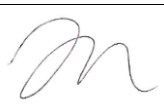
Schedule1 – Student Placement Schedule

Program(s) of Study (course name/s) for discipline	
Student Placement Provider	**Aurrum Pty Ltd** **ABN- 91 168 114 038**
Student Placement Provider Contact Person details	**Name: Sarah Malkic** **Position: People Business Partner** **Telephone: 0408 187 039** **Email:** people@aurrum.com.au **After hours contact 0408 187 039**
Education Provider	
Education Provider Contact Person details	**Name** **Position** **Telephone** **Email** **After hours contact**
Applicable supervision model(s)	1:1 Direct and indirect supervision from a registered nurse Students who do not have a valid NDIS check will not be permitted to attend to NDIS residents.
Direct supports provided by Education Provider	

Signatures

Student Placement Provider	
Date	
Education Provider	
Date	

Schedule 2 – Student Undertaking Schedule

This Student Undertaking is completed in accordance with the Student Placement Agreement between

Education Provider: _____and Aurrum Pty Ltd.

Name of Student: _____Telephone: _____

Email address: _____

Emergency contact person: _____Telephone: _____

Education Provider: _____

Student Placement Provider unit/department: _____

Range of Student Placement dates: _____to _____

I acknowledge that [please tick]:

- ☐ I am not an employee of the Student Placement Provider for the purpose of this placement;
- ☐ I have attached to this form a copy of photo identification (e.g. copy of drivers licence);
- ☐ I have provided evidence that I am immunised in accordance with the Student Placement Provider's recommendations to my Education Provider;
- ☐ Both parties to the Student Placement Agreement can enforce this Undertaking;
- ☐ I have informed the Student Placement Provider and provided all relevant details if:
  - I have ever had any restrictions on my student registration with the relevant National Board;
  - I have ever been disciplined by a relevant professional body;
  - I have ever been imprisoned, or found guilty of a violent or sex offence;
  - I have been found guilty of a criminal offence (other than a minor traffic offence) in the past 10 years; or
  - I am currently subject to charges or under investigation for a criminal offence (other than a minor traffic offence).

In relation to the Student Placement, I undertake that [please tick]:

- ☐ I will not communicate, publish or release any confidential information of the Student Placement Provider and will keep all Resident information strictly confidential. I am aware that unlawful disclosure of Resident information is a criminal offence;
- ☐ I will comply with all policies, procedures and reasonable directions of the Student Placement Provider;
- ☐ I will behave at all times in such a way as to cause no unreasonable or unnecessary disruption to the routines or procedures of the Student Placement Provider or its Residents or staff;
- ☐ I will promptly inform the Student Placement Provider if I feel unwell or my health status changes;
- ☐ I will promptly inform the Student Placement Provider of any accident or incident that occurs; and
- ☐ I will promptly inform the Student Placement Provider and provide all relevant details if:
  - I have any restrictions on my student registration with the relevant National Board;
  - I am disciplined by a relevant professional body;
  - I am found guilty of a criminal offence (other than a minor traffic offence); or
  - I am charged or investigated for a criminal offence (other than a minor traffic offence).

_____ _____

Signature of student **Date**