



HEALTH SERVICE – STUDENT PLACEMENT AGREEMENT

This is an agreement between Upper Murray Health and Community Services (UMHCS) and

Student details

Title		Surname		Given Name/s	
Educational institution name					
Course					
Discipline			Year level		

The purpose of this Agreement is to clarify the mutual responsibilities of the parties during the period of the placement, covering the duration of placement beginning _____ & finishing _____.

UMHCS will:

- Provide appropriate supervision (contact details provided below) for the student in respect of their clinical placement.
- Provide the infrastructure for service practice, including the appropriate clinical and administrative protocols. Orient the student to the infrastructure and associated protocols.
- Conduct the required liaison with the educational institution to which the student is attached.
- Conduct the necessary checks to ensure the student is fit for placement. These checks could include (but may not be limited to) a National Police Records Check, Working With Children Check and an interview.
- Seek feedback from the student at the end of their placement.
- Provide appropriate processes for dealing with grievances that may arise during the course of the placement.
- Work with the student to determine an agreed set of work hours.

The Student will:

- Agree to work within the philosophy and objectives of UMHCS.
- Be directly accountable for their clinical placement to their assigned supervisor.
- Be directly responsible to the supervisor for the generation of their learning goals.
- Participate in the required supervision of their work.
- Follow all administrative and policy protocols governing UMHCS which can be located in PROMPT.

This agreement may be cancelled at any time if:

- The student no longer wishes to/is unable to continue the placement work.
- There are concerns by the supervisor/program manager as to the continuance of the placement work.
- There are concerns by the educational institution as to the continuance of the placement work.

If the agreement is cancelled, then explanations and sufficient notice should be given to the relevant parties (including the student, health service and educational institution) before the placement finishes.

Please sign at your orientation session

Student signature		Date	
Supervisor name (please print)			
Supervisor position title			
Supervisor email address			
Supervisor phone number			
Supervisor signature		Date	
Witness name			
Witness signature		Date	

This margin is for binding only. Please do not write in here.

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