



Student Details

Name _____

Mobile or Best Contact Details _____

Email Address _____

Emergency Contact Person _____

Emergency Person Contact Number _____

Medical Issues (optional) _____

Mode of transport to venue _____

Allocated Ward / Area _____

Clinical Facilitator _____

Preceptor(s) _____

Previous Healthcare Experience
(eg; EN, PCA/PSA/PNA, CARER, ELA 1 or 2)

EVIDENCE OF MANDATORY REQUIREMENTS:

(To be given to / shown to Clinical Facilitator (CF) on first day)

C F TO SIGN

Student Photo ID	original sited & copy provided by student	YES	NO	_____
Drug Calculation Test 100% Pass	copy of written evidence provided by student	YES	NO	_____
First Aid Certificate/BLS Competency	original sited & copy provided by student	YES	NO	_____
Police Clearance	Original sited	YES	NO	_____
Immunisations	original sited & copy provided by student	YES	NO	_____
HHA eLearning certificate	copy provided by student	YES	NO	_____
Bloodsafe eLearning certificate	copy provided by student	YES	NO	_____
Privacy Agreement signed		YES	NO	_____

Written detail of drug calculation test results must be provided before student is able to participate in medication administration.

All details will remain private and confidential