SAFE TO PRACTISE DECLARATION AND MEDICAL CHECK FORM

All students intending to undertake work integrated learning professional experience placements (PEP) 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 PEP.

**Personal Information Statement**

Your personal information is being collected by the College of Science and Engineering on behalf of the University of Tasmania for the primary purpose of establishing your capacity to participate safely in PEP 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
* PEP 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 athttp://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 Privacy Policy and declare my capacity to safely undertake the following professional experience placement in accordance with the requirements contained in the Unit Outline and course or unit specific requirements; I 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 PEP in relation to the functions/activities which are inherent requirements specific to the KIT211 / KIT511 ICT Industry Placement (delete as appropriate); and

• will disclose any medical, physical or psychological issue that occurs during PEP to the School of ICT WIL Coordinator 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 PEP.

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 College of Science and Engineering that they have a medical, physical or psychological issue which could impair their capacity to safely undertake PEP.

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 PEP, in relation to the following functions or activities which are inherent requirements specific to the KIT211 / KIT511 ICT Industry Placement

• Attend workplace and perform assigned office duties as entry level IT professional (eg communication, negotiation and problem-solving).

Please contact School of ICT WIL Coordinator Andrew Allan 03 6324 3112 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 College of Science and Engineering that

you believe will assist this student to safely undertake these functions or activities?

……………………………………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………………………

4. Would you please describe any specialised equipment/resources that may assist

this student to safely undertake these functions or activities?

……………………………………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………………………