



RTO 40518

Connect 'n' Grow

REDESIGNING EDUCATIONAL PATHWAYS

TEACHER PROFESSIONAL DEVELOPMENT - DRESS STANDARD

Thank you for agreeing to participate in a Teacher Industry Placement in a health facility. Below are details of your placement, including a dress code and Confidentiality Agreement. The Confidentiality Agreement is to be signed and returned to Connect 'n' Grow prior to your placement (rachel@connectngrow.com.au)

You are also provided with an Industry Placement Checklist which is used to record your learning.

Upon completion of your industry placement you will receive a Certificate as evidence of your professional development.

Date	
Time	
Organisation	
Supervisor Name	
Position	
Trainer Name	
Dress Code	Smart, casual (ie. long pants and a button up shirt) Enclosed shoes
Confidentiality Agreement	On commencing work at a health facility you are required to sign a Confidentiality Agreement and participate in an Induction on the day. Before signing the agreement read through the terms and conditions and ensure that you understand what you are agreeing to.



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CONFIDENTIALITY AGREEMENT

I understand that as a condition of my industry placement at a health facility, I shall not divulge to any person outside of the health facility any confidential information concerning:

- Patient personal, health and financial information;
- The business or financial arrangements or position of this Centre; and
- Any of the dealings, transactions or affairs of the Centre or other related organisations.

The Confidentiality Agreement between this health facility and myself is founded on trust. I will not knowingly access any confidential information about the Centre, patients or patient health information, unless such information is essential for me to properly and efficiently perform my duties. I am aware that these conditions include unnecessary discussion of confidential information within the Centre. I understand that any breach of this trust will render me liable to disciplinary action.

I will inform my supervisor immediately if I become aware of any breach of privacy or security relating to the information I access in the course of my duties.

This restriction ceases to apply to any information or knowledge, which subsequently comes into the public domain by way of authorised disclosure.

All confidential records, documents and other papers together with any copies or extracts thereof in my possession will be returned to the health facility upon completion of my placement.

Name of Health Facility	
Supervisor's Name	
Supervisor's Signature	
Date	
Trainer's Name	
Trainer's Signature	
Date	