

Orientation Checklist for Students

First Name: _____
Pronouns: _____
Placement Type: _____
Placement Start Date: _____
Year Level: _____

Surname: _____
Date of Birth: _____
University / TAFE: _____
Placement End Date: _____

Are you of Aboriginal or Torres Strait Islander Origin? Yes / No

CONTACT DETAILS

Home Address: _____

Placement Address:

(Where are you staying whilst on placement at BH?)

Phone: _____

Email: _____

EMERGENCY CONTACT

Name: _____

Email: _____

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.

Confidentiality, Documentation & Medications

- ☐ Confidentiality Policy
- ☐ Documentation Policy
- ☐ Medication Management Policy

Professional Behaviour

- ☐ Professional Behaviour Policy

Paperwork to be completed and brought with you to orientation:

- ☐ Student Confidentiality Agreement
- ☐ Hand Hygiene (debug) Certificate of Completion
- ☐ Occupational Violence and Aggression (OVA) Learning Modules Certificate of Completion
- ☐ Code of Conduct
- ☐ Fit testing results issued in the last 12 months

Infection Control

- ☐ Standard Precautions
- ☐ Hand Hygiene
- ☐ Hand Hygiene procedure
- ☐ Clean between
- ☐ Personal Protective Equipment

Occupational Health & Safety

- ☐ Emergency Codes
- ☐ Fire Safety
- ☐ Vocera Agreement Form
- ☐ Emergency Equipment
- ☐ Manual Handling
- ☐ Workplace Violence
- ☐ Safe Patient Handling
- ☐ Incident Reporting
- ☐ 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 to be taken while on placement at Benalla Health. I understand that these photographs become Benalla Health 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: _____