth**: 01/01/90
- **Email**: sqazing@utas.edu.au
- **Staff/student ID No.**: 2000000
- **Contact numbers**: (mobile) 0412345678

### Vaccine

#### Adult formulation diphtheria, tetanus, acellular pertussis (whooping cough)

- **Dose 1**: 12/14 AC34B025
- **Booster 10 years after previous dose**: 12/14

#### Hepatitis B vaccine

- **Dose 1**: 12/14 AHBV123C
- **Dose 2**: 12/14 AHBV888C
- **Dose 3**: 12/14 AHBV711C

#### AND

- **Serology: anti-HBs**: Result R 38 mUI/mL
- **Serology: anti-HBc**: Result Negative

#### Measles, Mumps and Rubella (MMR) vaccine

- **Dose 1**: 12/14 ADQFC97A
- **Dose 2**: 12/14 ADQFC45A

#### OR

- **Serology Measles**: lgG Result
- **Serology Mumps**: lgG Result
- **Serology Rubella**: lgG Result

#### Varicella vaccine

- **Dose 1**: 12/14 G000987
- **Dose 2**: 12/14 G002765

#### TB Screening

- **Date**: [ ]

### Official Certification by Vaccination Provider

- **Dr Full Moon**, Milky Way General Practice, Southern Cross Drive, Outer Galaxy NSW 2099, Provider No: 1234567A

### Measles, Mumps and Rubella (MMR) vaccine

- **Dr Full Moon**, Milky Way General Practice, Southern Cross Drive, Outer Galaxy NSW 2099, Provider No: 1234567A

### TB Screening

- **Date**: [ ]

### Requires TB Screening?

- **YES**

### Tuberculin Skin Test (Mantoux)

- **Skin Test**: 1/5/1
  - **Reading**: induration 3.0 mm
- **Reading**: induration mm

### Other TB investigations (including chest X-ray)

- **Date**: [ ]
FORM 2. – Tuberculosis (TB) assessment tool

- A New Recruit/Student will require TST screening if he/she was born in a country with a high incidence of TB, or has resided for a cumulative time of 3 months or longer in a country with a high incidence of TB, as listed at: http://www.health.nsw.gov.au/publichealth/Infectious/a-z.asp#T.
- The Health Service will assess this form and decide whether clinical review/testing for TB is required. Indicate if you would prefer to provide this information in private consultation with a clinician.
- New recruits will not be permitted to commence duties if they have not submitted this Form and Form 1: New Recruit Undertaking/Declaration to the employing health facility. Failure to complete outstanding TB requirements within the appropriate timeframe(s) may affect the new recruit’s employment status
- Students will not be permitted to attend clinical placements if they have not submitted this Form and the Form 3: Student Undertaking/Declaration to their educational institution’s clinical placement coordinator as soon as possible after enrolment. Failure to complete outstanding TB requirements within the appropriate timeframe(s) will result in suspension from further clinical placements. The educational institution will forward the original or a copy of these forms to the health service for assessment.

Clinical History

<table>
<thead>
<tr>
<th>Cough for longer than 2 weeks</th>
<th>Yes ☐ No ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Haemoptysis (coughing blood)</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>Fevers / Chills / Temperatures</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>Night Sweats</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>Fatigue / Weakness</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>Anorexia (loss of appetite)</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>Unexplained Weight Loss</td>
<td>Yes ☐ No ☐</td>
</tr>
</tbody>
</table>

Assessment of risk of TB infection

<table>
<thead>
<tr>
<th>Were you born outside Australia?</th>
<th>Yes ☐ No ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, where were you born?</td>
<td>...........................................</td>
</tr>
<tr>
<td>Have you lived or travelled overseas?</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>Country</td>
<td>...........................................</td>
</tr>
<tr>
<td>Amount of time lived/travelled in country</td>
<td>...........................................</td>
</tr>
<tr>
<td>Have you ever had:</td>
<td></td>
</tr>
<tr>
<td>Contact with a person known to have TB?</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>If yes, provide details below</td>
<td>...........................................</td>
</tr>
<tr>
<td>TB Screening</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>If yes, provide details below and attach documentation</td>
<td>...........................................</td>
</tr>
</tbody>
</table>

If you answered YES to any of the questions above, please provide details (attach extra pages if required).

I declare that the information I have provided is correct

Name ...........................................................................................................................................
Phone or Email ..............................................................................................................................
Student ID (or date of birth) ........................................................................................................
Educational institution (student) ................................................................................................
Health Service/Facility (new recruit) .........................................................................................
Signature .........................................................  Date _____________________________
FORM 3. – Student Undertaking/Declaration

All students must complete each part of this Form 3: Student Undertaking/Declaration Form and the Form 2: Tuberculosis (TB) Screening Assessment Tool and return these forms to their educational institution’s clinical placement coordinator as soon as possible after enrolment. (Parent/guardian to sign if student is under 18 years of age.)

Students will not be permitted to attend clinical placements if they have not submitted Form 3: Student Undertaking/Declaration Form and Form 2: Tuberculosis Assessment Tool.

Failure to complete outstanding hepatitis B or TB requirements within the appropriate timeframe(s) will result in suspension from further clinical placements and may jeopardise the student’s course of study.

The educational institution will:
- ensure that all students whom they refer to a health service for clinical placement have submitted these forms, and
- forward the original or a copy of these forms to the health service for assessment.

The health service will:
- assess these forms along with evidence of protection against the infectious diseases specified in this policy directive.

| Part 1 | I have read and understand the requirements of the NSW Health Occupational Assessment, Screening and Vaccination against Specified Infectious Diseases Policy Directive. |
| Part 2 | I undertake to participate in the assessment, screening and vaccination process and I am not aware of any personal circumstances that would prevent me from completing these requirements. OR I undertake to participate in the assessment, screening and vaccination process, however I am aware of medical contraindications that may prevent me from fully completing these requirements and am able to provide documentation of these medical contraindications. I request consideration of my circumstances. |
| Part 3 | I have evidence of protection for: pertussis □ diphtheria □ tetanus □ varicella □ measles □ mumps □ rubella |
| Part 4 | I have evidence of protection for hepatitis B. OR I have received at least the first dose of hepatitis B vaccine (documentation provided) and undertake to complete the hepatitis B vaccine course (as recommended in the Australian Immunisation Handbook, current edition) and provide a post-vaccination serology result within six months of commencement of enrolment. |
| Part 5 | I have been informed of, and understand, the risks of infection, the consequences of infection and management in the event of exposure (refer Information Sheet 3: Specified Infectious Diseases: Risks, consequences of exposure and protective measures) and agree to comply with the protective measures required by the health service. |

I declare that the information I have provided is correct

Name ____________________________________________________________
Phone or Email ____________________________________________________
Date of Birth or Student ID _________________________________________
Educational institution _____________________________________________
Signature ____________________________________________ Date ___________
Safety in Practice Pregnancy Guidelines

In accordance with UTAS Safe to Practise Policy, through Faculty of Health (FoH) Professional Experience Placement (PEP) Safety in Practice requirements, all students must ensure that they have the capacity to safely undertake practice during their allocated PEP, including during pregnancy and post-delivery. FoH must also ensure that the health of students during pregnancy and post-delivery is not put at risk. As such, students who are pregnant cannot undertake PEP at some healthcare facilities, where patient/client behaviour, radiology and operating theatre procedures or infectious disease poses unacceptable risk.

The following guidelines outline FoH Safety in Practice requirements for students during pregnancy and post-delivery. Students will also be required to comply with individual PEP provider/facility policies.

Pre-PEP

Students who are pregnant:

- are required to disclose their pregnancy to their Program PEP Administrator/Coordinator;
- are required to have completed their pre-PEP vaccination requirements (discuss with their Obstetrician or GP). If unable to complete vaccinations, the student’s PEP will be deferred or the student may need to withdraw from the PEP unit and re-enrol the following year; and
- students must be no more than 36 weeks pregnant at the completion of PEP date. If students wish to attend PEP after 36 weeks, they must have a Safety to Practice Health Assessment Form completed by their Obstetrician or GP.

Note: This must also comply with healthcare facility policy.

Program PEP Administrators/Coordinators may request the student to have an additional Health Assessment Form completed if any concerns with their pregnancy are identified or if they express concerns about their capacity to practice safely on PEP.

Pregnancy from 20 weeks needs to be disclosed to the Program PEP Administrator/Coordinator.

During PEP

Student attendance requirements for pregnancy related illness are the same as with general sickness.

Students can attend PEP 4 weeks post a normal vaginal delivery and 6 weeks post caesarean delivery, providing there are no existing post-natal health related issues. Should there be existing post-natal health concerns, students will be required to have a Health Assessment Form completed by their GP.

Program PEP Administrators/Coordinators can negotiate for students attending PEP post-delivery to have reasonable breaks to express milk, but the student cannot take the baby onsite or make any childcare arrangements with the PEP provider/facility.