

Code of Conduct Agreement for Students undertaking Clinical Placements

Instructions for Students:

Complete this form and provide it to the NSW Health Facility at the commencement of your placement.

SECTION A: Placement details

NSW Health Facility: _____

Start Date of Placement: _____

End Date of Placement: _____

SECTION B: PERSONAL DETAILS

(Name details provided must be same as the details on the Student ID)

Family Name: _____

Given Names: _____

Address while on placement: _____

Student ID: _____

Phone Number: _____

Date of Birth: _____

Gender: _____

University/TAFE: _____

SECTION C:

I have read and understood the NSW Health Code of Conduct, and agree to abide by the provisions set out in the Code of Conduct at all times during my clinical placement with the Health Facility _____ <Name of Health Facility>. Failure to do so may impede or even lead to cancellation of my clinical placement.

I understand that this "sign off" sheet will be held by the Health Facility.

Signature: _____

Date: _____

Name: _____ (please print)