

COVID-19 PREPARATION PLACEMENT DECLARATION

In response to the current COVID-19 pandemic, ALL STAFF AND STUDENTS attending clinical placement venues are required to submit evidence that they meet requirements that comply with WHO recommendations as adopted by State and Territory governments:

Name		Date	
Placement venue		Ward	
DECLARATION		CONFIRMATION	
<p>Have you travelled interstate or overseas in the last 14 days? *If you have returned from overseas or interstate in the last 14 days you must not be on placement, contact the Work Integrated Learning (WIL) Team - swplacements@flinders.edu.au</p>		<p>No <input type="checkbox"/> Yes <input type="checkbox"/> Date returned:</p>	
<p>Have you knowingly been in contact with anyone diagnosed with COVID-19? If yes, please discuss your circumstances with your Field Education Liaison contact I acknowledge that should I come into contact with a positive case of COVID -19 outside of my placement, I will inform the WIL team swplacements@flinders.edu.au and NOT return to placement until further consultation</p>		<p>No <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/></p>	
<p>Do you currently have any of the following symptoms? Fever; Cough; Fatigue; Shortness of breath; Sore throat I acknowledge that at any time during my placement, if I develop any of the above symptoms, or become unwell I will immediately notify my supervisor and leave the placement environment. I will then contact my Field Education Liaison contact and notify the WIL team swplacements@flinders.edu.au. Should these symptoms continue for more than 24 hours I will seek medical advice and obtain a medical certificate prior to returning to placement. If I am tested for COVID-19 I agree I will notify the placement setting, Supervisor and WIL team swplacements@flinders.edu.au along with the outcome of the results.</p>		<p>No <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/></p>	
<p>I am aware that my temperature may be taken at the commencement of each day during my placement and consent to this. I understand that if I am febrile I will need to leave the placement and notify my Supervisor and the WIL team (swplacements@flinders.edu.au) immediately.</p>		<p>Yes <input type="checkbox"/> Yes <input type="checkbox"/></p>	
<p>STUDENTS: I understand that some aged care and health service providers have COVID-19 containment measures that mean that students are unable to work in an alternative health facility for the period of the placement.</p>		<p>Yes <input type="checkbox"/></p>	
<p>STUDENTS: If my place of work during the period of the placement is a health setting, I will notify the WIL Team by email, swplacements@flinders.edu.au for further information and instruction about my placement.</p>		<p>Yes <input type="checkbox"/> N/A <input type="checkbox"/></p>	



Flinders
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College of Education,
Psychology & Social Work

I _____ (name) declare the above is true and correct		
Signature: _____	Date: _____	
Witness Name: _____	Signature: _____	Date: _____