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 councillor 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

your school career counsellor.

phase of the online application form.

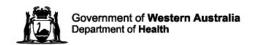
Work experience participant confidentiality and code of conduct agreement

l, c	of
(Student – Please print your full name)	
Wish to undertake work experience with the GF Experience Program.	REaT – Nursing and Midwifery Work
I am aware and understand that during and after placement:	er the course of my work experience
measures, including termination of my wor site. The misconduct will be reported to my deemed necessary the police.	of misconduct and could lead to disciplinary k experience placement at the above health y school, career councillor and parents and if
 I am expected to observe patient's and em 	ployee's rights to confidentiality.
I will inform my mentor immediately if I become relating to the information which I access in the	
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 Med 	dia.
Name of student:	
Signed:	Date://
Name of parent/guardian:	
Signed:	Date://
If you have any questions about the above o	locument, please contact NurseWest or

This form is to be signed and returned as an attachment via the primary screening

Parent/Guardian consent form

Name of student:		
Placement preference	es es	
listed in the 'Information for	erence, your child's chosen health sites (parents and guardians' brochure. Studer lete their placement in only one of the pre	nts can put three
1	Dates of placement://	to//
2	Dates of placement://	to//
3	Dates of placement://	to//
Parent/Guardian cons	sent for work experience	
Midwifery Work Experience	understood the information regarding the 0 e Program and give consent foroate in the program. In addition:	_
experience placement I am aware that the De	disclosure of any health related issues that torganised. epartment of Education and Training insurestudent's personal belongings.	
Name of parent/guardian: _		
Signed:		Date: / /



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.

	7		
Signature	_ Date _		
Please print all personal details*		□ 13–17	
First name	Age	□ 18–30	
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.