**WORK INTEGRATED LEARNING Professional Experience Placement Agreement**

Thank you for agreeing to take students from the University of Tasmania’s **School of Health Sciences** into your workplace at Insert Name of PEP Provider for Professional Experience Placement *(Clinical placement)*.

This agreement sets out the conditions for the professional experience placement of students by the **School of Health Sciences** with Insert Name of PEP Provider.

The person signing this agreement on behalf of the **School of Health Sciences** will be the primary contact for the placement.

The person signing the agreement on behalf of Insert Name of PEP Provider will have legal signing authority and be the primary contact for the placement in your organisation. ***Please retain a copy of this agreement for your records.***

**Period of Agreement**

The period of this agreement is from **January 1st, Insert Year to February 28th, Insert Year**

**Scope of Placement**

The **School of Health Sciences** will provide academic and other support as required to the student and will support student supervisors over the duration of the placement.

Prior to start of PEP, the **School of Health Sciences** PEP Coordinator/Administrator will provide the PEP Provider with:

* PEP duration dates
* Student details
* PEP Academic Program Leaders details
* Learning and assessment requirements and associated resources
* College of Health and Medicine PEP Guidelines and Procedures

The PEP Provider will provide students with orientation to their workplace, including Work Health and Safety procedures and any special conditions, and provide supervision and guidance for students on PEP, in accordance with learning and assessment requirements.

**Insurance**

The University maintains an Insurance Policy covering Student Personal Accident, Public Liability and Medical Malpractice for enrolled students undertaking unpaid Work Integrated Learning placements. The University’s Financial Services administers the [Work Integrated Learning Insurance](http://www.utas.edu.au/finance/insurance/forms).

**Privacy and Data Breaches**

For this section, Eligible Data Breach is defined per the *Privacy Act 1988 (Cth).*

The Work Placement Provider agrees to comply with the *Personal Information Protection Act 2004 (Tas)* as if it is a ‘personal information custodian’ under that Act and the *Privacy Act 1988 (Cth)* and will comply with all lawful and reasonable instructions of the University with respect to the collection, use and disclosure of personal information.

If the Work Placement Provider becomes aware that there are reasonable grounds to suspect that there may have been am eligible Data Breach in relation to any personal information held by the Work Placement Provider as a result of this Agreement or its provision of the placement, the Work Placement Provider agrees to:

1. Notify the University in writing as soon as possible, which must be no later than within three (3) days of becoming aware; and
2. Unless otherwise directed by the University, carry out an assessment in accordance with the requirements of the *Privacy Act 1988 (Cth).*

Where the Work Placement Provider is aware that there are reasonable grounds to believe there has been, or where the University notifies that there has been an Eligible Data Breach in relation to personal information held by the Work Placement Provider as a result of this Agreement or in the provision of the placement, the Work Placement Provider must:

1. Take all reasonable actions to mitigate the risk of the Eligible Data Breach causing serious harm to any of the individuals to whom the personal information relates;
2. Unless otherwise directed by the University, take all other action necessary to comply with the requirements of the Personal Information Protection Act 2004 (Tas) and Privacy Act 1988 (Cth); and
3. Take any other actions as reasonable directed by the University.

Signed on behalf of:

**School of Health Sciences** Insert Name of PEP Provider

Signature: ………………………………… Signature: ……………………………..

**Name:** Insert Name of Program Delegate **Name:** Insert Name of Provider Delegate

**PEP Coordinator/Administrator Contact Details PEP Provider Contact Details**

Phone: Insert phone number Phone: Insert phone number

E-mail: Insert email address E-mail: Insert email address

Date: Date:

***Thank you for hosting a* School of Health Sciences *student. We hope the experience is a positive one for you and your organisation.***