

## Placement Agreement

Please read the below information carefully before signing. If you are unsure about any part of the agreement please speak to Melissa White, Widening Participation Advisor via emailing [sash.academy@nhs.net](mailto:sash.academy@nhs.net) or calling 01737 768511 extension: 2201. Return a signed copy of this form to [sash.academy@nhs.net](mailto:sash.academy@nhs.net).

### Disclaimer

Surrey & Sussex Healthcare reserves the right to terminate this placement agreement and the students work experience placement for any reason. If your placement is unexpectedly cancelled, the Education team shall try and find an alternative however this is not guaranteed.

### Confidentiality

During your work experience placement with the Trust, you may come into contact with information that is of a confidential nature. Maintaining the confidentiality of information related to individual patients or staff members is a very important aspect of your work experience within the Trust.

You should not disclose to any unauthorised person or use for your own benefit, any information that you may obtain about the Trust, staff employed by the Trust, patients or any other third parties during your placement or any time thereafter. We consider any breach of this trust, which is also a breach of the Caldicott Guidelines and Data Protection Act (1998), as very serious offence.

I agree to not disclose confidential information that could identify an individual patient. I am aware that patient records and the appointment book are confidential. I will let the supervisor know immediately if I know any patient personally.

### Risk

I am aware that shadowing within a Hospital environment carries with it an element of risk. I agree to listen to and follow instructions at all times, particularly when these relate to health and safety issues. In order to minimise risk of infection, I agree to follow the instructions given by members of staff.

I agree to maintain a high standard of personal hygiene. I agree to wash my hands at the beginning and end of each session, and when going to the toilet. I agree to change my clothes daily.

I agree that I must not under any circumstances handle sharps (needles or other sharp objects) and when in clinical areas will take extreme care where I put my hands.

### Sickness Arrangements

If I am unable to attend because of sickness I agree to inform the Widening Participation via emailing [sash.academy@nhs.net](mailto:sash.academy@nhs.net) or calling 01737 768511 extension: 2201 as soon as possible.

### Dress Code

I agree to wear appropriate clothes on placement and stick to the dress code as outlined in the Work Experience Information booklet.

### ID Badge

I agree to wear the ID badge given to me and return this at the end of my placement.

#### Student Declaration

I accept this placement with these terms and conditions outlined.

Signed:

Date:

Print name:

#### Parent / Guardian Consent

**(To be completed if the student is under the age of 18)**

I confirm that I understand the work experience placement details and I am happy for them to participate in work experience with the employer for the agreed period of time. I confirm that when they leave the employer's premises no liability can be accepted by the employer for any incident that may occur.

Signed:

Date:

Print name:

#### School / College Sponsor Consent

This **must be authorised & signed** where the placement is to take place during term time. The request for work experience is approved by the named school contact.

Signed:

Date:

Print name:

#### For Official Use

**Surrey & Sussex Healthcare NHS Trust Education Team Countersign**

Signed:

Date:

Print name: