

Orientation Checklist for Students

Name: Clinic		al Placement:			
			acement Dates:		
Stud	ent Year:				
CON	TACT DETAILS				
Home Address: Pla		Place	ement Ad	dress: (where are you staying whilst on placement at BH?)	
			Phone:		
Ema	il:				
Eme	rgency Contact: Name:				
	Phone:				
	Relationship to student				
Pleas √ Tic	a requirement of Benalla Health that you revise ensure that you have read and understook the boxes to indicate the areas/policy docucking these boxes you are agreeing to co	d them, and the suments you ha	hen compl ave read a	ete the checklist below. nd understood.	
Со	nfidentiality, Documentation & Medication	ns	In	fection Control	
	Confidentiality Policy		🗅	Standard Precautions	
	Documentation Policy			Hand Hygiene	
	Medication Management Policy			Hand Hygiene procedure	
				Clean between	
Pro	ofessional Behaviour		🗅	Personal Protective Equipment	
1	Code of Behaviour		🗅	Health and wellbeing	
	Professional Behaviour Policy			Immunisation	
Paperwork to be completed and brought with you to			Occupational Health & Safety		
	entation:			Emergency Codes	
l _	Student Confidentiality Agreement	lation		,	
	Hand Hygiene (debug) Certificate of Compl			3 3 1 1 1	
	Completed Staff Health Form (including proof immunisation)	Of		111011111111111111111111111111111111111	
	Current Police Check (must have been issued in	the last 12			
	months) DATE:		💾	No Lift	
	Overseas Statutory Declaration		<u> </u>	Incident Reporting	
	Code of Conduct			Incident Reporting Procedure	
	Current Working with Children Check				
<u> </u>	DATE: NO:	<i></i>	<u> </u>		
the F	cecece Benalla Health Online Student Orientation in			d understood the preceding topics in	
	sent to having my photograph taken while	-			
photo purpo photo	ographs become Benalla Health's property, oses. Benalla Health will identify me with mograph to be used by Benalla Health in its the website yes / no (please circle)	and that they y photograph	y may be in its pub	used for educational and promotional lications. I give my permission for my	
	ature:		Date:		
g.			_ 3.0		
Chec Nam	use only: cklist Completed and Relevant Documents si e: Signatur			Scanned: □ Saved: □	
Desi	gnation: Date:			Place right	

Title: Student Orientation (Checklist	Prompt Doc no:	Version no:
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Approved by: Executive D	irector of Clinical Services	Approved date: 21 Nov 2019	Page 1 of 1