

NHW Online Student Orientation Checklist

It is a requirement of Northeast Health Wangaratta (NHW) that you review the following topics prior to your placement. Please ensure that you have read and understood them, and then complete the checklist below.

Tick to indicate the areas that you have read and understood.

By ticking these boxes you are agreeing to comply with the policies and requirements of each area.

<p>Professional Behaviour</p> <ul style="list-style-type: none"><input type="radio"/> Code of Behaviour<input type="radio"/> What is Professional Behaviour <p>Confidentiality and Documentation</p> <ul style="list-style-type: none"><input type="radio"/> Confidentiality, Privacy and Security Agreement<input type="radio"/> Documentation <p>Workplace Health and Safety</p> <ul style="list-style-type: none"><input type="radio"/> Emergency Codes<input type="radio"/> Fire safety<input type="radio"/> Manual handling<input type="radio"/> Workplace violence<input type="radio"/> No Lift<input type="radio"/> Staff Accidents, Injuries and Work related Incidents	<p>Infection control and Immunisation</p> <ul style="list-style-type: none"><input type="radio"/> Debug completed<input type="radio"/> Hand hygiene/Clean Between/PPE<input type="radio"/> Immunisation <p>Paperwork to be completed and brought with you to Orientation day:</p> <ul style="list-style-type: none"><input type="radio"/> Confidentiality Agreement<input type="radio"/> Contact Details<input type="radio"/> Police Check (and WWC if applicable)<input type="radio"/> Hand Hygiene (debug) Certificate of Completion<input type="radio"/> Completed Medication Calculations (if applicable)
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I _____ certify that I have read and understood the preceding topics on the NHW Online Student Orientation in preparation of my placement.

Signature: _____

Date: _____

Staff use only:

Checklist Completed and Relevant Documents sited:

Signature: _____

Designation: _____ Date: _____

Your Contact Details

Please print

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____

_____ POST CODE: _____

PHONE NO: area code () _____ MOBILE: _____

Next of Kin Contact Details

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____

_____ POST CODE: _____

PHONE NO: area code () _____ MOBILE: _____

Placement dates:

From: ___/___/___ To: ___/___/___

Name of Uni or TAFE (or place of learning)

Course being undertaken:

Ward or Unit on placement:
