

Queensland Ambulance Service Pre Clinical Placement checklist

QAS Pre-Clinical Placement Checklist

The following form is to be completed by all paramedicine students prior to **each Clinical Placement with the Queensland Ambulance Service.**

Privacy Notice

Personal information collected by the Department of Health (Queensland Ambulance Service) (QAS) is handled in accordance with the *Information Privacy Act 2009*. QAS is collecting information about you regarding your training.

All personal information will be securely stored and only accessible by authorised officers of the QAS Education Centre.

Your personal information collected on this form will not be disclosed to other third parties without consent, unless required by law.

Failure to provide the information requested on this form may delay or result in it not being processed.

For information about how the QAS protects your personal information, or to learn more about your right to access your own personal information, please see our QAS Portal Privacy page and follow the Privacy links.

1. First Name *

John

2. Last Name *

Doe

3. University Name *

- ☐ Australian Catholic University
- ☐ Central Queensland University
- ☒ Griffith University

- ☐ Queensland University of Technology
- ☐ University of Southern Queensland
- ☐ University of Sunshine Coast

4. University Unit Code *

1801MED

5. University email address (NO personal accounts will be used for the purposes of clinical placement communications) *

test@griffithuni.edu.au

Acknowledging Student Requirements

The Queensland Ambulance Service (QAS) requires you to review the **Student Orientation Requirements section** on the QAS website prior to your placement. Please ensure that you have read and understood them before completing the checklist below.

6. Please tick the boxes to indicate the areas you have read, understood, and where necessary completed the requirements. By submitting this document you are agreeing to comply with the necessary policies, procedures and guidelines of the QAS whilst on Clinical Placement. *



I have completed and passed the necessary assessments including the Medical Assessment



I have read and understood my obligations under the Code of Conduct of both my university and the Queensland Ambulance Service



I understand and agree to comply with the QAS Infection Control procedures and have completed the necessary immunisation requirements



I have read and agree to comply with the Workplace Health and Safety legislation and guidelines

- ☒ I understand my responsibilities in relation to privacy, confidentiality and documentation
- ☒ I understand I am not permitted to comment on any social media sites information pertaining to my experience whilst on clinical placement with the Queensland Ambulance Service
- ☒ I understand that I am required to have with me at all times, whilst on a clinical placement with the QAS, a colour printed Clinical Scope of Practice which my host university has endorsed.
- ☒ I understand that at the commencement of my assigned clinical placement, I am to present to my relevant Officer-In-Charge and assigned clinical supervisor a copy of the Clinical Assessment Tool (or equivalent) and discuss what activities are required to be covered during the assigned clinical placement.
- ☒ I understand that I am required to possess a Queensland Government issued Blue Card for the entire period that I am on placement with the QAS.
- ☒ I understand that I must wear, at all times, my university issued student ID that shows my full name and photo

7. Blue Card Expiry Date *

30/11/2025



8. Has your health status changed since your formal medical assessment with the QAS approved medical provider? *

- ☐ Yes
- ☒ No

Contact details for placement

The Queensland Ambulance Service, and your host university, want to ensure that we hold your current contact details as well as your Next of Kin details.

In the event that the QAS, or your host university, wishes to contact you, please ensure that you complete the following information to allow contact whilst on placement.

Such examples where you may need to be contacted would include (but are not limited to)

operational matters requiring immediate notification, welfare checks, Priority One Activation, notification of NOK for injuries whilst on placement or involvement in major incidents or natural disasters.

9. By checking this box, you confirm your consent to QAS holding this information and providing a copy of this information, via InPlace to your host university *



Yes, I consent to the QAS holding this information as well as providing a copy of this information, to my host university via InPlace

10. Current mobile telephone number (do not include a landline) *

0400000000

11. Next of Kin First and Last Name *

Jane

12. Next of Kin MOBILE number (do not include a landline) *

0400000000

Covid-19 Health Checks

In the event that you experience **any** of the below symptoms, you are not to present to the allocated clinical placement shifts until **all** of your symptoms have resolved.

You are to make direct contact with the Clinical Placements Absentee Line, the SOCC (number contained in the Shared Document on InPlace), as well as contact your unit coordinator at your university.

- Symptoms include any of the following:
 - Temperature of equal to or greater than 37.5°C
 - Fever
 - Cough
 - Sore throat
 - Acute lethargy
 - Runny nose
 - Shortness of breath
 - Acute respiratory illness

Disclosure of Symptoms

Full disclosure of the above is essential to support your academic progression.

13. Acknowledgement

I acknowledge that: *

- ☒ in the event that I experience any of the above symptoms, I will not present to my assigned station, I will formally advise the Clinical Placements Absentee Line, the SOCC, as well as my unit coordinator.
- ☒ I will remove any facial hair to ensure that I am cleanly shaven where PPE masks come into contact with the skin.

Office of the Health Ombudsman and Australian Health Practitioner Regulation Agency

The Office of the Health Ombudsman (OHO) is the single point of entry for all health service complaints in Queensland. The Office of the Health Ombudsman deals with complaints relating to health practitioners registered under the National Law, as well as health practitioners that are not registered. For registered health practitioners, the Health Ombudsman may refer certain matters to the Australian Health Practitioner Regulation Agency (AHPRA) in accordance with the powers in section 91 of the Health Ombudsman Act and the co-regulatory arrangements of the National Law. The Health Ombudsman may also refer matters to government entities of Queensland, other States or the Commonwealth under section 92. The Health Ombudsman is the primary body that deals with health service complaints for health practitioners that are not registered.

When completing your application, you will need to advise if you have had any matters referred to the OHO, AHPRA or other regulatory body, the outcome of any relevant action taken and whether you currently have any conditions or restrictions imposed on you and your ability to practice in a health service environment.

14. Do you have any matters that have been referred to the Office of the Health Ombudsman, Australian Health Practitioner Regulation Agency or any other regulatory body ? *

- ☐ Yes
- ☒ No

Mask fit Confirmation

Having a **current** mask test is a **mandatory** requirement of attending Clinical Placement with QAS.

If you have only passed a fit test on one mask type you must notify your Station OIC, via email, of

this mask type prior to placement commencement to ensure the station has this mask available for your use.

If you have passed a fit test **on more than one mask** type no further action is required after completing this form. At this stage there are no ongoing shortages of masks in circulation within the QAS. If at anytime this changes, or is predicted to change, you may be required to supply additional information regarding the specific masks you are approved to wear to help ensure access to these whilst on Clinical Placement.

It is your responsibility to ensure that your PPE kit contains the mask type you are certified to wear. If you have difficulties locating your approved mask whilst on Clinical Placement please contact your Station OIC in the first instance.

15. How many masks have you passed a fit test for? *

☐ One

☒ Two

Acknowledgement(Copy)

By ticking a "Signature Acknowledgement" box below, you acknowledge that Queensland State Laws will accept this communication as containing your signature within the meaning of the Electronic Transaction (Queensland) Act 2001.

Under the Queensland Government information security classification framework this document is considered an **Unclassified - Document**

16. **Signature acknowledgement** *

☒ I certify that I have read and understood the preceding topics on the QAS Clinical Placement Portal and that the information provided in this form is correct and valid.



This content is created by the owner of the form. The data you submit will be sent to the form owner. Microsoft is not responsible for the privacy or security practices of its customers, including those of this form owner. Never give out your password.

Microsoft Forms | AI-Powered surveys, quizzes and polls [Create my own form](#)

The owner of this form has not provided a privacy statement as to how they will use your response data. Do not provide personal or sensitive information. | [Terms of use](#)