

## Orientation Program Checklist

Name: ..... Placement location/unit:.....  
 University/TAFE:..... Placement Dates:.....  
 Student Year: .....

### CONTACT DETAILS

Home Address:..... Phone: .....  
 ..... Email:.....  
 Emergency Contact Name..... Relationship:.....  
 Address..... Phone .....  
 ..... Email.....

It is a requirement of Yarrowonga Health that you review the topics and complete the training as listed below. Please ensure that you have read and understood them, and then complete the checklist below and bring with you on your first day.

**By ticking these boxes you are agreeing to comply with the policies and requirements of each area.**

#### Competencies to be completed on e3Learning

- ☐ Aged Care – Identifying, Reporting & Responding to the abuse of Older People in Care
- ☐ Induction - Health Services Induction
- ☐ Medication Safety - Safe Medication Management
- ☐ Medication Safety - Medication Calculations Competency
- ☐ Preventing & Controlling Healthcare Associated Infections - Hand Hygiene Australia (or RPL)

#### Documentation to be presented at orientation:

- ☐ Police Check – Dated within the last 12 months (original or certified)
- ☐ Current Working with Children Check
- ☐ Immunisation Status/Records(original or Certified)

### The following to be completed during placement:

#### POLICIES TO BE READ DURING ORIENTATION

##### **Confidentiality, Documentation & Medications**

- ☐ Confidentiality Policy
- ☐ Documentation Policy
- ☐ Medication Administration Policy

##### **Professional Behaviour**

- ☐ Code of Conduct

##### **Occupational Health & Safety**

- ☐ Emergency Response
- ☐ Fire Emergency and Evacuation
- ☐ Manual Handling Policy
- ☐ Workplace Violence and Aggression
- ☐ No Lift Policy and DVD
- ☐ Standard Precautions

#### Paperwork completed during orientation

- ☐ Confidentiality Agreement
- ☐ Specimen Signature Form
- ☐ Hand Hygiene Australia Certificate
- ☐ Aged Care Statutory Declaration

I ..... certify that I have read and understood the preceding topics as part of the Yarrowonga Health Student Orientation Program in preparation of my placement.

Signature: ..... Date: .....

Staff use only:

Checklist Completed and Relevant Documents sited:

Name: ..... Signature: ..... Designation: ..... Date: .....