**DENTAL STUDENT PLACEMENT ACKNOWLEDGEMENT**

**Instructions on Use:** This form is to ensure that students are aware of Albury Wodonga Health’s policies, procedures and important information, to minimise risks and to ensure insurance requirements are met.

One form per student. Please have student read *Excerpts from Albury Wodonga Health Policies and procedures that Apply to Students* and sign this form. The Student Supervisor is to keep original, provide photocopy to the student for their records and to notify respective reporting point of the date completed.

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Education Agency:</th>
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Tick one of the following: □ Post-graduate □ Undergraduate □ TAFE □ Work Experience □ Other: ________________

<table>
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<tr>
<th>Name of Program:</th>
<th>Year:</th>
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Dates confirmed: _____________ to _____________

Total placement hours: _____________ □ Monday to Friday or □ Specific days: _____________

Arrangement: _____________ hours per week

Total number of placement days: _____________ □ Monday to Friday or □ Specific days: _____________

Clinical placement location confirmed: Department / Ward / Program _____________

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I **acknowledge that I am aware and it is my responsibility to adhere to the following policies, procedures and information provided by Albury Wodonga Health.**

- □ I have read and am aware of Albury Wodonga Health Wodonga Campus Policies and Procedures that apply to students.
- □ Police check – supplied a copy of my police check that is 12 months current to the date of clinical placement for my placement supervisor or delegate to sight.
- □ Working with Children check – supplied a copy of my Working with Children check that is 12 months current to the date of clinical placement for my placement supervisor or delegate to sight.
- □ First Aid / CPR – supplied a copy of my First Aid Certificate / CPR that is 12 months current to the date of clinical placement for my placement supervisor or delegate to sight.
- □ Immunisation status – supplied a copy of my current status that is based on the Department of Human Services Immunisation Guidelines for Healthcare Workers for sighting.
- □ Identification – must wear Latrobe University identification on upper chest area and be clearly visible.
- □ Fleet Policy – not allowed to drive Albury Wodonga Health Fleet vehicles.
- □ Privacy, Confidentiality & Security – I have read and signed the Agreement and I understand that details cannot be divulged without permission.
- □ Code of Conduct – I have read and understand my obligations with regard to Code of Conduct in the workplace.
- □ Prevention of Bullying or Harassment in the Workplace – required that own behaviour does not constitute unlawful harassment and have read the relevant Policy.
- □ Computer Network Security – ensure that username and password are not to be shared.
- □ Occupational Health & Safety – aware of safety requirements and trained in use of equipment that is specific to my area of clinical placement.
- □ Exposure to Blood and Body Fluids – aware of immediate management procedures that are specific to my area of clinical placement.
- □ Waste Management – aware of clinical waste management guidelines that are specific to my area of clinical placement.
- □ Security, Evacuation & Emergency Procedures – aware of emergency and evacuation procedures specific to my area of clinical placement.
- □ Clinical Practice Guidelines – aware of where to find the safe practice and departmental clinical guidelines and manuals that apply to my area of clinical placement.

**Date Completed:** ____________________  *(Notify respective reporting point of date completed)*

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<tr>
<th>Student Name:</th>
<th>Signature:</th>
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<tr>
<th>Supervisor Name:</th>
<th>Supervisor Signature:</th>
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JULY 2010