

## Community-Based Practice Program Placement Consent Form

Community-Based Practice Academic Convenor  
Faculty of Medicine, Nursing and Health Sciences  
Gippsland Medical School  
Monash University, Churchill, VIC 3842  
Tel: 9902 6445 Facsimile: 9902 6841

Dear CBP Academic Convenor,

Agency name: \_\_\_\_\_  
Placement name: \_\_\_\_\_  
Day and Time of Placement: \_\_\_\_\_  
Address of Placement: \_\_\_\_\_  
Name of Field Educator: \_\_\_\_\_

Before starting my placement with the Agency to satisfy a compulsory part of my GMBBS studies, I acknowledge that I understand and fully accept the following:

1. The Agency is not a part of Monash University but has accepted me as a placement student at the University's request, to allow me to develop a perspective on issues of social justice as they relate to the practice of medicine.
2. While undertaking my placement, I will be subject to the rules, regulations and by-laws of the Agency, and will accept and comply with the Agency's procedures and the directions of its staff.
3. Any unresolved complaint by the Agency about my actions or standard of conduct during my placement will be referred as soon as practicable to the Faculty's Community Partnership Co-ordinator. The Faculty will investigate the Agency's complaint under its applicable statutes and regulations (including the Discipline Statute) and may, if appropriate, terminate my placement.
4. The Agency has a duty to ensure the safety and wellbeing of its clients, staff and members of the public on the premises. If actions of mine prevent or impede the performance of that duty, and immediate notification of the Faculty is impossible, the Agency may act at once to remove me from its premises, or refuse me admission (as the case may be). The Agency will notify the Faculty of any such action as soon as practicable, and the Faculty will investigate the matter as an alleged breach of discipline or act of misconduct under the Discipline Statute, or take such other action as is appropriate under the statutes and regulations.
5. I have obtained a valid Police Check and Working with Children Check and agree to present this to my Field Educator on commencement of my placement. I acknowledge that I will not be able to continue my placement if the Police Check and Working with Children Checks are not presented to my Field Educator by Week 2.

Yours sincerely,

Signature: \_\_\_\_\_  
Full Name (please print): \_\_\_\_\_  
Student ID Number: \_\_\_\_\_  
Date: \_\_\_\_\_