Student Placement Schedule (Schedule 3)

For clinical placements in the Department of Health

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| **ITEMS** | **DESCRIPTION** |
| 1. **Department (as defined in clause 1.1 of the Student Placement Deed)** | Department of Health – ABN 66 329 169 412 |
| 1. **Education Provider (as defined in clause 1.1 of the Student Placement Deed)** | [Insert Education Provider’s Legal Name and ABN/ACN] |
| 1. **Facility (Clause 1.1)** | [Insert the name of the Division or Branch]  *[Insert the name of the branch or health facility of the Department to which this Placement Schedule relates and the unit(s) to which Students will attend if applicable]* |
| 1. **Health Profession or Occupation** | [Please insert the health profession or occupation]  *[Please note only one Schedule per health profession]* |
| 1. **Course and Module of Study** | [Please insert the course in which the Student is enrolled] |
| 1. **Contact Persons** | **Education Provider Placement Contact Person**  *Name:* [Insert Details]  *Address:* [Insert Details]  *Phone:* [Insert Details]  *Fax:* [Insert Details]  *Email:* [Insert Details]  **Facility Contact Person**  *Name:* [Insert Details]  *Address:* [Insert Details]  *Phone:* [Insert Details]  *Fax:* [Insert Details]  *Email:* [Insert Details]  **Supervisor(s)** will be nominated by the Facility Contact Person in writing at least  ten (10) days prior to the commencement of the Student Placement.  **Other Contact Person**  *Name:* [Insert Details]  *Address:* [Insert Details]  *Phone:* [Insert Details]  *Fax:* [Insert Details]  *Email:* [Insert Details]  **Please note: If you are including more than one facility, please add the additional facility contact persons in the below field:**  *Name:* [Insert Details]  *Address:* [Insert Details]  *Phone:* [Insert Details]  *Fax:* [Insert Details]  *Email:* [Insert Details]  *NB: Not all of these contact persons will be appropriate or used. If they do not apply or will not be involved in the placements in question, write “Not Applicable” in the relevant field. This is also where an Alternate Supervisor should be nominated, if applicable.*  *If additional contact details are required, add these in item 12. Additional Placement information.* |
| 1. **Model for Supervision** | |  |  | | --- | --- | | QH provided supervisor  QH provided facilitator  QH preceptor | Education Provider supervisor  Education Provider facilitator  Education Provider preceptor | | Other [Please insert model of supervision] | | | *NB: All supervisors, facilitators and preceptors are considered ‘Supervisors’ for the purposes of the Student Placement Deed.* | | |
| 1. **Student Details** | [Insert Student Details]  *NB: If available, please include or provide list of the name and details of each student to which this Placement Schedule relates. If the names and contact details are not available please write “XXX number of Students, the names and contact details for which are to be provided by the Education Provider by [DD/MM/YYYY].* |
| 1. **Service Fee and Payment Details** | [Insert the Service Fee or include the words “Not Applicable” if no Service Fee is payable] (Excluding GST)  *NB: If a service fee is payable for the Placement, please remember that there may be some Policy and Guidelines which govern and/or limit how that Service Fee is to be calculated. Please refer to the Policy and Guidelines for further information. Once you have determined the total Service Fee, include the total amount (excluding GST) in the above field. If no Service Fee is payable, write “Not Applicable” in the above field*. |
| 1. **Placement Details and Timetable** | **Overall Placement Dates**: From xx/xx/xxxx to xx/xx/xxxx  **Placement Timetables:**  [Please specify placements times for all placements e.g. Health Contact Centre 06/06/2022 – 01/07/2022 8am – 5pm]  ***Normal Start and Finish Times****: At such times confirmed by the Education Provider Placement Contact Person and Facility Contact Person or renegotiated during the Placement (as the case may be). It is acknowledged that Students may undertake Placement activities outside the hours noted in this Schedule from time to time with the approval of the Supervisor or the Alternate Supervisor.* |
| 1. **Schedule Term** | [Insert Details as to the duration that the Schedule will apply e.g. 3 months, 12 months, 13 months] |
| 1. **Additional Placement information** | [Please insert any additional Placement information if required or refer to relevant attachments e.g. pre-placement training requirements, driver’s licence, accommodation options and/or accommodation payment requirements, university handbooks. Please note if students will be driving a Queensland Health vehicle as part of their Placement and, if so, note the personal accident insurance coverage held in respect of the Student.] |

Executed as a deed on the dates below:

**Execution by the Department**

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| **Signed** by the **Department u**nder an **Instrument of Delegation** for and on behalf of the **State of Queensland** acting through **Queensland Health ABN 66 329 169 412** by: |  |
| Name of authorised representative (print) | Signature of authorised representative |
| Position title (print) |  |
| **a duly authorised person, in the presence of:** |  |
| Full name of witness (print) | Signature of witness |
| Date (print) |  |

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| --- | --- |
| **Signed, sealed and delivered** for and on behalf of the **Education Provider** by: |  |
| Name of authorised representative (print) | Signature of authorised representative |
| Position title (print) |  |
| **a duly authorised person, in the presence of:** |  |
| Full name of witness (print) | Signature of witness |
| Date (print) |  |

[ENDS]