



Definitions of terms

Confidential information refers to any information (verbal, written or electronic) which is not publicly available.

The WA Department of Health (WA Health) requires that confidential information must be kept strictly and absolutely confidential and always handled as required in accordance with the approved protocols, WA Health policies and with all applicable legislation.

This includes but is not limited to:

- patient and staff personal details (e.g. name, address, date of birth, ethnicity etc.)
- patient medical information (including patient notes and files)
- WA Health internal communications (including correspondence, manuals, CD's, DVDs, flash drives, briefing notes, emails and memorandums).

Release of information

This refers to the disclosure of privileged and confidential information through the following means (includes but not limited to):

- text messages and emails
- social networking sites; including Facebook, Twitter and any other online blogging/social media site
- discussing cases with friends, family and the media
- writing/copying patient information on non-approved media (school notebooks, iPads etc).

Consequences of a breach of confidentiality

In the case of a work experience student, a breach of the duty of confidence can lead to the following disciplinary actions:

- your role as Work Experience Student with WA Health will be terminated
- your misconduct will be reported to your school, career counsellor and parents
- your misconduct, if it is likely to constitute a breach of section 81 of the Criminal Code in relation to unauthorised disclosure of official information, may be reported to the Police.

Unauthorised personnel

Individuals who do not have official approval or permission to access privileged and confidential information and premises.

Links to WA Health Documents

- Public Sector Code of Ethics
www.publicsector.wa.gov.au/public-administration/official-conduct-and-integrity/code-ethics
- WA Health Code of Conduct
www.health.wa.gov.au/circularsnew/circular.cfm?Circ_ID=12883
- WA Health Policy on the Use of Social Media
www.health.wa.gov.au/circularsnew/circular.cfm?Circ_ID=12795



Work experience participant confidentiality and code of conduct agreement

I _____, of _____,
(Student – Please print your full name) (Please print the full name of your school)

Wish to undertake work experience with the GREaT – Nursing and Midwifery Work Experience Program.

I am aware and understand that during and after the course of my work experience placement:

- That the release of any confidential patient or employee information to unauthorised personnel, or discussion of such, is an act of misconduct and could lead to disciplinary measures, including termination of my work experience placement at the above health site. The misconduct will be reported to my school, career councillor and parents and if deemed necessary the police.
- I am expected to observe patient's and employee's rights to confidentiality.

I will inform my mentor immediately if I become aware of any breach of privacy or security relating to the information which I access in the course of my work experience placement.

I agree to comply with the above terms as well as the:

- Public Sector Code of Ethics
- WA Health Code of Conduct
- WA Health Policy on the Use of Social Media.

Name of student: _____

Signed: _____ Date: ____/____/____

Name of parent/guardian: _____

Signed: _____ Date: ____/____/____

If you have any questions about the above document, please contact NurseWest or your school career counsellor.

This form is to be signed and returned as an attachment via the primary screening phase of the online application form.



Parent/Guardian consent form

Name of student: _____

Placement preferences

Please list in order of preference, your child's chosen health sites (participating sites are listed in the 'Information for parents and guardians' brochure. Students can put three preferences, but will complete their placement in **only one** of the preferred health sites.

1. _____ Dates of placement: ____/____/____ to ____/____/____

2. _____ Dates of placement: ____/____/____ to ____/____/____

3. _____ Dates of placement: ____/____/____ to ____/____/____

Parent/Guardian consent for work experience

I have received, read and understood the information regarding the GREaT – Nursing and Midwifery Work Experience Program and give consent for _____ (student's name) to participate in the program. In addition:

- I give permission for disclosure of any health related issues that may impact on the work experience placement organised.
- I am aware that the Department of Education and Training insurance does not cover loss or damage of the student's personal belongings.

Name of parent/guardian: _____

Signed: _____ Date: ____/____/____



Government of **Western Australia**
Department of **Health**

Document ID _____

Photography and film consent form B

I understand that:

- I give consent for myself and the children named below to be filmed and/or photographed by the Department of Health.
- I give the Department of Health these photographic rights, for the purpose of promoting public health:
 - broadcasting the images
 - publishing the images
 - communicating to the public
 - reproducing the images in material form including but not limited to film, posters, brochures and websites.
- the Department of Health will retain the images and may display and re-use them at any time, in multiple occurrences, with no further consent or communication.
- I will not be paid at any time for this consent.
- the Department of Health owns the copyright and all intellectual property rights for all material involving these images.
- I agree not to make any claim against the Department of Health or its officers, employees and agents arising out of these photographic rights.
- in the unfortunate event of the death of a person photographed, the Department of Health, if informed of the death:
 - will immediately cease to use the images in any way, if requested
 - cannot withdraw any materials, including electronic products, which are already in circulation.

Signature _____

Date _____

Please print all personal details*

First name _____ Age ☐ 13–17 ☐ 18–30 ☐ 31–45

Family name _____ ☐ 46–60 ☐ 61+

Address _____

_____ Phone _____

Email _____

I am the consenting parent/legal guardian for these children:

Child _____ Age _____

Child _____ Age _____

* Personal details are only requested for recordkeeping purposes,
see *Information about photography consent* for more information about privacy.