Application

High Performance Science II (SPEX13-314)
Professional Clinical Experience

BOND UNIVERSITY
BRINGING AMBITION TO LIFE

Family Name:

Given Name:

Student ID:

Date of birth:

Day | Month | Year

CONTACT DETAILS

Residential Address:

Postal Address:

Contact No.:

Email:

Degree:

Commenced

Anticipated Completion

PROFESSIONAL CLINICAL EXPERIENCE RELEVANT SUBJECTS COMPLETED

Subjects Completed relavent to Internship:	Semester Completed	Year Completed

PROFESSIONAL CLINICAL EXPERIENCE DATE PROPOSAL

☐ January Semester ☐ May Semester ☐ September Semester ☐ Semester Break

Approximate Placement Dates:

Commencement

Completion

What is your preferred career path (no more than 100 words)?:

PREFERRED PROFESSIONAL CLINICAL EXPERIENCE ORGANISATIONS

Preferred Organisation #1:

Department:

Address:

Phone: Email:

Office Use Only:

Workplace Supervisor:

Phone: Email:

Commencing Date: *Completion Date:*

Agreed Hours: *Per Week / Per Semester*

Preferred Organisation #2:

Department:

Address:

Phone: Email:

Office Use Only:

Workplace Supervisor:

Phone: Email:

Commencing Date: *Completion Date:*

Agreed Hours: *Per Week / Per Semester*

Preferred Organisation #3:

Department:

Address:

Phone: Email:

Office Use Only:

Workplace Supervisor:

Phone: Email:

Commencing Date: *Completion Date:*

Agreed Hours: *Per Week / Per Semester*

STUDENT TO SIGN

CONFIDENTIALITY AGREEMENT:
This is to confirm that I agree to respect the confidentiality of all materials specified as confidential during my Professional Clinical Experience and to comply with all other reasonable and lawful stipulations and conditions for the duration of my Professional Clinical Experience. In addition, I undertake not to publish any article which deals with the industry placement in any way without prior approval of the company involved.

STUDENT CONDUCT & RESPONSIBILITIES:
Students participating in Professional Clinical Experience are representatives of Bond University, its current students and future students at all times. Students are expected to conduct themselves in a professional manner whilst in the workplace by following the responsibilities and expectations listed below:

- Behave in a professional, ethical and courteous manner at all times whilst in the workplace.
- Commence and end the industry placement on the agreed day and time as previously arranged with the Industry Development Officer, Academic Supervisor and/or Faculty of Health Sciences & Medicine
- Always be dressed and groomed in accordance with workplace expectations. If the student is unsure of the dress standards in the workplace, ask for guidance from the Workplace Supervisor
- Students must make themselves aware of the workplace rules including Emergency Evacuation procedures, OH&S and Internet Use policies
- If at any time the student experiences any conflict within the workplace they should contact the HSM Internship Officer or Academic Supervisor Alternatively, student can talk directly with their Workplace Supervisor if appropriate
- Be open and willing to learn new skills and develop knowledge by attending any work functions or conferences offered through the Professional Clinical Experience
- Regular tardiness will not be tolerated. Students must be aware that if they are going to be late at any point throughout the Professional Clinical Experience they must contact their Workplace Supervisor
- If the student is sick or unable to attend the industry placement, the student must contact their Workplace Supervisor before they are to commence work for the day and inform them of their absence
- If the student elects to finish their industry placement prior to the agreed date, the student must inform the Workplace Supervisor, Academic Supervisor and Industry Development Officer prior to finishing the placement. Students must take into consideration that if they chose to finish the industry placement earlier than the agreed completion date and therefore not meet the previously agreed hourly requirements, they risk failing to meet the minimum requirements of the placement/subject
- If for any reason the student elects to not complete their internship without proper consultation with the Workplace Supervisor, Academic Supervisor and/or Industry Development Officer, the student will be awarded an immediate FAIL grade for the industry placement. If the Internship Officer or Academic Supervisor chooses to terminate the student's industry placement as a result of the student breaching the an of the above conditions, the student will be awarded an immediate FAIL grade for the industry placement
- If any of the above conditions are not met, the student will not be considered for future industry placement or work experience opportunities throughout the University during their studies

Name:

Date:

Day Month Year

Signature:

(If returning by via hardcopy)

By ticking the AGREE box to the right I agree that I am attaching my e-signature which I acknowledge and agree is the legal equivalent of submitting a document signed by hand.

AGREE

(If returning electronically)

Submit

Click to submit form via email (or send to jgotto@bond.edu.au and gtunks@bond.edu.au)

Print

Print and send to Jason Gotto
Industry Development Officer
Faculty of Health Sciences & Medicine
BOND UNIVERSITY QLD 4229

Office Use Only

Student has met the academic GPA requirements to be eligible for Clinical Experience Y N

If no I have received written approval from Academic Supervisor confirming eligibility Y N

Industry Development Officer

Date:

Day Month Year

Industry Development Officer Signature:

(If returning by via hardcopy)

By ticking the AGREE box to the right I agree that I am attaching my e-signature which I acknowledge and agree is the legal equivalent of submitting a document signed by hand.

AGREE

(If returning electronically)

ACADEMIC SUPERVISOR TO SIGN

Your signature in the box below confirms that you have sighted the above named student's Academic Subject History, including their cumulative GPA, and you approve the student to undertake Professional Clinical Experience at the company/companies listed.

Name:

Date:

Day Month Year

Signature:

(If returning by via hardcopy)

By ticking the AGREE box to the right I agree that I am attaching my e-signature which I acknowledge and agree is the legal equivalent of submitting a document signed by hand.

AGREE

(If returning electronically)