



Your Midwifery Placement Portfolio

Checklist of Documents

Blue Card	Carelever Health Compliance Record or UniSC Vaccination Evidence Form	Q Health TB Risk Assessment Form and any test results required	Hepatitis B Serology Report	National Police Certificate – through the Australian Federal Police
QHealth First Response Evacuation Instructions (iLearn)	QHealth Working Ethically (iLearn)	QHealth Keeping You Safe (iLearn)	CPR Certificate	First Aid Certificate
Respirator Fit Test	QHealth Deed Poll – if allocated at QHealth Facility	QHealth Student Orientation – if allocated at QHealth Facility	Site Requirements	

Blue Card

- You must carry a valid Blue Card
- Ensure it is valid past the last day of your placement block



Carelever Health Compliance Record

UniSC - Hepatitis B	Hepatitis B Cleared - Reviewed by KINNECT	
UniSC - Measles, Mumps and Rubella (MMR)	MMR cleared - Reviewed by KINNECT	
UniSC - Pertussis/Whooping Cough	Pertussis cleared - Reviewed by KINNECT	06/02/2034
UniSC - Tuberculosis	Tuberculosis Cleared - Reviewed by KINNECT	
UniSC - Varicella	Varicella cleared - reviewed by KINNECT	

UniSC - Hepatitis B	
Current Status: Hepatitis B Cleared - Reviewed by KINNECT	Expiry Date:
Were your Hepatitis B vaccines given between the ages of 11 and 15? true	
Date of 1st Vaccination 06/02/2023	
Date of 2nd Vaccination 07/04/2023	
Date of Hepatitis B Serology 08/05/2023	
Is your first serology Titre Level equal to or above 10 mIU/mL? true	

UniSC - Measles, Mumps and Rubella (MMR)	
Current Status: MMR cleared - Reviewed by KINNECT	Expiry Date:
Were you born in Australia? true	
Is your birth date prior to 1966? false	
Are you immune to Measles, Mumps and Rubella (MMR)? false	
Date of 1st vaccination 01/01/2023	
Date of 2nd vaccination 01/02/2023	

UniSC - Pertussis/Whooping Cough	
Current Status: Pertussis cleared - Reviewed by KINNECT	Expiry Date: 06/02/2034
Date of Pertussis/Whooping Cough vaccination 06/02/2024	

UniSC - Tuberculosis	
Current Status: Tuberculosis Cleared - Reviewed by KINNECT	Expiry Date:

- For students who commenced after 2024 you must have a Carelever Health Compliance Record showing compliance for:

- Hepatitis B
- Measles, Mumps & Rubella (MMR)
- Varicella
- Pertussis (Whooping Cough)
- Tuberculosis

UniSC Vaccination Evidence Form

For students who commenced prior to 2024 must have their UniSC Vaccination Evidence Form showing the following:

- Dates of vaccines or serology tests
- Initials from your doctor that you are compliant for each vaccine
- Your doctor's stamp and signature at the top of the form
- Your full student details at the top of the form

Vaccination Evidence Form

Student Details (Student to complete)

Surname: JONES
First name: Sally
Date of birth: 12/12/1970
Address: 123 Sesame Street
Maroochydore 4558
USC Student ID: 117771

MEDICAL PRACTICE STAMP including:
Practice Name
Health professional name
Designation
Provider number
Signature

USC

AUSTRALIA

Immunisations (Health Practitioner ONLY to complete)

Disease	Evidence of vaccination (Please select ONE option for each)	General Practitioner Clinical Assessment
Measles, Mumps and Rubella (MMR)	<input checked="" type="checkbox"/> Two documented doses of MMR vaccine at least one month apart Date of doses 1: 10/5/20 2: 10/6/20 OR <input type="checkbox"/> Documented evidence of positive IgG for MMR Date of serology: / / OR <input type="checkbox"/> Still date before 1966	Doctor to initial when compliant: Initial: M
Pertussis (whooping cough) OR dTpa (Diphtheria, Tetanus & Whooping Cough)	<input checked="" type="checkbox"/> Documented evidence of one adult dose of dTpa within the past ten years Date of dose: 10/5/2020	Doctor to initial when compliant: Initial: M
Varicella (Chicken Pox)	<input checked="" type="checkbox"/> 2 Documented doses of Varicella vaccine at least one month apart Date of doses 1: 10/5/20 2: 10/6/20 (Documented childhood vaccination acceptable as 1st dose) OR <input type="checkbox"/> Documented evidence of positive IgG for Varicella Date of serology: / / OR <input type="checkbox"/> History of chickenpox or documentation of physician-diagnosed shingles	Doctor to initial when compliant: Initial: M
Hepatitis B Please note: accelerated schedules are not accepted	<input checked="" type="checkbox"/> Course of Hepatitis B Must have received 3 vaccines one month apart in order to be partially compliant. The course must be completed as per recommended schedule and anti-HBs > 10mIU/ml (4-8 weeks after completion of primary course) Date of doses 1: 10/5/20 2: 10/6/20 3: 10/11/20 OR <input type="checkbox"/> For non-responders: documented history of primary and secondary course of vaccinations as per recommended schedule and anti-HBs > 10mIU/ml (4-8 weeks after completion of primary course) Date of doses 1: / / 2: / / 3: / / OR <input checked="" type="checkbox"/> Serology confirms anti-HBs > 10mIU/ml (4-8 weeks after completion of primary course) Title level: 735 Date of serology: 10/12/20 OR <input type="checkbox"/> Documented evidence of anti-HBs, indicating past (but not current) Hep B infection	<input checked="" type="checkbox"/> Partially compliant GP Initials and Date: M 10/11/20 <input checked="" type="checkbox"/> Fully compliant GP Initials and Date: M 10/12/20

Q Health TB Risk Assessment Form

Please take your first 3 pages of your TB Risk Assessment Form plus any evidence of TB test results, QF Gold results, X-ray results or clearance letters if required.

Tuberculosis Risk Assessment Form for STUDENTS

Student Information	
Given name/s:	
Student Number:	
Education Provider:	
Course/Module of Study:	
Email:	

Instructions:

- All students must be assessed for their risk of tuberculosis (TB) before commencing a clinical placement.
- Please complete the following questions and return the completed form and any additional documentation (if required) to your Education Provider Placement Coordinator prior to commencement of placement.
- Retain a copy of this form and any relevant documentation to take with you.
- If you do not understand the questions please complete this form with your
- Further testing and/or health assessment may be required, depending on your

Privacy Notice: Personal information about students collected by Queensland Health is handled in accordance with the Queensland Health Privacy Policy. Personal information is collected to provide a safe workplace and to ensure the Public Health Act 2005 and Public Health Regulation 2015. All personal information will be securely stored and protected. Personal information recorded on this form will not be disclosed to Queensland Health staff or other health professionals. If you choose not to provide your personal information, you will not meet the condition of your placement. If you have any questions about your right to access your personal information, please contact the Queensland Health Privacy Officer.

Part A: Signs of active TB - Do you currently have any of the following symptoms?	
1. Cough for more than 4 weeks (not related to an existing diagnosis or condition)	
2. Unexplained fever for more than 1 week	
3. Recent unexplained weight loss	
4. Coughing up blood	
5. Excessive sweating during the night for more than 1 week	
If you have answered YES to any questions from Part A:	
→ Make an urgent appointment with your doctor or TB Control Unit for assessment. A TB specialist may be recommended by your doctor.	
→ You will require a clearance for signs of active TB from the assessing doctor provided to your Education Provider Placement Coordinator before you commence placement.	
→ Clearance for active TB required <input type="checkbox"/> No <input type="checkbox"/> Yes	



Part B: TB exposure risk history	
1. Were you born in Australia?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If no, in what country were you born?	
2. Other than Australia or your country of birth, have you spent three (3) months or more in total within the past five (5) years visiting or living in any other countries? (For example, two months in country A and one month in country B is three months in total).	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, which countries?	
→ Check the TB country incidence list (www.health.nsw.gov.au/infectious/tuberculosis/Pages/high-incidence-countries.aspx) for each country you have listed in questions 1 and 2 and complete the following questions:	
3. Were you born, and/or have you spent three (3) months or more in total within the past five (5) years visiting or living in countries with a TB burden greater than 40 cases per 100 000 population (see link above)?	<input type="checkbox"/> No <input type="checkbox"/> Yes
4. Have you been in direct contact with a person with active TB disease, without using appropriate infection control precautions, within the past 2 years and you were not assessed for exposure to TB by local public health authorities (Contact may be work or non-work related)?	
5. Have you previously worked (> 3 months) in any of the following settings: respiratory units, infectious units or other medical units caring for infectious TB patients, clinical procedure units conducting bronchoscopy, TB laboratories, mortuaries?	
6. Have you ever been diagnosed with active TB (i.e. not latent TB)?	
If yes, in what year did you complete treatment?	
7. Do you have any underlying health issues or take any medications which may cause immunosuppression?	
If you have answered YES to any of questions 3 – 5 from Part B, you require a test for latent TB infection. → an Interferon Gamma Release Assay (IGRA) blood test can be ordered by your doctor – pathologist or indeterminate IGRA result requires further consultation at a TB Control Unit or with your doctor. OR → a Tuberculin Skin Test (TST/Mantoux test) can be performed by referral to a TB Control Unit – requires a follow-up appointment 2 or 3 days later.	
If testing for latent TB infection is required (and you have answered NO to all questions in Part A), you must undertake further assessment with a doctor or at a TB Control Unit.	
If you have answered YES to any of questions 6 – 7 from Part B, you require further assessment. Contact your doctor.	
NOTE: there is no out-of-pocket expense for treatment of TB in public health facilities in Queensland.	

Part C: Previous TB risk assessment procedures: – In the time since encountering the risk you have undergone any assessments or screening as below. If you have previously had a test, unnecessary repetition of testing please take (if available) any supporting documents as indicated below to your doctor or TB Control Unit.
Previous employment or immigration screening for TB?
Previous TB risk assessment is on SPA (Staff Protected Application-Queensland Health Data Base)
Previous pathology result (Quantiferon test or T-spot test)
Previous printed result of a tuberculin skin test result (also called Mantoux test)

Queensland Health

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Assessment Summary: Please tick the appropriate TB Risk Assessment Outcomes.	
If YES to any questions in Part A clearance for active TB is required prior to placement <input type="checkbox"/> .	Clearance for active TB attached to Risk Assessment form and returned to your Education Provider Placement Coordinator <input type="checkbox"/> .
If NO to all questions in Part A AND NO to Part B questions 3 to 7 (inclusive) No further assessment required <input type="checkbox"/> .	Completed and signed Risk Assessment form returned to your Education Provider Placement Coordinator <input type="checkbox"/> .
If YES to any of questions Part B questions 3 – 7 further testing/consultation with a doctor or consultation at a TB Control Unit is required <input type="checkbox"/> .	Completed and signed Risk Assessment form returned to your Education Provider Placement Coordinator <input type="checkbox"/> .
Student consents to undertake assessment with a doctor or at a TB Control Unit <input type="checkbox"/> .	
TB Control Units Contact Details www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases/tbcontrolunits	
Acknowledgement and Consent:	
I certify that I have read and understand the Queensland Health Protocol for the control of tuberculosis – section 3.3 TB Workers and students in health care facilities risk assessment on the Queensland Health Clinical Placement website, in preparation for my placement. I agree to comply with the guidelines and all procedures in place at the Queensland Hospital and Health Service facility at which I am placed, in respect of Queensland Health vaccination and infection control of health care workers.	
I understand that this risk assessment and any required follow-up action is one of the requirements of eligibility for a placement at a Queensland Hospital and Health Service facility, and I agree to take action as required.	
I consent to my education provider giving personal information in this form to Queensland Health (including the Department of Health and Hospital and Health Services) for placement and infection management planning and response. This may include infection control units and TB control units.	
I certify that the information I have provided in this risk assessment is true and correct.	
Full Name:	
Signed:	Date:

Further information and Resources

- Tuberculosis Risk Assessment- Frequently Asked Questions (FAQ) for Workers in Queensland Health Facilities
- Tuberculosis Risk Assessment-Guideline for Education Provider Placement Co-ordinators

Hepatitis B Serology Report

JONES, SALLY
123 SEASAME MAROOC 4111
Phone: 4522121
Birthdate: 30/06/1974 Sex: F Medicare Number: 2111111111
Your Reference: Lab Reference: 19-61111111-HPP-0
Laboratory: QML Pathology
Addressee: DR ROSS Referred by: DR ROSS
Name of Test: HEPATITIS A B C MASTER
Requested: 25/01/2019 Collected: 25/01/2019 Reported: 25/01/2019
19:10

HEPATITIS SEROLOGY

Hepatitis B surface antibody (HBsAb) : 65 mIU/mL

IMMUNE to Hepatitis B

Booster doses of HepB vax are not required if seroconversion is documented after vaccination of immunocompetent patients. Booster doses may be required in dialysis patients, HIV positive patients or immunosuppressed patients.

Please note under some circumstances a person with an antibody level of <30 mIU/mL who has had a distinct Hepatitis B exposure may need consideration for additional vaccine.

Tests Completed: HBsAb
Tests Pending : VZV IGG, HCG (QUANT)

- Place a copy of your Hepatitis B serology in your folder.
- If you are a non-responder to Hep B you must show evidence of all your Hep B immunisations and serology tests.

National Police Certificate

Your National Police Certificate must be from the Australian Federal Police with the purpose check 37.

Valid for 3 years.

NATIONAL POLICE CERTIFICATE

AFP Ref: 9150018PC
Client Ref:
10 July 2021

Australian Federal Police
Criminal Records
Locked Bag 8550
CANBERRA CITY ACT 2601
Ph: 02 6140 6502
ABN 17 864 931 143

HARRY POTTER
4 PRIVET DRIVE
LITTLE WHINGING SURREY

Care, Instruction or Supervision of Children/ Care of Disabled Persons/ Aged Care Staff/ Volunteers Name Check Only

This is to certify that there are **no disclosable court outcomes** recorded against the name of:

POTTER, Harry James born on 31 July, 1980

In the records of the Australian Federal Police and the police in all Australian States and Territories as at 10 July 2021.

This document is not issued as a form of identification.

Authorised by:

[Signature]
Co-ordinator
Criminal Records

Page 1 of 1

The information contained in this document is valid as at date displayed.
This certificate is produced on secure paper to provide proof of authenticity.
Several security features are integrated within the document, some of which are described overleaf.

DIGITAL NATIONAL POLICE CERTIFICATE

Australian Federal Police | ABN 17 864 931 143



AFP Ref: 9376245PC
Client Ref:
26 May 2022

Australian Federal Police
Criminal Records
Locked Bag 8550
CANBERRA CITY ACT 2601
Ph: 02 6140 6502
ABN 17 864 931 143

HARRY POTTER
4 PRIVET DRIVE
LITTLE WHINGING SURREY

Care, Instruction or Supervision of Children/ Care of Disabled Persons/ Aged Care Staff/ Volunteers Name Check Only

This is to certify that there are **no disclosable court outcomes** recorded against the name of:

POTTER, Harry born on 31 July, 1980

In the records of the Australian Federal Police and the police in all Australian States and Territories as at 26 May 2022.

This document is not issued as a form of identification.

Authorised by:

[Signature]
Co-ordinator
Criminal Records

Q Health First Response Evacuation Instructions - iLearn

Queensland Health

Certificate of Completion

This is to certify that

Dannielle Cochrane

Successfully completed the course

First-Response Evacuation Instructions (FREI)

Issue Date: Tuesday, October 4, 2022

Expiry Date: Wednesday, October 4, 2023



**Queensland
Government**



Certificate of Completion

This is to certify that

Dannielle Cochrane

Successfully completed

Working Ethically

Issue date

Monday, June 16, 2025

Expiry date

Tuesday, June 16, 2026



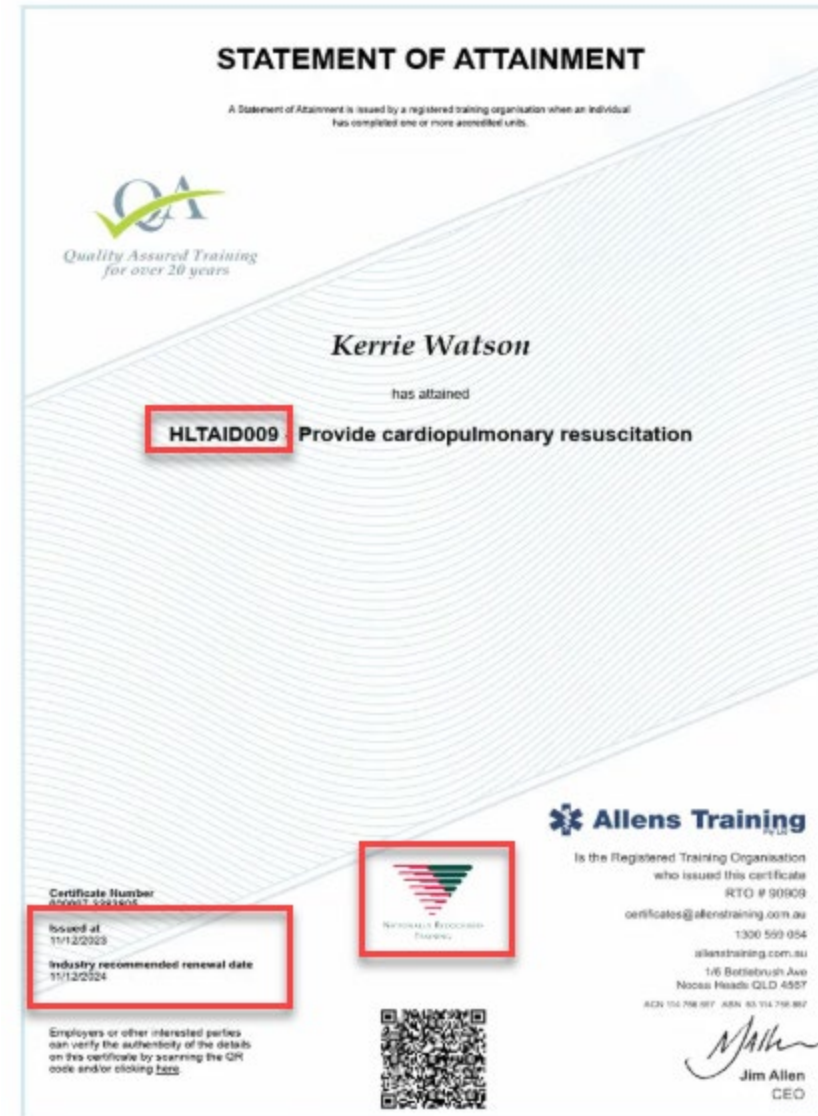
Working Ethically - iLearn



Keeping You Safe - iLearn

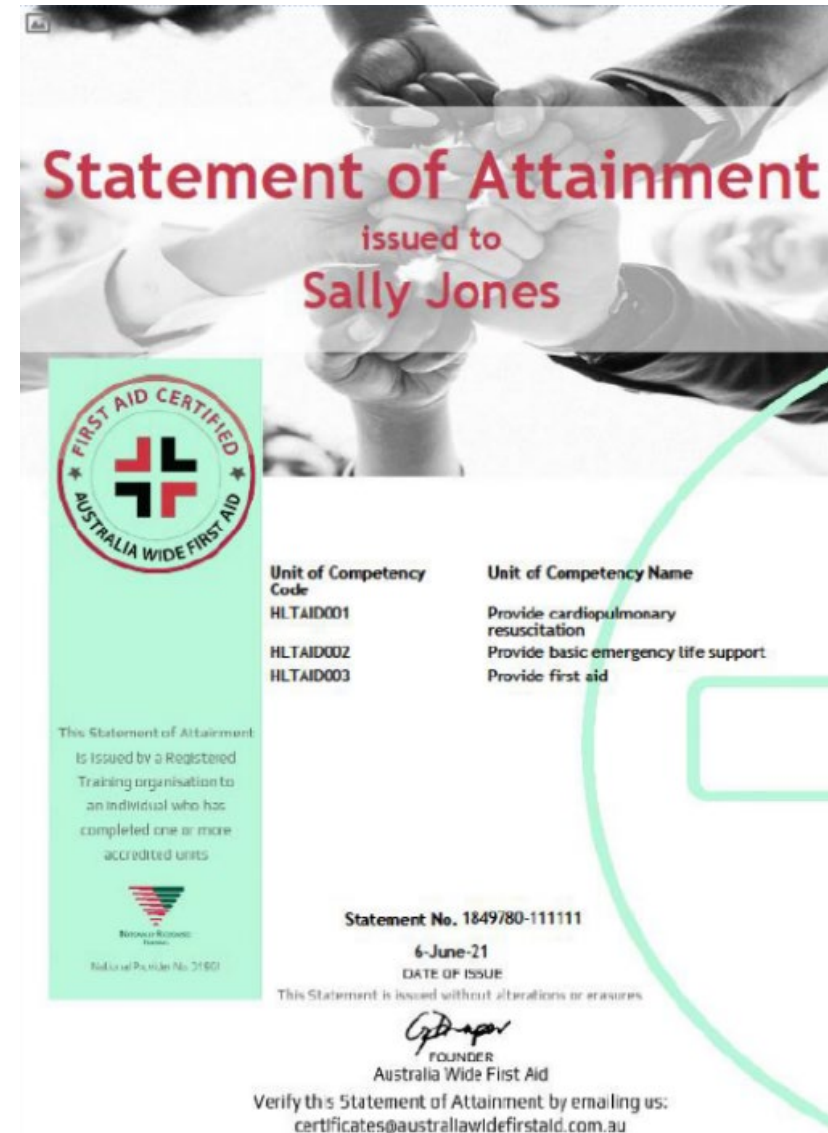
CPR

- CPR is an annual requirement
- Must be course code HLTAID009
- Course must be carried out by a Nationally Recognised Training Facility
- If you are working in a Health Care facility you can use evidence of completing your Basic Life Support certificate



First Aid

- Please ensure your First Aid Certificate is valid past the last date of your placement block.
- First Aid is to be completed every 3 years.
- Course Code is HLTAID011.
- Course must be carried out by a Nationally Recognised Training Facility.



The image shows a 'Statement of Attainment' for First Aid. At the top, it says 'Statement of Attainment issued to Sally Jones'. Below this is a circular logo for 'FIRST AID CERTIFIED AUSTRALIA WIDE FIRST AID'. To the right of the logo is a table with two columns: 'Unit of Competency Code' and 'Unit of Competency Name'. The table lists three units: HLTAID001 (Provide cardiopulmonary resuscitation), HLTAID002 (Provide basic emergency life support), and HLTAID003 (Provide first aid). Below the table, there is a section for 'This Statement of Attainment' which states it is issued by a Registered Training Organisation to an individual who has completed one or more accredited units. At the bottom, there is a signature of the founder, Australia Wide First Aid, and a verification email address: certificates@australiawidefirstaid.com.au.

Unit of Competency Code	Unit of Competency Name
HLTAID001	Provide cardiopulmonary resuscitation
HLTAID002	Provide basic emergency life support
HLTAID003	Provide first aid

This Statement of Attainment is issued by a Registered Training Organisation to an individual who has completed one or more accredited units.

Statement No. 1849/80-111111
6-June-21
DATE OF ISSUE

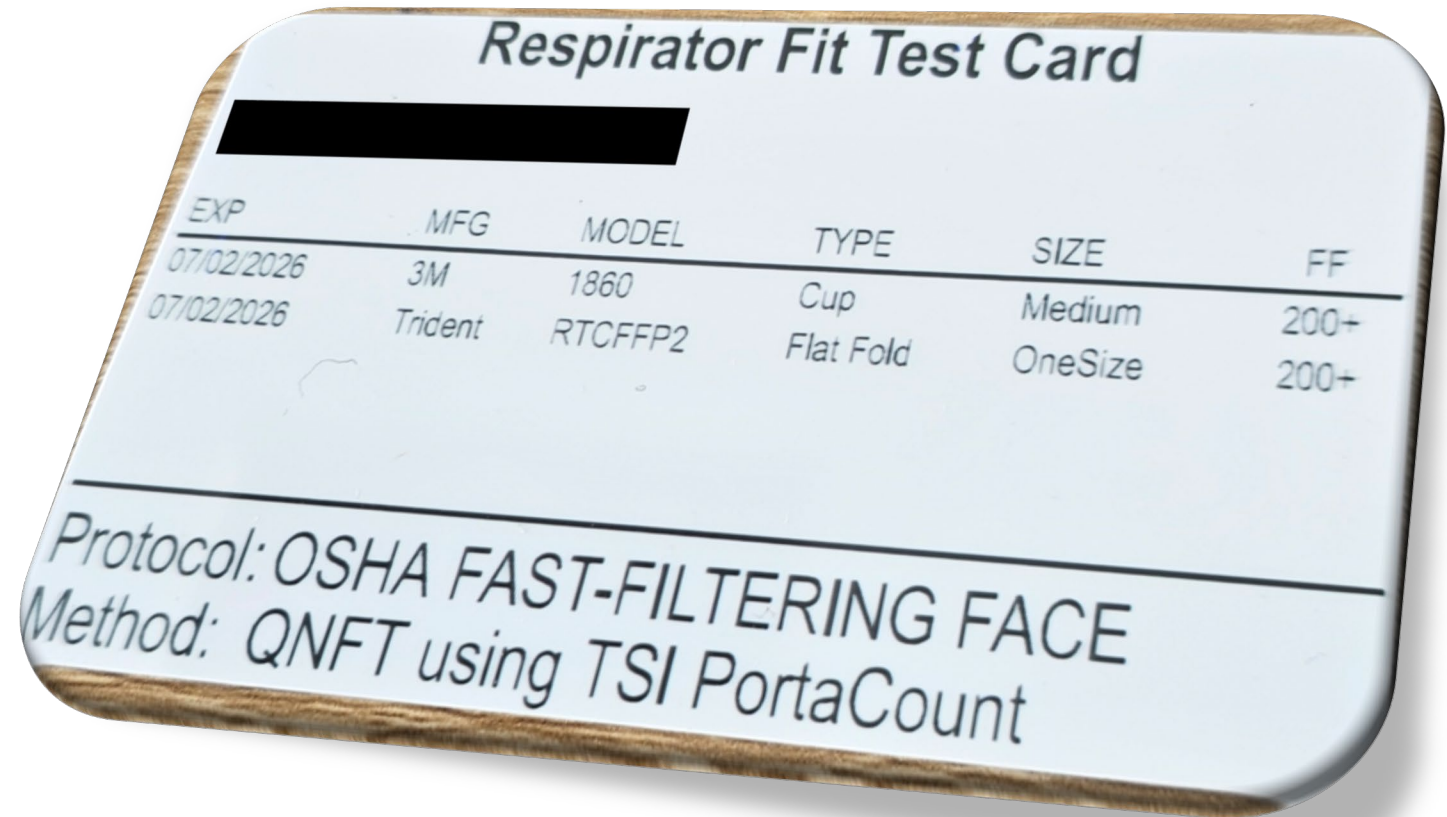
This Statement is issued without alterations or erasures.

[Signature]
FOUNDER
Australia Wide First Aid

Verify this Statement of Attainment by emailing us:
certificates@australiawidefirstaid.com.au

Respirator Fit Test Card

You must carry a valid
Respirator Fit Test Card for
two approved masks.



Queensland Health Student Deed Poll

- This must be completed prior to every Q Health Placement
- You must provide all pages of the form on your first day of placement in Q Health
- Fill out your name, Hospital and Health Service and your Education Provider (UniSC – 28 441 859 157)
- Print, sign and have witnessed

Queensland Health

Student Deed Poll

For clinical placements within a Hospital and Health Service 2022–2025

THIS DEED POLL is made by

(Student)

in favour of:

STATE OF QUEENSLAND through the Queensland Health (Department)

AND

(HHS)

AND

(Education Provider)

BACKGROUND

SIGNED AS A DEED POLL

SIGNED, SEALED AND DELIVERED BY THE STUDENT in the presence of:

.....
(signature of witness)

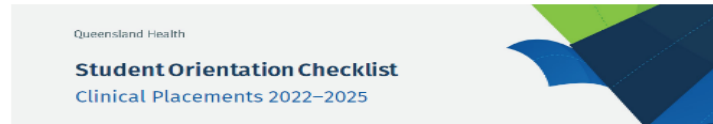
(name of witness)

)
).....
) (signature of Student)
)
) (name of Student)
)
) (date)

[ENDS]

Must be physically signed by you and your witness

Queensland Health Student Orientation Form



Please ensure that you have read and understood the requirements of undertaking a clinical placement with Queensland Health before completing this checklist and declaration. You may refer to the information at www.health.qld.gov.au/employment/clinical-placement and the supporting instructions at the end of this document when completing your checklist.

Note: A complete Student Orientation Checklist is comprised of pages 1 to 3 (inclusive) of this document, including the certification/declaration on page 3. In addition to providing this completed checklist to your education provider, please retain a copy for your records.

Legal checks

Check	Note	Date of Check	Expiry
All Students			
<input checked="" type="checkbox"/> National Police Certificate	1	17/06/2022	17/06/2025
As required (by legislation/placement location/education provider)			
<input checked="" type="checkbox"/> Working with children check ("blue card")	2	23/06/2022	23/06/2025
<input checked="" type="checkbox"/> Aged care criminal history check (NOT REQUIRED)	3,5		
<input checked="" type="checkbox"/> NDIS worker screening check	4,5	24/06/2022	24/06/2027
<input checked="" type="checkbox"/> Corrective services criminal history check (NOT REQUIRED)	6		

Immunisation evidence and infection prevention

Vaccination	Note	Date of vaccination/test	Comments (See Note 7)
All Students			
<input checked="" type="checkbox"/> Measles, mumps, rubella (MMR) or evidence of non-susceptibility	8	MMR Dose 1 See Vaccination Evidence Form	See Vaccination Evidence Form.
<input checked="" type="checkbox"/> Measles, mumps, rubella (MMR) or evidence of non-susceptibility	8	MMR Dose 2 See Vaccination Evidence Form	See Vaccination Evidence Form.
<input checked="" type="checkbox"/> Varicella (chicken pox) or evidence of non-susceptibility	9	Varicella Dose 1 See Vaccination Evidence Form	See Vaccination Evidence Form.
<input checked="" type="checkbox"/> Varicella (chicken pox) or evidence of non-susceptibility	9	Varicella Dose 2 See Vaccination Evidence Form	See Vaccination Evidence Form.
<input checked="" type="checkbox"/> Pertussis (dTap) (whooping cough)	10	See Vaccination Evidence Form	See Vaccination Evidence Form.
<input checked="" type="checkbox"/> Hepatitis B or evidence of non-susceptibility	11	HepB Dose 1 See Vaccination Evidence Form	See Vaccination Evidence Form.
<input checked="" type="checkbox"/> Hepatitis B or evidence of non-susceptibility	11	HepB Dose 2 See Vaccination Evidence Form	See Vaccination Evidence Form.
<input checked="" type="checkbox"/> Hepatitis B or evidence of non-susceptibility	11	HepB Dose 3 See Vaccination Evidence Form	See Vaccination Evidence Form.
<input checked="" type="checkbox"/> Fit testing of particulate filter respirators (PFR) - Please specify the brand, model and size of fit tested PFR (where required)	12	21/08/2023	Halvard Small & Trident OneSis
Other vaccinations as required/recommended (by legislation/placement location/education provider) (see Note 12)			
<input checked="" type="checkbox"/> Influenza Vaccination		10/05/2023	
<input type="checkbox"/>			

Online learning/orientation modules

Expiry: 1/04/2024	Learn Code of Conduct (annually) as per Queensland Health Human Resources Policy/Mandatory Training 05 (QH-POL-153)	14			
Expiry: 3/06/2024	Learn First-Response Evacuation Instructions (annually) as per Queensland Health Human Resources Policy/Mandatory Training 05 (QH-POL-153)	14			
Expiry: 20/10/2024	Learn Public Interest Disclosure (Biannually) as per Queensland Health Human Resources Policy/Mandatory Training 05 (QH-POL-153)	14			
<input checked="" type="checkbox"/>	Learn Health, Safety and Wellbeing (Once only) as per Queensland Health Human Resources Policy/Mandatory Training 05 (QH-POL-153)	14			
<input checked="" type="checkbox"/>	Learn Occupational Violence Orientation - Awareness Only (Once only) as per Queensland Health Human Resources Policy/Mandatory Training 05 (QH-POL-153)	14			
<input checked="" type="checkbox"/>	Learn Prevention and Management of Musculoskeletal Disorders (Once only) as per Queensland Health Human Resources Policy/Mandatory Training 05 (QH-POL-153)	14			
Other online learning/orientation modules as required by the Hospital and Health Service or profession (see Note 15)					
Training/learning modules		Note	Date of completion	Expiry	
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					

PLEASE READ AND AGREE THE CERTIFICATION/DECLARATION TO FINALISE YOUR STUDENT ORIENTATION CHECKLIST.

Certification/declaration

<input checked="" type="checkbox"/>	I certify that I have read and understood the preceding topics, as per the Queensland Health website, in preparation for my clinical placement. I agree to comply with the guidelines and all procedures in place at the Queensland Hospital and Health Service facility at which I am placed, in respect of Queensland Health vaccination and infection control of health care workers. I understand that this orientation is one of the requirements of eligibility for a placement at a Queensland Hospital and Health Service facility within the Department of Health.
Student Name:	
Course (Degree):	
Education Provider:	

Date: 6/11/2023
☒ SUBMIT

- This must be completed prior to each Q Health Placement.
- Q Health Orientation Checklist will be made available to all Q Health students via the Forms Tab in Sonia.
- Print the first 3 pages for your portfolio.

Site Requirements

- Please print a copy of all evidence that you have completed any site mandatory requirements that you have been asked to complete for the facility you are attending.
- Site requirements will be made available to you via ffpo@usc.edu.au or your Placement Tab in Sonia.
- Please ensure you review these once placement allocations are available to ensure you do not miss anything.

Where To Get Help

If you need any assistance, please contact the Fit for Placement Office

Fit for Placement Office
H1.G.66 – Sippy Downs Campus
07 5456 5487
ffpo@usc.edu.au



Please note: If you are noncompliant and do not take your documents in your placement portfolio to Orientation, you will be removed from placement and unable to continue placement for up to 12 months. This will impact your progression in your program.