Work experience participant confidentiality and code of conduct agreement

This form is for students who have been advised that they have been successful in Stage 1 only.

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.

*The links to these documents and other definitions of terms are at the end of this document.*

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.

# Parent/Guardian consent form

Name of student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Hospital placement

Please list your child’s allocated health site placement and date.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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: \_\_\_/\_\_\_/\_\_\_\_\_\_

Students are encouraged to discuss their interest in this program with their school career counsellor or their VET coordinator prior to submitting an application and if offered a placement.

Name of VET Co-ordinator/ Careers Counsellor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VET Co-ordinator/ Careers Counsellor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_\_

# Talent release and consent form

**I understand that:**

* I give consent to be filmed, photographed, recorded and/or interviewed (‘the Material’) by the Department of Health.
* I give the Department of Health the right to use the Material for the purpose of promoting public health in any way, including but not limited to:
  + broadcasting or publishing the Material
  + communicating the Material to the public
  + reproducing or creating derivative works of the Material in any way including but not limited to film, posters, brochures, audio, video and websites
  + reproducing quotes and interview text, in written, audio, video or other formats.
* the Department of Health will retain the Material and may display and re-use it 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 in the Material.
* I agree not to make any claim against the Department of Health or its officers, employees and agents arising out of the use of the Material.
* the interview(s), if applicable, will identify me not identify me.
* in the unfortunate event of the death of a person photographed, filmed or interviewed, the Department of Health, if informed of the death:
  + will immediately cease to use the Material 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

Family name

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 talent release and consent* for more information about privacy.

# 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).

## Con**sequences 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

<https://publicsector.wa.gov.au/document/commissioners-instruction-no-7-%E2%80%93-code-ethics>

* WA Health Code of Conduct

<http://www.health.wa.gov.au/CircularsNew/circular.cfm?Circ_ID=13337>

* WA Health Policy on the Use of Social Media

<http://www.health.wa.gov.au/CircularsNew/circular.cfm?Circ_ID=13292>