

## Online 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?)  
\_\_\_\_\_

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.**

#### **Confidentiality, Documentation & Medications**

- Confidentiality Policy
- Documentation Policy
- Medication Management Policy

#### **Professional Behaviour**

- Code of 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

#### **Infection Control**

- Standard Precautions
- Hand Hygiene
- Hand Hygiene procedure
- Clean between
- Personal Protective Equipment
- Health and wellbeing
- Immunisation

#### **Occupational Health & Safety**

- Emergency Codes
- Fire Safety
- Emergency Equipment
- Manual Handling
- Workplace Violence
- No Lift
- Vocera Agreement Form
- 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: \_\_\_\_\_

Staff use only:

Checklist Completed and Relevant Documents sited:

Name: \_\_\_\_\_

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

Designation: \_\_\_\_\_

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

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PlaceRight