Work Placement Facility Declaration

RTO 52733 chandler RTO

DECLARATION	CONFIRMATION
Have you visited any Tier 1 or exposure locations that are listed on the Victorian Government Website in the last 14 days?	☐ No ☐ Yes
Have you knowingly been in contact with anyone diagnosed with COViD-19? **If yes, please discuss your circumstances with the Clinical Placement Officer**	☐ No ☐ Yes
Do you currently have any of the following symptoms? **Fever; Cough; Fatigue; Shortness of breath; Sore throat**	☐ No ☐ Yes
If I am tested for COVID-19	☐ Yes
I am aware that my temperature may be taken at the commencement of each shift during my placement and consent to this. I understand that if I am febrile, I will need to leave the placement and notify my Facilitator/Educator and the Placement Officer immediately.	☐ No ☐ Yes
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. Please confirm you will not work for another employer for the duration of your placement.	☐ Yes ☐ NA
I have completed the Australian Government COViD-19 Infection Control Training and can provide the completion certificates on request	☐ Yes
I _____ (Student's name) declare the above is true and correct. **Signature:** _____ **Date:** _____	