**STUDENT DECLARATION FORM**

**Preparedness and participation in placement**

* I understand that Edith Cowan University may need to inform a placement provider of any condition that may impact upon patient/client safety, including my own health and pre-placement preparation status, and that Edith Cowan University will seek my permission to provide this information.
* I consent for Edith Cowan University to inform placement providers of any personal information required, that is relevant to my placement(s), including date of birth which is required for IT access.
* I am emotionally fit; can communicate effectively; and have sufficient visual and auditory capacity, strength, and mobility to perform placement tasks through a normal workday.
* I agree to inform Edith Cowan University immediately about any changes to my health status which may impact on my ability to safely participate in placements and anything which is likely to change my pre-placement preparation statuses.

**Declaration of confidentiality**

* I understand the meaning of, and the requirement to, maintain the confidentiality of patient/ client and employee information.
* I agree not to use any patient/ client information for any purpose, other than for placement related duties to which I am assigned.
* I am aware that any breach of confidentiality, including the release of any information which may identify patients/ clients or employees to unauthorised personnel, or discussion of such, could lead to disciplinary measures, including termination of the placement and access to the facilities and legal action being taken by the patient or client under the Criminal Code.
* I understand that I am expected to observe patient/clients’ and employees’ rights to confidentiality, even after completion of my period of placement, and that this includes online mediums (e.g., social media).
* I acknowledge that my IT login credentials, including usernames, passwords, and any other authentication information, are strictly confidential and I will not share, disclose, or permit unauthorised access to these login details.
* I acknowledge that my access to patient/client medical records is restricted to those patients/clients for whom I am providing care, unless specifically directed to access information by the Head of Department or their nominated delegate.
* I acknowledge that no records or parts of records may be removed from the facility and that I am not permitted to photocopy any patients/clients or patient/client records without permission from the Head of Department or their nominated delegate.
* Where permission has been obtained from the Head of Department or their nominated delegate only handwritten notes without identifying information may be made (e.g., record number, name or initials, date of birth, address).

**Professional behaviour**

* I will, at all times, act in accordance with the [ECU Student Charter](https://intranet.ecu.edu.au/student/my-studies/rules-and-policies/student-charter) and discipline specific professional codes of conduct and ethics.
* I will participate in the orientation and induction activities delivered by the placement provider.
* I will, at all times, abide by the placement provider policies and procedures.
* I will, at all times, present and introduce myself as a student health professional and obtain consent for care, in accordance with the placement site policies and procedures.
* I will, at all times, wear the Edith Cowan University uniform and identification badge, unless instructed otherwise by the ECU supervisor or placement provider.
* I will seek support when I am unsure or in doubt about the tasks I have been directed to undertake.
* I will, if required, seek support to manage my own emotion and physical wellbeing.

Student name:

Student Signature:

Student Number:

Date: