

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 Clinical Psychology WIL Placement team via email: cepsw.psync.placements@flinders.edu.au</p>		No <input type="checkbox"/> Yes <input type="checkbox"/> Date returned:	
<p>Have you knowingly been in contact with anyone diagnosed with COVID-19? If yes, please discuss your circumstances with your University Supervisor contact I acknowledge that should I come into contact with a positive case of COVID -19 outside of my placement, I will inform the Clinical Psychology WIL Placement team via email: cepsw.psync.placements@flinders.edu.au and NOT return to placement until further consultation.</p>		No <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/>	
<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 Field Supervisor first, then my University Supervisor and leave the placement environment. I will then notify the Clinical Psychology WIL Placement team via email: cepsw.psync.placements@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, Field and University Supervisor and the Clinical Psychology WIL Placement team via email: cepsw.psync.placements@flinders.edu.au along with the outcome of the results.</p>		No <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/>	
<p>I am aware that my temperature may be taken at the commencement of each day during my placement and consent to this.</p>		Yes <input type="checkbox"/>	
<p>I understand that if I am febrile I will need to leave the placement and notify my Field and University Supervisor and the Clinical Psychology WIL Placement team via email: cepsw.psync.placements@flinders.edu.au immediately.</p>		Yes <input type="checkbox"/>	
<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>		Yes <input type="checkbox"/>	
<p>STUDENTS: If my place of work during the period of the placement is a health care setting, I will notify the Clinical Psychology WIL Placement team via email: cepsw.psync.placements@flinders.edu.au, for further information and instruction about my placement.</p>		Yes <input type="checkbox"/> N/A <input type="checkbox"/>	
<p>I _____ (name) declare the above is true and correct</p>			
<p>Signature: _____ Date: _____</p>			
<p>Witness Name: _____ Signature: _____ Date: _____ (any adult 18 years or older can sign)</p>			