



SYDNEY MEDICAL SCHOOL - NORTHERN

CHECKLIST – DOCUMENTS REQUIRED FOR AN ELECTIVE APPLICATION

A. IN THE FIRST INSTANCE (TO HOLD AN ELECTIVE PLACEMENT):

- ☐ **A letter of good standing from a senior Faculty member of your school**
 - dated within the last 12 months and if necessary, with a certified English translation.
- ☐ **Written proof from your University or other appropriate body that you are covered by insurance for public liability and medical indemnity while doing your elective in Australia**
 - sent with a certified English translation if necessary.

Once you have the above documents, complete the following forms on your computer, then print and sign them where necessary. Completing before printing is preferable as there are drop down lists. Please check the most recent availability before completing the Elective Application Form as placements are constantly changing.

- ☐ **Sydney Medical School - Northern, Elective Application Form**
- ☐ **NSW Health Student Undertaking**
- ☐ **Prohibited Employment Declaration**

NOTE: 1. ELECTIVE PLACEMENTS WILL NOT BE HELD FOR YOU UNDER ANY CIRCUMSTANCES, UNTIL A COMPLETE INITIAL APPLICATION IS RECEIVED.

B. TO FOLLOW WITHIN 1 MONTH OF THE CONDITIONAL OFFER EMAIL:

- ☐ **NSW Health Code of Conduct Agreement**
- ☐ **NSW Health Attachment 6 Undertaking/Declaration Form**
- ☐ **NSW Health Attachment 7 Tuberculosis (TB) Assessment Tool**
- ☐ **Provide evidence of vaccinations listed on Attachment 4 Checklist: Acceptable Evidence**
- ☐ **Proof of Payment of the Sydney Medical School - Northern, Application Fee**

NOTE: IF THE DOCUMENTS ARE NOT RECEIVED OR THERE HAS BEEN NO CONTACT FROM YOU AFTER ONE MONTH OF OFFERING YOU A PLACEMENT, THE PLACEMENT WILL NO LONGER BE HELD AND MAY BE OFFERED TO OTHER APPLICANTS.

C. TO FOLLOW NO LATER THAN 3 MONTHS AFTER THE CONDITIONAL OFFER EMAIL:

- ☐ **Proof of Payment of the Sydney Medical School - Northern, Elective Fee**
- ☐ **Criminal Record Check (for students studying in an overseas University)**
 - Must be dated within 5 years of the last day of your elective.
 - Must be at least a state-wide (or province etc) CRC. Local county (or shire etc) do not suffice.
 - Must be from the state/country in which you've spent the majority of the last 5 years. This would usually mean the state/country in which you study.
 - If your CRC is not in English, it must be sent with a certified English translation.
- ☐ **National Police Check from AFP - please refer to FAQ's on our website for further information**
 - Must be dated within 5 years of the last day of your elective.

NOTE: IF YOU NEED TO SEND CERTIFIED COPIES RATHER THAN ORIGINALS, PLEASE SEE THE FREQUENTLY ASKED QUESTIONS IN THE ELECTIVES SECTION OF OUR WEBSITE.

All correspondence to the following email:

northern.electives@sydney.edu.au

Fax: +61 2 9926 4033

Phone: +61 2 9926 4683

CRC & NPC by post to the following address:

Electives Coordinator
Sydney Medical School - Northern
Level 7, Kolling Building RNSH
Reserve Road
ST LEONARDS NSW 2065
AUSTRALIA

Code of Conduct Agreement for Students undertaking Clinical Placements

Instructions for Students:

Complete this form and provide it to the NSW Health Facility at the commencement of your placement.

SECTION A: Placement details

NSW Health Facility: _____

Start Date of Placement: _____

End Date of Placement: _____

SECTION B: PERSONAL DETAILS

(Name details provided must be same as the details on the Student ID)

Family Name: _____

Given Names: _____

Address while on placement: _____

Student ID: _____

Phone Number: _____

Date of Birth: _____

Gender: _____

University/TAFE: _____

SECTION C:

I have read and understood the NSW Health Code of Conduct, and agree to abide by the provisions set out in the Code of Conduct at all times during my clinical placement with the Health Facility _____ <Name of Health Facility>. Failure to do so may impede or even lead to cancellation of my clinical placement.

I understand that this "sign off" sheet will be held by the Health Facility.

Signature: _____

Date: _____

Name: _____ (please print)

Attachment 1: Blood Borne Virus Student Declaration Form



All student health care workers of a discipline* that undertakes exposure prone procedures (EPPs) must complete this document prior to their first clinical placement, and again after repeat testing has been undertaken every three years. Students will only be permitted to attend clinical placements if they have submitted this form.

The educational provider must ensure that all student health care workers of a discipline* that undertakes EPPs have completed this form and submitted it for assessment by NSW Health.

Declaration	Initials
I have read and understand the requirements of the Australian National Guidelines for the Management of Healthcare Workers Living with Blood Borne Viruses and Healthcare Workers who Perform Exposure Prone Procedures at Risk of Exposure to Blood Borne Viruses and the NSW Health policy <i>Management of health care workers infected with HIV, Hepatitis B or Hepatitis C and health care workers who perform exposure prone procedures</i> .	
Select either A or B ☐ A: I have undergone testing for blood borne viruses** (BBVs) at commencement of study in Australia or within the 12 months prior to commencement. ☐ B: I have undergone a repeat test for BBVs within a three year period from the date of my last test. The date of my test was: _____	
I agree to the following: - be tested for Hepatitis B, Hepatitis C and HIV at least once every three years. - have appropriate and timely testing and follow up care after a potential occupational exposure associated with a risk of BBV acquisition. - have appropriate testing and follow up care after potential non-occupational exposure, with testing frequency related to risk factors for virus transmission. - notify the person identified in the health facility local procedures if I am newly diagnosed with a BBV and will refrain from performing EPPs until a risk management plan has been developed by the NSW Health agency during the placement. - cease performing all EPPs if diagnosed with a BBV until the criteria in the National Guidelines are met.	
Declaration: I _____ declare that I comply with the requirements of the <i>National Guidelines</i> and that the information provided is correct.	
Full name:	Date of Birth:
Email:	Student ID:
Date:	Education Provider:
	Signature:

*Disciplines that undertake exposure prone procedures include: medicine; midwifery; paramedicine; dentistry and oral health.

**Relevant blood borne viruses are Human Immunodeficiency Virus (HIV), Hepatitis B and Hepatitis C.

Attachment 6 Undertaking/Declaration Form

All new recruits/other clinical personnel/ students /volunteers / facilitators must complete each part of this document and Attachment 7 *Tuberculosis (TB) Assessment Tool* and provide a NSW Health Vaccination Record Card for Health Care Workers and Students and serological evidence of protection as specified in Attachment 4 *Checklist: Evidence required from Category A Applicants* and return these forms to the health facility as soon as possible after acceptance of position/enrolment or before attending their first clinical placement. (Parent/guardian to sign if student is under 18 years of age).

New recruits/other clinical personnel/ students /volunteers / facilitators will only be permitted to commence employment/attend clinical placements if they have submitted this form, have evidence of protection as specified in Attachment 4 *Checklist: Evidence required from Category A Applicants* and submitted Attachment 7 *Tuberculosis (TB) Assessment Tool*. Failure to complete outstanding hepatitis B or TB requirements within the appropriate timeframe(s) will result in suspension from further clinical placements/duties and may jeopardise their course of study/duties.

The education provider/recruitment agency must ensure that all persons whom they refer to a NSW Health agency for employment/clinical placement have completed these forms, and forward the original or a copy of these forms to the NSW Health agency for assessment. **The NSW Health agency** must assess these forms along with evidence of protection against the infectious diseases specified in this policy directive.

Part	Undertaking/Declaration	✓
1	I have read and understand the requirements of the NSW Health <i>Occupational Assessment, Screening and Vaccination against Specified Infectious Diseases Policy</i>	
2	a. I consent to assessment and I undertake to participate in the assessment, screening and vaccination process and I am not aware of any personal circumstances that would prevent me from completing these requirements, OR b. I consent to assessment and I undertake to participate in the assessment, screening and vaccination process; however I am aware of medical contraindications that may prevent me from fully completing these requirements and am able to provide documentation of these medical contraindications. I request consideration of my circumstances.	a b
3	I have provided evidence of protection for hepatitis B as follows: a. history of an age-appropriate vaccination course, <u>and</u> serology result Anti-HBs $\geq 10\text{mIU/mL}$ OR b. history of an age-appropriate vaccination course and additional hepatitis B vaccine doses, however my serology result Anti-HBs is $< 10\text{mIU/mL}$ (non-responder to hepatitis B vaccination) OR c. documented evidence of anti-HBc (indicating past hepatitis B infection) or HBsAg+ OR d. I have received at least the first dose of hepatitis B vaccine (documentation provided) and undertake to complete the hepatitis B vaccine course (as recommended in the <i>Australian Immunisation Handbook</i>, current edition) and provide a post-vaccination serology result within six months of my initial verification process.	a b c d
4	I have been informed of, and understand, the risks of infection, the consequences of infection and management in the event of exposure (refer Attachment 5 <i>Specified Infectious Diseases: Risks and Consequences of Exposure</i>) and agree to comply with the protective measures required by the health service and as defined by PD2007_036 Infection and Control Policy.	
Declaration: I _____ declare that the information provided is correct		
Full name:		Worker cost centre (if available):
D.O.B:		Worker/Student ID (if available):
Email:		NSW Health agency /Education provider:
Signature:		Date:

Attachment 7 Tuberculosis (TB) Assessment Tool

All new recruits, other clinical personnel, volunteers and students are required to complete this Tuberculosis Assessment Tool along with a NSW Health Record of Vaccination for Health Care Workers and Students and Attachment 6 *Undertaking/ Declaration Form*. They should advise the NSW Health agency if they prefer to provide this information in private consultation with a clinician.

The NSW Health agency will assess this form and decide whether TB screening or clinical review is required.

New recruits, other clinical personnel and volunteers will only be permitted to commence duties if they have submitted this form to the employing NSW Health agency. Failure to complete outstanding TB requirements within the appropriate timeframe may affect their employment status.

The education provider must forward a copy of this form to the health service for assessment.

Existing Category A staff, clinical personnel, volunteers and students who spend more than 3 months in a country with high incidence of TB after their initial TB assessment must complete and submit this tool for reassessment on return to a NSW Health agency.

Part A		
1. Do you currently have a cough that has lasted longer than 2 weeks?	Yes ☐	No ☐
2. If yes, have you had any episode of haemoptysis (coughing up blood)?	Yes ☐	No ☐
3. Have you had unexplained fever, chills or night sweats in the past month?	Yes ☐	No ☐
4. Have you had any unexplained weight loss in the past month?	Yes ☐	No ☐
<i>If you answered yes to any of the above questions, please attach relevant details on a separate page, including all results of any investigations or medical assessment you may have had to this form.</i>		
Part B		
1. What is your country of birth?		
2. Have you ever in your lifetime (new personnel), or since your last occupational TB Assessment (existing personnel), lived or travelled overseas? If yes, provide details Yes ☐ No ☐		
Country	Duration of stay	Approximate dates/ year
_____	_____	_____
_____	_____	_____
<i>(attach a separate page if necessary)</i>		
3. Have you ever had contact with a person known to have TB? Yes ☐ No ☐		
If yes, detail the nature of the contact (attach separate page if necessary):		
4. Have you ever been tested for TB before? Yes ☐ No ☐		
<i>If you answered yes to any of the above questions, please attach further information on a separate page, including the date and results of any previous tests for TB (including TST, IGRA, sputum culture, chest x-ray) and attach it to this form</i>		
Worker/Student Declaration: I declare that the information provided on this form is correct		
Full name: _____	Worker cost centre (if applicable):	
Date of birth: / /	Student ID (if applicable):	
Phone: _____	NSW Health agency /Education provider:	
Email: _____		
Signature: _____	Date: _____	

Attachment 4 Checklist: Evidence required from Category A Applicants

Workers, new recruits, other clinical personnel and students should take this checklist (and relevant sections of this policy directive referred to in this checklist) to their immunisation provider and discuss their screening and vaccination requirements

Diseases	Vaccination Evidence	Serology Evidence	Other acceptable evidence	COMMENTS
Diphtheria, Tetanus & Pertussis	One adult dose of dTpa vaccine within the last 10 years	N/A Serology will <u>not</u> be accepted	NIL	Acceptable evidence of protection includes a written record of vaccination signed, dated and stamped by the medical practitioner/nurse immuniser on the NSW Health Vaccination Record Card for Health Care Workers and Students and/or serological confirmation of protection, and/or other evidence, as specified in this table. An AIR transcript is also acceptable evidence of vaccination - dTpa booster is required 10-yearly - DO NOT use ADT vaccine
Hepatitis B	History of age-appropriate hepatitis B vaccination course	AND Anti-HBs $\geq$ 10mIU/mL	OR Documented evidence of anti-HBc, indicating past hepatitis B infection, or HBsAg+	- A verbal history and a completed <i>Hepatitis B Statutory Declaration</i> (Attachment 9) are acceptable if all attempts fail to obtain the vaccination record. The assessor must be satisfied that a reliable history has been provided and the risks of providing a false declaration or providing a verbal vaccination history based on recall must be explained. - Positive HBcAb and/or HBsAg result indicate compliance with this policy - A further specialist assessment is required for HBsAg+ workers who perform Exposure Prone Procedures
Measles, Mumps & Rubella (MMR)	2 doses of MMR vaccine at least one month apart	OR Positive IgG for measles, mumps and rubella	OR Birth date before 1966	- Two doses of MMR vaccine, given at least 4 weeks apart, should be accepted as compliance with this policy. - Do <u>not</u> compare the numeric levels reported from different laboratories. The interpretation of the result given in the laboratory's report must be followed i.e. the report may include additional clinical advice e.g. consideration of a booster vaccination for low levels of rubella IgG detected. - DO NOT use MMRV vaccine (not licensed for use in persons $\geq$ 14 years). If a dose of MMRV vaccine is inadvertently given to an older person, this dose does not need to be repeated.
Varicella	2 doses of varicella vaccine at least one month apart.	OR Positive IgG for varicella	N/A	- Evidence of one dose of varicella vaccine is sufficient in persons vaccinated before 14 years of age - DO NOT use MMRV vaccine (not licensed for use in persons $\geq$ 14 years)
Influenza	One dose of current seasonal influenza vaccine by June 1 each year	N/A Serology will not be accepted	NIL	- Influenza vaccination is strongly recommended for all workers, other clinical personnel in Category A positions and for all students. - Influenza vaccination is required annually for workers in Category A High Risk positions, as specified in Attachment 1 <i>Risk Categorisation Guidelines</i> (see Section 4)
Tuberculosis	N/A	Refer to Section 3.8	Refer to Section 3.8	- Refer to Section 1.2 <i>Key Definitions</i> - Refer to Section 3 <i>TB Assessment and Screening</i>