

## Undergraduate Student Clinical Placement Checklist

STUDENT DETAILS		
Name:	Email:	
Preferred name:	Postcode:	
Education Provider:	Year Level:	
Clinical Placement Discipline:	Phone Number:	
EMERGENCY CONTACT DETAILS		
Name:	Contact Phone:	Relationship to Student:
ORIENTATION MATERIALS, POLICIES & GUIDELINES		
I have read the following orientation materials, policies & guidelines:		
MBPH Code of Conduct Policy	<input type="checkbox"/>	
MBPH COVID-19 External Contractor Visitor Entry Conditions	<input type="checkbox"/>	
MBPH Manual Handling – Patient Policy	<input type="checkbox"/>	
MBPH Occupational Health & Safety Policy	<input type="checkbox"/>	
MBPH Privacy and Confidentiality Policy	<input type="checkbox"/>	
MBPH Respond Blue – Medical Emergency Policy	<input type="checkbox"/>	
MBPH Respond Code Red – Fire Policy	<input type="checkbox"/>	
MBPH Respond Grey – Unarmed Personal Threat Policy	<input type="checkbox"/>	
MBPH Risk Management Policy	<input type="checkbox"/>	
MBPH Social Media Use Policy	<input type="checkbox"/>	
PLACEMENT DOCUMENTATION – DOCUMENTS MUST BE RETURNED PRIOR TO PLACEMENT		
Undergraduate Student Clinical Placement Checklist ( <i>this document</i> )	<input type="checkbox"/>	
Australian Immunisation History Statement (Vaccination statement from MyGov account)	<input type="checkbox"/>	
Visiting / Short-Term Staff Immunity Declaration (if requested)	<input type="checkbox"/>	
Fit testing certificate – (if N please review Respiratory protection program document)	<input type="checkbox"/> Y <input type="checkbox"/> N	
Certificate of completion for National Hand Hygiene Initiative (NHHI): <a href="#">Here</a>	<input type="checkbox"/>	
MBPH Undergraduate Orientation Certificate: OnLocation (only available once mobile number provided to placements team)	<input type="checkbox"/>	
Authority to Enter: External contractors/professionals form	<input type="checkbox"/>	
Swipe Card Security Access Application ( <i>Allied Health students only</i> )	<input type="checkbox"/>	
Documentation must be returned to <a href="mailto:placements@mbhph.org.au">placements@mbhph.org.au</a> by <b>12 noon Monday prior to placement commencing</b>		
STUDENT DECLARATION		
I confirm I have completed all sections within the Undergraduate Student Clinical Placement Checklist & have submitted all required placement documentation to <a href="mailto:placements@mbhph.org.au">placements@mbhph.org.au</a>		
Name:		
Signature:		
Date:		