

School of Nursing and Midwifery J46 MASTER OF NURSING (GRADUATE ENTRY)

Pre Practicum Preparation Checklist	
STUDENT NAME: STUDENT NUM	BER:
MANDATORY REQUIREMENTS—Photocopies (some certified) of the following documents are required to be uploaded to SONIA. Information about SONIA and specific details of requirements can be found on the Clinical Placements Blackboard site under Pre Practicum Preparation tab.	
Working With Children Check (must be certified /renew every 3 years)	Expiry Date:
WA National Police Certificate (must be certified /renew every 3 years) (When uploaded to SONIA please tick box Show to Site)	Expiry Date:
WA Health National Criminal History Record Check (must be certified /renew every 3 years)	Expiry Date:
International Students – Police Clearance from country/ies of residence in the past 12 months (must be certified)	Expiry Date:
CPR (Cardio Pulmonary Resuscitation) - Must be renewed every year	Expiry Date:
Manual Handling certificate – Must be renewed every year	Expiry Date:
Hand Hygiene – must be completed online every semester	Expiry Date:
Confidentiality Agreement – form to be printed, signed and uploaded	Dated:
IMMUNISATION REQUIREMENTS:	
Measles (Evidence of two MMR vaccinations or serology that shows immunity)	☐ Yes ☐ No
Rubella (Evidence of two MMR vaccinations or serology that shows immunity)	☐ Yes ☐ No
Mumps (Evidence of two MMR vaccinations or serology that shows immunity)	☐ Yes ☐ No
Varicella (Evidence of two vaccinations or serology that shows immunity)	☐ Yes ☐ No
Hepatitis B (Proof of three vaccinations and serology results/evidence of immunity) Vaccination 1, 2, 3 and serology required for NPP6101.	☐ Yes ☐ No
Diphtheria, Tetanus and Pertussis Documented evidence of vaccination within the last 10 years NO serology accepted	☐ Yes ☐ No
Tuberculosis Screening (Evidence of Quantiferon or Mantoux test)	☐ Yes ☐ No
Influenza Required for NPP6101 and highly recommended for all Practicums Date:	☐ Yes ☐ No
OTHER RISK:	
Do you have allergies to Latex or any other acute allergies relevant to clinical placement?	☐ Yes ☐ No
Do you have any infectious disease that may compromise patient safety, including, but not limited to; Hepatitis B & C, HIV?	☐ Yes ☐ No If Yes, please contact your GP or Student Health Services
MRSA Screening: If you have been a patient or worked in a non-Western Australian hospital or health care facility) in the last 12 months you will need MRSA screening. In addition, regional specific may be required. Please contact your Unit Coordinator for further	☐ Yes ☐ No If yes, you must provide MRSA Screening
information.	
OPTIONAL VACCINATION: (Recommended but not compulsory)	
Hepatitis A	☐ Yes ☐ No
Polio	☐ Yes ☐ No
DECLARATION: I hereby acknowledge that all statements selected on this form are true to the best of my knowledge. I consent that Edith Cowan University may inform a clinical placement facility of any condition that may potentially impact patient or client safety. I acknowledge that this may impact my ability to complete my studies. I agree to advise ECU immediately of any changes to my health status related to the questions above.	
Student signature Date _	
Students will be contacted and counselled by the Director, Clinical and / or International prior to any action being undertaken to inform health care facilities.	

Students: Please Note - All completed documents need to be submitted by census date. This document is required to be completed and uploaded to SONIA

https://sonia.ecu.edu.au/SoniaOnline/School.aspx?SchoolId=1