

Evidence record of allied health student training

| | |
|------------------------------|--|
| Student name | |
| Course / Profession | |
| Educational institute | |

Copies of all signed sheets must be retained by the student for presentation at each placement as per guideline provided on the [Training requirements for student placements webpage](#).

PART A: COMPLETE PRIOR TO PLACEMENT

Section 1 – Training that is not site specific and that must be completed prior to placement

| Training | Information available external to Queensland Health? | When to be completed | Student Signature <i>I certify I have completed the following training components...</i> | Date of completion |
|--|---|-----------------------------|--|---------------------------|
| Clinical Placement Student Orientation (on iLearn) (as per requirement of the student deed legal framework governing student placements within Queensland Health) https://www.health.qld.gov.au/employment/clinical-placement/students | | | | |
| • Code of conduct | Yes | Prior to placement | | |
| • National code of conduct for healthcare workers | Yes | Prior to placement | | |
| • Cultural diversity | Yes | Prior to placement | | |
| • Immunisation and infection prevention | Yes | Prior to placement | | |
| • Work health and safety induction | Yes | Prior to placement | | |
| • First response evacuation instructions (FREI) | Yes | Prior to placement | | Initial completion date: |
| | | | | Annual refresher date: |
| • Occupational violence prevention fundamentals | Yes | Prior to placement | | |
| • Prevention and management of musculoskeletal disorders | Yes | Prior to placement | | |
| • Privacy, confidentiality and documentation | Yes | Prior to placement | | |
| Additional requirements for allied health students | | | | |
| • Child abuse and neglect | Yes | Prior to placement | | Initial completion date: |
| | | | | Annual refresher date: |

| Training | Information available external to Queensland Health? | When to be completed | Student Signature <i>I certify I have completed the following training components...</i> | Date of completion |
|--|--|----------------------|---|--------------------|
| <ul style="list-style-type: none"> Clinical handover | Yes | Prior to placement | | |
| <ul style="list-style-type: none"> Consumer engagement | Yes | Prior to placement | | |
| <ul style="list-style-type: none"> QLD Health introductory Aboriginal and Torres Strait Islander cultural practice online program | Yes | Prior to placement | | |
| <ul style="list-style-type: none"> Clinical documentation | Yes | Prior to placement | | |
| <ul style="list-style-type: none"> Hand hygiene | Yes | Prior to placement | | |
| <ul style="list-style-type: none"> Infection control | Yes | Prior to placement | | |
| <ul style="list-style-type: none"> Informed consent | Yes | Prior to placement | | |
| <ul style="list-style-type: none"> Patient identification and procedure matching | Yes | Prior to placement | | |
| <ul style="list-style-type: none"> Patient rights | Yes | Prior to placement | | |
| <ul style="list-style-type: none"> Safe, secure and supportive workplaces – Guide for allied health students | Yes | Prior to placement | | |
| <ul style="list-style-type: none"> The high risk patient | Yes | Prior to placement | | |
| <ul style="list-style-type: none"> Comprehensive care | Yes | Prior to placement | | |

PART B: COMPLETE ON COMMENCEMENT OF PLACEMENT

Section 2 – Site specific training, complete at each facility

| Training | Information available external to Queensland Health? | When to be completed | Student Signature <i>I certify I have completed the following training components...</i> | Date of completion |
|---|---|---|--|---------------------------|
| Site-specific orientation | No | Within 2 days of starting each placement | | Placement 1: |
| | | | | Placement 2: |
| | | | | Placement 3: |
| | | | | Placement 4: |
| | | | | Placement 5: |
| Fire safety – General evacuation instructions (GEI) | No | Within 2 days of starting each placement | | Placement 1: |
| | | | | Placement 2: |
| | | | | Placement 3: |
| | | | | Placement 4: |
| | | | | Placement 5: |
| Hazardous chemicals Only required if conducting procedures or working in areas that hold SDS' (safety data sheets). | No | Within 2 days of starting each placement, as required | | Placement 1: |
| | | | | Placement 2: |
| | | | | Placement 3: |
| | | | | Placement 4: |
| | | | | Placement 5: |
| How to report a workplace incident | No | Within 2 days of starting each placement | | Placement 1: |
| | | | | Placement 2: |
| | | | | Placement 3: |
| | | | | Placement 4: |
| | | | | Placement 5: |

| Training | Information available external to Queensland Health? | When to be completed | Student Signature <i>I certify I have completed the following training components...</i> | Date of completion |
|---|--|---|---|--------------------|
| Local emergency procedures | No | Within 2 days of starting each placement | | Placement 1: |
| | | | | Placement 2: |
| | | | | Placement 3: |
| | | | | Placement 4: |
| | | | | Placement 5: |
| Patient handling (face to face) | No | Within 2 days of starting each placement | | Placement 1: |
| | | | | Placement 2: |
| | | | | Placement 3: |
| | | | | Placement 4: |
| | | | | Placement 5: |
| Waste management Information to include advice re below, as relevant: <ul style="list-style-type: none"> • clinical and related waste (e.g. sharps, human tissue) • general waste (e.g. waste not otherwise categorised) • cytotoxic waste (e.g. waste contaminated with body fluids from a patient receiving chemotherapy or cytotoxic agents) • sharps (e.g. objects with sharps points or cutting edges) • pharmaceutical waste (e.g. pharmaceutical/ chemical substances) • confidential waste (e.g. papers with sensitive information about patient/s or administrative issues) • clean paper & recyclables | No | Within 2 days of starting each placement | | Placement 1: |
| | | | | Placement 2: |
| | | | | Placement 3: |
| | | | | Placement 4: |
| | | | | Placement 5: |
| Allied Health Data collection training and/or site specific database entry N.B. Minimum requirement is training once per database, e.g. Pi5, AHIS, ABC | No | Within 1 week of starting each placement, as required | Signature: Database: | Placement 1: |
| | | | Signature: Database: | Placement 2: |
| | | | Signature: Database: | Placement 3: |
| | | | Signature: Database: | Placement 4: |
| | | | Signature: Database: | Placement 5: |

| Training | Information available external to Queensland Health? | When to be completed | Student Signature <i>I certify I have completed the following training components...</i> | Date of completion |
|------------------------|--|----------------------|---|--------------------|
| Other (Please Specify) | No | | | Placement 1: |
| | | | | Placement 2: |
| Other (Please Specify) | No | | | Placement 1: |
| | | | | Placement 2: |