# SCHEDULE 1 Service: Terms & Conditions

*The tables for each discipline are examples only and should be reviewed based on the types of students that will be undertaking clinical placements. Not all disciplines included in this template will be relevant to include for each agreement and other disciplines may be added as required by the parties.*

The Education Provider will, upon receipt of an accurate invoice, pay the amount due to the HSP within 30 days.

If there is a dispute over the payment of an invoice, the HSP will reissue an invoice for the undisputed amount which the Education Provider will pay within 30 days of receiving, while the disputed amount is being finalised.

A surcharge based on the daily overdraft rate may be applied if payment of the undisputed amount is not made within the specified time.

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| **Discipline: MEDICINE** |  |
| **Service Fees**  Clauses 8.4 and 8.5 |  |
| **Reimbursement Fees**  Clause 8.6(b) and (c) |  |
| **In-kind Contributions**  clause 8.7 |  |

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| **Discipline: NURSING & MIDWIFERY** |  |
| **Service Fees**  Clause 8.4 and 8.5 |  |
| **Reimbursement Fees**  Clause 8.6(b) and (c) |  |
| **In-kind Contribution**  clause 8.7 |  |

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| **Discipline: ALLIED HEALTH AND HEALTH SCIENCES** |  |
| **Service Fees**  Clauses 8.4 and 8.5 |  |
| **Reimbursement Fees**  Clause 8.6(b) and (c) |  |
| **In-kind Contribution**  Clause 8.7 |  |

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| **Discipline: DENTAL** |  |
| **Service Fees**  Clauses 8.4 and 8.5 |  |
| **Reimbursement Fees**  Clause 8.6(b) and (c) |  |
| **In-kind Contributions**  clause 8.7 |  |

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| **Discipline: xxx** |  |
| **Service Fees**  Clauses 8.4 and 8.5 |  |
| **Reimbursement Fees**  Clause 8.6(b) and (c) |  |
| **In-kind Contributions**  clause 8.7 |  |

# SCHEDULE 2 Operational Schedule

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| *The tables for each discipline are examples only and should be reviewed based on the types of students that will be undertaking clinical placements. Not all disciplines included in this template will be relevant to include for each agreement and other disciplines may be added as required by the parties.* | |
| **– Discipline Medicine** |  |
| Qualifications to be delivered | MB; BS |
| CP Program details |  |
| Arrangements for administration of Student Placements (clause 2.6) |  |
| Nominated officers for EP (clause 2.7) | **Position Title:**  **Name:**  **Responsibilities:** |
| Nominated officers for HSP (clause 2.7) | **Position Title:**  **Name:**  **Responsibilities:** |
| Timeframes for agreeing access and student numbers (clause 4.1(b)) |  |
| Mandatory training required (clause 5.2(k)) |  |
| Supervision arrangements (clause 8.3) |  |
| Other Special Conditions  Special conditions in relation to clauses of this Agreement *(if not applicable please enter N/A)* |  |
| Related Agreements (clause 27.3) *(between individual HSP and Education Provider)* |  |

|  |  |
| --- | --- |
| **– Discipline Nursing** |  |
| Qualifications to be delivered |  |
| CP Program details |  |
| Arrangements for administration of Student Placements (clause 2.6) |  |
| Nominated officers for EP (clause 2.7) | **Position Title:**  **Name:**  **Responsibilities:** |
| Nominated officers for HSP (clause 2.7) | **Position Title:**  **Name:**  **Responsibilities:** |
| Timeframes for agreeing access and student numbers (clause 4.1(b)) |  |
| Mandatory training required (clause 5.2(k)) |  |
| Supervision arrangements (clause 8.3) |  |
| Other Special Conditions Special conditions in relation to clauses of this Agreement *(if not applicable please enter N/A)* |  |
| Related Agreements (clause 27.3) *(between individual HSP and Education Provider)* |  |

|  |  |
| --- | --- |
| **– Discipline Allied Health and Health Sciences** |  |
| Qualifications to be delivered |  |
| CP Program details |  |
| Arrangements for administration of Student Placements (clause 2.6) |  |
| Nominated officers for EP (clause 2.7) | **Position Title:**  **Name:**  **Responsibilities:** |
| Nominated officers for HSP (clause 2.7) | **Position Title:**  **Name:**  **Responsibilities:** |
| Timeframes for agreeing access and student numbers (clause 4.1(b)) |  |
| Mandatory training required (clause 5.2(k)) |  |
| Supervision arrangements (clause 8.3) |  |
| Other Special Conditions  Special conditions in relation to clauses of this Agreement *(if not applicable please enter N/A)* |  |
| Related Agreements (clause 27.3) *(between individual HSP and Education Provider)* |  |
| **– Discipline Dental** |  |
| Qualifications to be delivered |  |
| CP Program details |  |
| Arrangements for administration of Student Placements (clause 2.6) |  |
| Nominated officers for EP (clause 2.7) | **Position Title:**  **Name:**  **Responsibilities:** |
| Nominated officers for HSP (clause 2.7) | **Position Title:**  **Name:**  **Responsibilities:** |
| Timeframes for agreeing access and student numbers (clause 4.1(b)) |  |
| Mandatory training required (clause 5.2(k)) |  |
| Supervision arrangements (clause 8.3) |  |
| Other Special Conditions  Special conditions in relation to clauses of this Agreement *(if not applicable please enter N/A)* |  |
| Related Agreements (clause 27.3) *(between individual HSP and Education Provider)* |  |
| **– Discipline xxx** |  |
| Qualifications to be delivered |  |
| CP Program details |  |
| Arrangements for administration of Student Placements (clause 2.6) |  |
| Nominated officers for EP (clause 2.7) | **Position Title:**  **Name:**  **Responsibilities:** |
| Nominated officers for HSP (clause 2.7) | **Position Title:**  **Name:**  **Responsibilities:** |
| Timeframes for agreeing access and student numbers (clause 4.1(b)) |  |
| Mandatory training required (clause 5.2(k)) |  |
| Supervision arrangements (clause 8.3) |  |
| Other Special Conditions  Special conditions in relation to clauses of this Agreement *(if not applicable please enter N/A)* |  |
| Related Agreements (clause 27.3) *(between individual HSP and Education Provider)* |  |

# SCHEDULE 3 Designated Officers

*To be completed by the Parties in accordance with* ***clause 2*** *of the Agreement*

|  |  |
| --- | --- |
| **Health Service Provider** | |
| Authorised Officer (clauses 1.1 and 2.3) | **Position Title:**  **Name:**  **Office address:** |
| Contract Manager (clause 1.1 and 2.3) | **Position Title:**  **Name:** |

|  |  |
| --- | --- |
| **Education Provider** | |
| Authorised Officer (clauses 1.1 and 2.3) | **Position Title:   Name:**  **Office Address:** |
| Contract Manager (clause 1.1 and 2.3) | **Position Title:**  **Name:** |

# SCHEDULE 4 Confidentiality Undertaking

**Student Undertaking**

|  |  |  |  |
| --- | --- | --- | --- |
| I |  | of |  |
|  | (Student’s full name) |  | (Education institution) |

give this undertaking for the purposes of my student clinical placement at [insert full name of HSP].

I understand that during my clinical placement I may have access to confidential information collected for purposes of client / patient care or for administrative, statistical or other purposes.

Confidential information refers to any information (verbal, written, or electronic) of a personal, commercial, technical or financial nature, which is not publicly available. It includes personal and health information about individual persons. It may also include discussion of records, employee information, correspondence, manuals, computer print-outs, CD/ DVD/ flash drives or other electronic means, client lists, rates schedules, diaries, file notes or photographs which I may have access to during the course of my placement.

I agree that I will not use any confidential information relating to the affairs of [insert name of HSP] either during the period of placement or after placement ceases, except to the extent that I am using the confidential information for the purpose of my clinical placement. I agree that I will not disclose any confidential information, except to the extent that:

* + 1. I am authorised or required to by law; or
    2. in regards to personal information, the individual consents to the disclosure, and then only subject to the express terms of that consent.

I understand that any unauthorised disclosure or misuse of information is considered an act of misconduct and will result in immediate termination of the clinical placement. I am also aware that legal action may be taken against me under the Criminal Code or other legislation for any unauthorised disclosure or use of confidential information.

I further undertake to inform my supervisor immediately if I become aware of any breach of privacy or security relating to the information, which I access in the course of my duties.

I agree that while I am attending the premises of [insert name of HSP] for a clinical placement I must comply with:

* + 1. the policies and procedures of [insert name of HSP] as notified to me (and as amended from time to time), including the protocols and procedures applicable to the Premises and those relating to visiting Aboriginal communities; and
    2. all reasonable directions and orders of [insert name of HSP] and its officers, employees and agents.

**I have read and agree with the content of this undertaking:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
| (Signature) |  | (Name – print) |  | (Student designation) |  | (Date) |

**EP Staff Undertaking**

|  |  |  |  |
| --- | --- | --- | --- |
| I |  | of |  |
|  | (EP Staff member’s full name) |  | (Education institution) |

give this undertaking for the purposes of my role in the student clinical placement program at [insert full name of HSP].

I understand that for the purposes of the supervision of student’s undertaking the clinical placement program I may have access to confidential information collected for purposes of client / patient care or for administrative, statistical or other purposes.

Confidential information refers to any information (verbal, written, or electronic) of a personal, commercial, technical or financial nature, which is not publicly available. It includes personal and health information about individual persons. It may also include discussion of records, employee information, correspondence, manuals, computer print-outs, CD/ DVD/ flash drives or other electronic means, client lists, rates schedules, diaries, file notes or photographs which I may have access to during the course of my role in student clinical placements.

I agree that I will not use any confidential information relating to the affairs of [insert name of HSP] either during the period of my role in student clinical placements or after my role ceases, except to the extent that I am using the confidential information for the purpose of carrying out the functions of the organisation. I agree that I will not disclose any confidential information, except to the extent that:

1. I am authorised or required to by law; or
2. in regards to personal information, the individual consents to the disclosure, and then only subject to the express terms of that consent.

I understand that any unauthorised disclosure or misuse of information is considered an act of misconduct and will result in immediate termination of my access to the premises of [insert HSP] for the purposes of the student clinical placement program. I am also aware that legal action may be taken against me under the Criminal Code or other legislation for any unauthorised disclosure or use of confidential information.

I further undertake to inform [insert name of HSP] immediately if I become aware of any breach of privacy or security relating to the information, which I access in the course of my duties.

I agree that while I am attending the premises of [insert name of HSP] for the purposes of my role in student clinical placements I must comply with:

* + 1. the policies and procedures of [insert name of HSP] as notified to me (and as amended from time to time), including the protocols and procedures applicable to the Premises and those relating to visiting Aboriginal communities; and
    2. all reasonable directions and orders of [insert name of HSP] and its officers, employees and agents.

**I have read and agree with the content of this undertaking:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| (Signature) |  | (Name – print) |  |  | (Date) |

# SCHEDULE 5 List of Policies

[insert list of policies]