

Orientation Checklist for Students

Name:

Clinical Placement:

University / TAFE:

Placement Dates:

Student Year:

CONTACT DETAILS

Home Address:

Placement Address: (where are you staying whilst on placement at BH?)

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Phone:

Phone:

Email:

Emergency Contact: Name:

Phone:

Relationship to student:

It is a requirement of Benalla Health 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.

<p>Confidentiality, Documentation & Medications</p> <ul style="list-style-type: none"> <input type="checkbox"/> Confidentiality Policy <input type="checkbox"/> Documentation Policy <input type="checkbox"/> Documentation Clinical Practice Guideline <input type="checkbox"/> Medication Management Policy <p>Paperwork to be completed and brought with you to orientation:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Student Confidentiality Agreement <input type="checkbox"/> Hand Hygiene (debug) Certificate of Completion <input type="checkbox"/> Completed Staff Health Form (including proof of immunisation) <input type="checkbox"/> Victorian Health Incident Management System (VHIMS) e-learning Certificate of Completion <input type="checkbox"/> Completed medication calculations (if applicable) <input type="checkbox"/> Current Police Check (<u>must have been issued in the last 12 months</u>) DATE: _____ <input type="checkbox"/> Overseas Statutory Declaration <input type="checkbox"/> Current Working with Children Check (if applicable) <p>DATE: _____ NO: _____</p>
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<p>Infection Control</p> <ul style="list-style-type: none"> <input type="checkbox"/> Standard Precautions <input type="checkbox"/> Hand Hygiene <input type="checkbox"/> Hand Hygiene procedure <input type="checkbox"/> Clean between <input type="checkbox"/> Personal Protective Equipment <input type="checkbox"/> Immunisation <p>Professional Behaviour</p> <ul style="list-style-type: none"> <input type="checkbox"/> Code of Behaviour <input type="checkbox"/> Professional Behaviour Policy <p>Occupational Health & Safety</p> <ul style="list-style-type: none"> <input type="checkbox"/> Emergency Codes <input type="checkbox"/> Fire Safety <input type="checkbox"/> Emergency Equipment <input type="checkbox"/> Manual Handling <input type="checkbox"/> Workplace Violence <input type="checkbox"/> No Lift <input type="checkbox"/> Incident Reporting <input type="checkbox"/> Incident Reporting Procedure

I _____ certify that I have read and understood the preceding topics in the Benalla Health Online Student Orientation in preparation of my placement.

I consent to having my photograph taken while on placement at Benalla Health. I understand that these photographs become Benalla Health's property, and that they may be used for educational and promotional purposes. Benalla Health will identify me with my photograph in its publications. I give my permission for my photograph to be used by Benalla Health in its print publications and resources including on the Benalla Health website **yes / no** (please circle)

Signature: _____

Date: _____

<p>Staff use only: Checklist Completed and Relevant Documents sited:</p>		
Name: _____	Signature: _____	Scanned: <input type="checkbox"/>
Designation: _____	Date: _____	Saved: <input type="checkbox"/>
		VicPlace <input type="checkbox"/>

