**CLINCONNECT & NON VERIFIED STUDENTS**

To complete a placement in any NSW Health site, NSW Health require students to comply with their Occupational Assessment, Screening and Vaccination against Specified Infectious Diseases policy. When you’ve met these guidelines, NSW Health manages your placement via a central database called ClinConnect. *If you do not meet NSW Health’s policy, your placement will be cancelled.*

The UCRH on behalf of your supervisor can assist you in obtaining verification. *Alternatively you can seek assistance from your Placement Coordinator at your University.*

To ensure your placement proceeds, we need to ensure your documentation is supplied to a ClinConnect OSV assessor as soon as possible, so please read the following instructions carefully.

**To gain ClinConnect compliance** you will need to supply (via your online application):

1. **Vaccination compliance**
   a. Documentation of vaccinations
   b. Competed “Form 2” and completed “Form 3”

2. **Criminal Records Check** – please obtain a Criminal Records Check from your local State Police station or online**.

3. **Code of Conduct** - read and complete form

**How to get Vaccination Compliance:**


And refer to “INFORMATION SHEET 2. — Checklist: Evidence required from Category A applicants”. Please read this page carefully. This outlines the vaccinations that you are required to have before you can complete a placement in NSW Health facility. These are all mandatory, there are no exceptions made.

If you haven’t already had these vaccinations and/or can’t show evidence of immunity, we suggest taking a copy of the requirements to your GP or vaccination provider and ensure the vaccination schedule is followed according to their advice. Some of these vaccinations can’t be given at the same time and some are contraindicated within weeks of others – you need to get them in the correct order so please follow GP advice before proceeding with vaccinations.

**Once you have your paperwork, completed the online application, what’s the next step?**

Once you have paperwork ready (i.e. proof of vaccination compliance (including form 2 & 3), Criminal Records Check** & Code of Conduct forms), attach the documentation to your UCRH online application.

When we receive your application we will submit your paperwork to a NSW Health OSV assessor. This process can take a few weeks so it is really important that you work quickly to submit your
documentation. If the OSV assessor requires further information they may email you directly, or contact us and we will email you their instruction.

PLEASE NOTE – your University placement coordinator can also assist you in the process, and there is a ClinConnect delegate within your University. To find out who they are, please see the following link:


Once the OSV assessor grants your verification, the NNSW Student Compliance team will then be notified and grant you verification. Once this has happened, the UCRH will confirm your placement and within 2 weeks of your placement commencing, we will email you information about your first day including how/where to collect accommodation keys (if required).

Email Contacts:

OSV Assessor for NNSW is

NNSW.OSVAssessor@ncahs.health.nsw.gov.au

Student Compliance NNSW is

NNSW.StudentCompliance@ncahs.health.nsw.gov.au

**NOTE – CRIMINAL RECORDS CHECKS

Please note you must obtain your Criminal Records Check, through your State or Territory Police Station.

You can only obtain a Criminal Records Check through the AFP (Australian Police Force) if you are a resident of the ACT, people seeking employment with the Commonwealth Government, or where the applicant resides overseas.
## Form 3: Student Undertaking/Declaration

All students must complete each part of this Form 3: Student Undertaking/Declaration Form and the Form 2: Tuberculosis (TB) Screening Assessment Tool and return these forms to their educational institution’s clinical placement coordinator as soon as possible after enrollment. (Parent/guardian to sign if student is under 10 years of age.)

Students will not be permitted to attend clinical placements if they have not submitted Form 3: Student Undertaking/Declaration Form and Form 2: Tuberculosis Assessment Tool.

Failure to complete outstanding hepatitis B or TB requirements within the appropriate timeframe(s) will result in suspension from further clinical placements and may jeopardise the student’s course of study.

The educational institution will:
- ensure that all students whom they refer to a health service for clinical placement have submitted these forms, and
- forward the original or a copy of these forms to the health service for assessment.

The health service will:
- assess these forms along with evidence of protection against the infectious diseases specified in this policy directive.

### Part 1

- I have read and understand the requirements of the NSW Health Occupational Assessment, Screening and Vaccination against Specified Infectious Diseases Policy Directive.

### Part 2

- 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**

- 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.

### Part 3

I have evidence of protection for:  
- Pertussis  
- Diphtheria  
- Tetanus  
- Varicella  
- Measles  
- Mumps  
- Rubella

### Part 4

- I have evidence of protection for Hepatitis B.

  **OR**

- 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 Australian Immunisation Handbook, current edition) and provide a post-vaccination serology result within six months of commencement of enrolment.

### Part 5

- I have been informed of, and understand, the risks of infection, the consequences of infection and management in the event of exposure (refer Information Sheet 3: Specified Infectious Diseases: Risks, consequences of exposure and protective measures) and agree to comply with the protective measures required by the health service.

I declare that the information I have provided is correct.

**Name**  
**Phone or Email**  
**Date of Birth or Student ID**  
**Educational Institution**  
**Signature**  
**Date**

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FORM 2. – Tuberculosis (TB) assessment tool

- A New Recruit/Student will require TST screening if he/she was born in a country with a high incidence of TB, or has resided for a cumulative time of 3 months or longer in a country with a high incidence of TB, as listed at: [http://www.health.nsw.gov.au/publichealth/infectiousa2.asp](http://www.health.nsw.gov.au/publichealth/infectiousa2.asp).

- The Health Service will assess this form and decide whether clinical review/testing for TB is required. Indicate if you would prefer to provide this information in private consultation with a clinician.

- New recruits will not be permitted to commence duties if they have not submitted this Form and Form 1: New Recruit Undertaking/Declaration to the employing health facility. Failure to complete outstanding TB requirements within the appropriate timeframe(s) may affect the new recruit’s employment status.

- Students will not be permitted to attend clinical placements if they have not submitted this Form and the Form 3: Student Undertaking/Declaration to their educational institution’s clinical placement coordinator as soon as possible after enrolment. Failure to complete outstanding TB requirements within the appropriate timeframe(s) will result in suspension from further clinical placements. The educational institution will forward the original or a copy of these forms to the health service for assessment.

### Clinical History

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cough for longer than 2 weeks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Please provide information below if you have any of the following symptoms:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Haemoptysis (coughing blood)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fevers / Chills / Temperatures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Night Sweats</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fatigue / Weakness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anorexia (loss of appetite)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unexplained Weight Loss</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Assessment of risk of TB infection

#### Were you born outside Australia?

- Yes □ No □

#### If yes, where were you born?

[Provide details]

#### Have you lived or travelled overseas?

- Yes □ No □

#### Country

[Provide details]

#### Amount of time lived/travelled in country

[Provide details]

### Have you ever had:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact with a person known to have TB?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, provide details below</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TB Screening</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, provide details below and attach documentation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you answered YES to any of the questions above, please provide details (attach extra pages if required).

I declare that the information I have provided is correct

**Name**

**Phone or Email**

**Student ID (or date of birth)**

**Educational institution (student)**

**Health Service/Facility (new recruit)**

**Signature**

**Date**

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**PD2011_005**  
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Code of Conduct Agreement
for Students undertaking Clinical Placements

Instructions for Students:
Complete this form and provide it to the NSW Health organisation when requested.

SECTION A: PERSONAL DETAILS
(Name details provided must be same as the details on the Student ID)

Family Name: __________________________
Given Names: __________________________

Address: ___________________________________________________________
_______________________________________________________________

Student ID: __________________________ Phone Number: __________________________

Date of Birth: __________________________ Gender: __________________________

University/TAFE: _________________________________________________

SECTION B:

I undertake that if I am charged or convicted of any criminal offence after the date of issue of my National Police Certificate or while I am completing my course, I will notify NSW Health before continuing with any clinical placement.

I have read and understood the NSW Health Code of Conduct, accessible at: http://www.health.nsw.gov.au/policies/pages/default.aspx and agree to abide by the provisions set out in the Code of Conduct at all times during all of my clinical placements within NSW Health. Failure to do so may lead to withdrawal of my clinical placements within NSW Health.

Name: __________________________ (please print)

Signature: __________________________

Date: __________________________

June 2013