

**Orientation Checklist for Students**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | |  | Clinical Placement: |  | |
|  | | |  |  |  | |  |
| University/TAFE: | |  | |  | Placement Date From: | |  |
|  | | |  |  |  | |  |
| Student Year: | |  | |  | Placement Date to: | |  |

**Contact Details**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Home Address*** | | | | |  | | |  | ***Placement Address*** (where you will be staying during your placement at GSHS) | | | | | |
| Street: |  | | | | | | |  | Street: |  | | | | |
|  | | | | |  | | |  |  | | | |  | |
| Suburb/Town: | | | |  | | | |  | Suburb/Town: | | |  | | |
|  | | | | |  | | |  |  | | | |  | |
| Postcode: | |  | | | |  | | | Postcode: | |  | | |
|  | | | | |  | | |  |  | | | |  | |
| Mobile No.: | | |  | | | |  | | Email: |  | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ***Emergency Contact*** | |  | |  |  | | |
| Name: |  | | |  | Phone: |  | |
|  | |  | |  |  | |  |
| Relationship to Student: | | |  |  |  | |  |
|  | |  | |  |  | |  |

It is a requirement of Gippsland Southern Health Service (GSHS) that you review the topics and complete the training as listed below. Please ensure that you have read and understood them, and then complete the checklist below.

✓ Tick the boxes to indicate the areas/policy documents you have read and understood. By ticking these boxes, you are agreeing to comply with the policies and requirements of each area.

|  |  |  |
| --- | --- | --- |
| ***Confidentiality, Documentation & Medications*** | | |
|  | | Confidentiality Policy |
|  | |  |
|  | | Documentation Policy |
|  | |  |
|  | | Medication Management Policy |
|  | |  |
| ***Paperwork to be completed and brought with you to orientation:*** | | |
|  | Student Confidentiality Agreement | |
|  |  | |
|  | Hand Hygiene Certificate of Completion | |
|  |  | |
|  | Completed Staff Health Form  (including proof of immunisation) | |
|  |  | |
|  | Current Police Check (must have been issued in the last 12 months) Date:\_ \_\_\_\_\_ | |
|  |  | |
|  | Current Working with Children Check  Date: \_\_\_\_\_ No. \_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  |  | |
| ***Professional Behaviour*** | | |
|  |  | |
|  | Student Placement Policy | |
|  |  | |
|  | Professional Boundaries | |

|  |  |
| --- | --- |
| ***Infection Control*** | |
|  | Standard Precautions |
|  |  |
|  | Hand Hygiene |
|  |  |
|  | Hand Hygiene Procedure |
|  |  |
|  | Personal Protective Equipment |
|  | Immunisation |
|  |  |
| ***Occupational Health & Safety*** | |
|  |  |
|  | Emergency Codes |
|  |  |
|  | Fire Safety |
|  |  |
|  | Emergency Equipment |
|  |  |
|  | No Lift |
|  |  |
|  | Manual Handling |
|  |  |
|  | Incident Reporting |
|  |  |
|  | Incident Reporting Procedure |
|  |  |
|  | Workplace Violence |

I \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ certify that I have read and understood the preceding topics in the GSHS Online Student Orientation in preparation of my placement. I consent to having my photograph taken while on placement at GSHS. I understand that these photographs become GSHS’s property, and that they may be used for educational and promotional purposes. I give my permission for my photograph to be used by GSHS in its print publications and resources including on the GSHS website  Yes  No (please tick)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| ***Staff Use Only:*** | | ❑ | Scanned |
| Checklist Completed and Relevant Documents sited: | | ❑ | Saved |
| Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Designation:\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ |  |  |