EAST GRAMPIANS HEALTH SERVICE





Name:		Contact Number:		
Education Provider:		Course Name:		
Student Year:		Clinical Placement Dates:		
It is a requirement of East Grampians Health Service that you review the topics listed below and complete the attached training packages.				
By ticking the boxes below you are agreeing to comply with the policies and their requirements.				
	Privacy and Confidentiality			
	Infection Control			
	Emergency Preparedness			
	Manual Handling			
	Child Safety Code of Conduct			
I	certify that I have read and understood the preceding topics in the			
East Grampians Health Service Online Student Orientation in preparation of my placement. I also certify that I have read and understood the student orientation manual.				
I also certify that I have read and understand the EGHS Student Placement Information Handbook.				
Signature:			Date:	

Please print this form and hand it to your clinical facilitator / preceptor on the first day of your East Grampians Health Service placement.











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