

STUDENT DEED OF UNDERTAKING

Prior to commencing your Student Placement you are required to read, complete and sign this Deed of Undertaking in favour of the Territory which outlines your responsibilities while on placement.

Return completed form to your education provider's Placement Coordinator.

Course Provider:	
Student name:	
Student address:	

I acknowledge that the Course Provider has signed an agreement with the Northern Territory of Australia through its agency the Department of Health ("**DoH**"), under which I will participate in a Student Placement with DoH.

By signing this Deed I agree that

1. I am aware of and understand the terms and conditions under which Student Placements are conducted.
2. I understand that while on my Student Placement I am not considered an employee of DoH and will conduct myself as a student on placement appropriately and in accordance with any rules, policy or code governing student conduct issued by my educational provider.
3. I will provide all evidence required regarding proof of identity, immunisations, criminal history checks and working with children clearance prior to commencement of my Student Placement and will provide up to date evidence during the Student Placement if required by DoH.
4. I am aware of my responsibility to notify DoH and the Course Provider of any conditions that may affect my ability to attend or complete my Student Placement.
5. During my Student Placement, I will comply with:
 - a. all reasonable directions given to me by DoH;
 - b. all applicable Northern Territory legislation;
 - c. the Northern Territory Public Sector Principles and Code of Conduct (a copy of which has been provided to me); and
 - d. the applicable policies, procedures and regulations including, but not limited to, immunisation, infection control, hygiene, uniforms, identification and health and safety, as advised to me from time to time.
6. I will behave in a professional and appropriate manner while on Student Placement. If my conduct or performance is not to DoH or Course Provider requirements or I fail to comply with the requirements of clause 5, I acknowledge that my Student Placement may be terminated.
7. I will maintain confidentiality and privacy in relation to patients, their records and medical conditions, both during and after the Student Placement. I must not access, use, disclose or retain Personal Information (as defined in the *Information Act* (NT) ("**the Act**")) except in the performance of my duties in connection with my Student Placement and in accordance with the Act. I acknowledge that:

