



University of the
Sunshine Coast
Australia

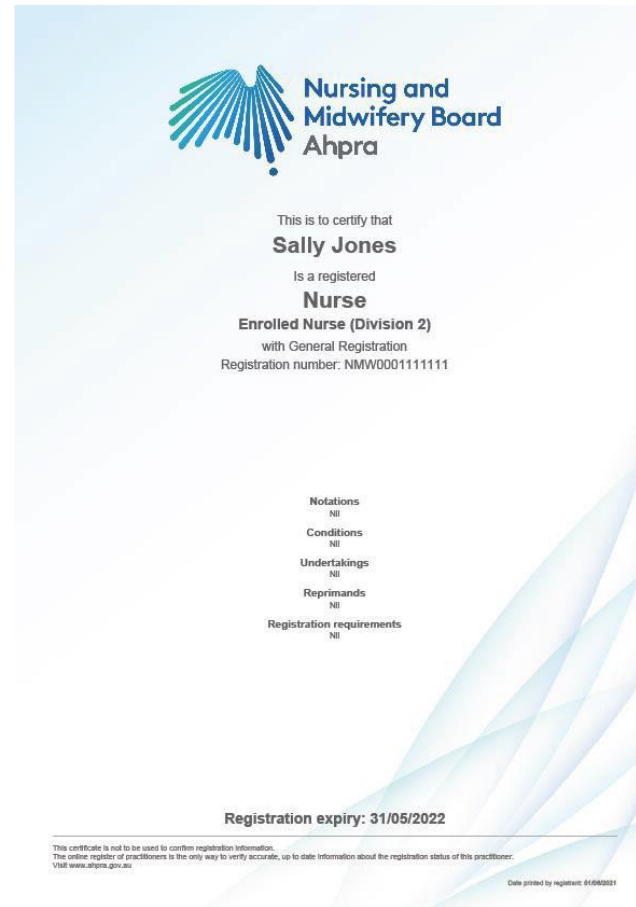
Your Nursing Placement Portfolio

17/09/2026

Blue Card or Ahpra Registration	Carelever Health Compliance Record	QHealth TB Risk Assessment Form and any test results required	Hepatitis B Serology Report	NDIS Card
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
Influenza Vaccination for 1 st year students or if site requests	Respirator Fit Test	QHealth Deed Poll – if allocated to a QHealth facility	QHealth Student Orientation Checklist – if allocated to a QHealth facility	Site Requirements

Blue Card or Ahpra Registration

- You must carry a valid Blue Card or Ahpra Registration.
- EN's may use an Ahpra Registration



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:

You must have a Carelever Health Compliance Record showing compliance for:

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

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 commencing.
- Retain a copy of this form and any relevant documentation to take.
- If you do not understand the questions please complete this form.
- Further testing and/or health assessment may be required, depending on your answers.

Privacy Notice: Personal information about students collected by Queensland Health is handled in accordance with the Privacy Act 1988 and the Public Health Act 2005 and Public Health Regulation 2018. All personal information will be collected and up-to-date. Personal information recorded on this form will not be disclosed to Queensland Health or any other entity. If you choose not to provide your personal information, you will not meet the requirements of the Public Health Act 2005 and Public Health Regulation 2018. You acknowledge that you understand this notice and you consent to the collection, use and disclosure of your personal information for the purposes of the Public Health Act 2005 and Public Health Regulation 2018.

Part A: Signs of active TB - Do you currently have any of the following?	
1. Cough for more than 2 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 to a TB specialist may be recommended by your doctor.	
→ You will require a clearance for signs of active TB from the assessor provided to your Education Provider Placement Coordinator before commencing placement.	
→ Clearance for active TB required ☐ No ☐ Yes	



Part B: TB exposure risk history	
1. Where you born in Australia? ☐ No ☐ 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 country/ies? (For example, two months in country A and one month in country B is three months in total). ☐ No ☐ Yes	
If yes, which country/ies?	
→ Check the TB country incidence list (www.health.qld.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 country/ies with a TB burden greater than 40 cases per 100 000 population (see link above)? ☐ No ☐ 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 by public health authorities (contact may be work or non-work related).	
5. Have you previously worked (3-5 months) in any of the following settings: units or other medical units caring for infectious TB patients; clinical practice; and/or sputum induction; 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 affect your immune system?	
If you have answered YES to any of questions 3 – 5 from Part B, you need to see a TB specialist.	
→ an Interferon Gamma Release Assay (IGRA) blood test can be performed if you have answered YES to any of questions 3 – 5 from Part B, you need to see a TB specialist.	
OR	
→ a Tuberculin Skin Test (TST/Mantoux test) can be performed if you have answered YES to any of questions 3 – 5 from Part B, you need to see a TB specialist.	
If testing for latent TB infection is required (and you have answered NO to questions 3 – 5 from Part B, you need to see a TB specialist).	
If you have answered YES to any of questions 6 – 7 from Part B, you need to see a TB specialist.	
NOTE: There is no out-of-pocket expense for treatment of TB in public health facilities.	

Part C: Previous TB risk assessment procedures: – In the time you have undergone any assessments or screening as below. If you have undergone any assessments or screening as below, you must indicate any indicated below to your doctor or TB Control Unit.	
Previous employment or immigration screening for TB?	
Previous TB risk assessment is on SPA (Staff Protection Application-Queensland Health) form?	
Previous pathology result (Quantiferon test or T-spot test)	
Previous printed result of a tuberculin skin test result (also called Mantoux test)	

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 ☐	Clearance for active TB attached to Risk Assessment form and returned to your Education Provider Placement Coordinator ☐
If NO to all questions in Part A AND NO to Part B questions 3 to 7 (inclusive) Nil further assessment required ☐	Completed and signed Risk Assessment form returned to your Education Provider Placement Coordinator ☐
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 ☐	Completed and signed Risk Assessment form returned to your Education Provider Placement Coordinator ☐ Student consents to undertake assessment with a doctor or at a TB Control Unit ☐
TB Control Units Contact Details www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases/infection/diseases/tuberculosis	

Acknowledgement and Consent:	
I certify that I have read and understand the Queensland Health Protocol for the control of tuberculosis – section 9.3.18 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 SESAME 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 : V2V IGG, HOG (QUANT)

Place a copy of your Hepatitis B serology in your folder.

If you are a non-responder to Hepatitis B you must show evidence of all immunisations and serology tests.

NDIS Workers Screening Card



You must carry a valid NDIS Card.

Ensure it is valid past the last day of your placement block.

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: 8150018PC
Client Ref:
10 July 2021

Australian Federal Police
Criminal Records
Locked Bag 9550
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 Territories as at 10 July 2021.

This document is not issued as a form of identification.

Authorised by:

Co-ordinator
Criminal Records

Page 1 of 1

The information contained in this document is valid as at date displays
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 on

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 9550
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:

Co-ordinator
Criminal Records

QHealth First Response Evacuation Instructions – iLearn

Queensland Health

Certificate of Completion

This is to certify that

Nichola Waters

Successfully completed the course

First-Response Evacuation Instructions (FREI)

Issue Date: Thursday, September 17, 2026

Expiry Date: Sunday, September 17, 2028





Certificate of Completion

This is to certify that

Nichola Waters

Successfully completed

Working Ethically

Issue date

Thursday, September 17, 2026

Expiry date

Friday, September 17, 2027



Queensland
Government

QHealth Working Ethically – iLearn



Certificate of Completion

This is to certify that

Nichola Waters

Successfully completed

Keeping You Safe

Issue date

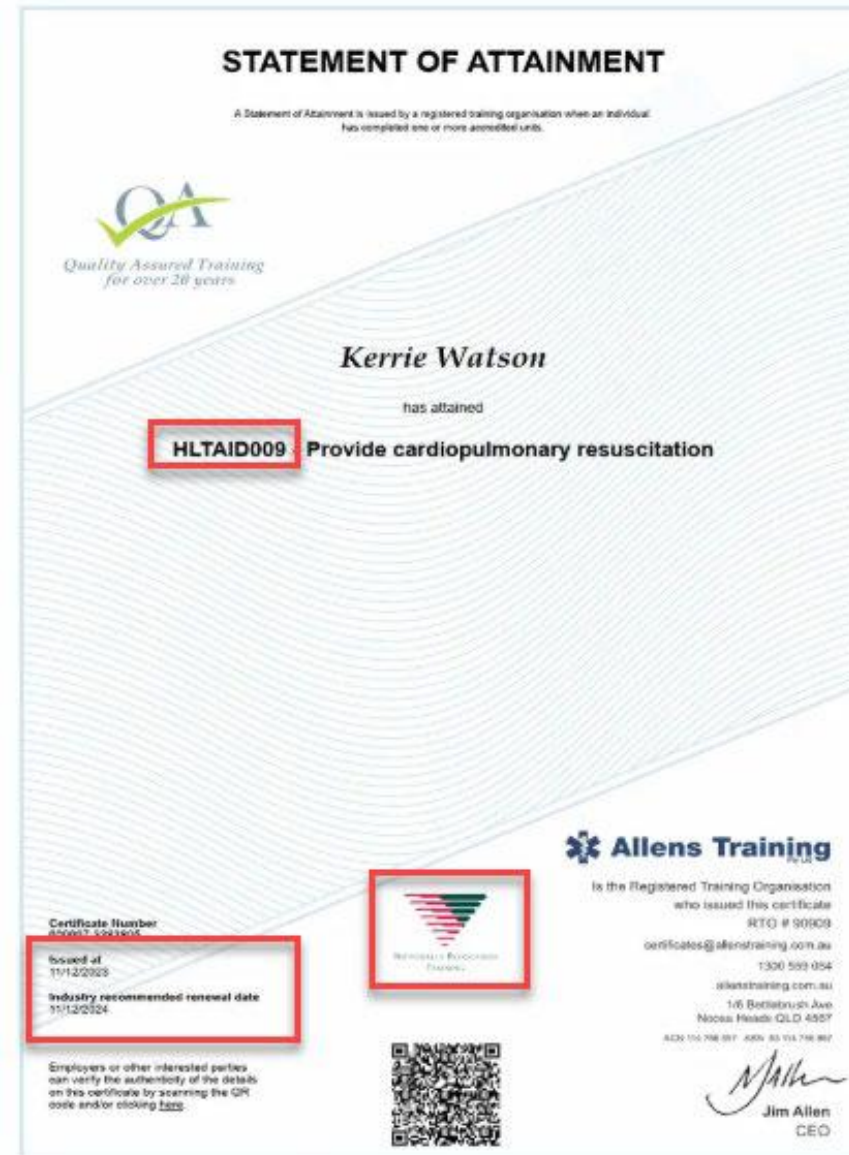
Thursday, September 17, 2026



QHealth 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 your completion of Basic Life Support



Flu Vaccination – available after April each year



TerryWhite Chemmart Buderim
16-18 King Street
BUDERIM
QLD 4556
Phone: 07 5445 1036
Fax: 07 5476 9018
Email:
dispensary@buderimchemmartsupersbore.com.au

**Immunisation
Administration
Statement**

Consumer Details

Name: SALLY JONES Address: 123 SEASAME STREET MAROOCHYDORE	Date of Birth: 12/12/1974 Medicare Number: 44161111111 Medicare Expiry Date: 01/01/2022
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Vaccinations

Infectious disease: Influenza (Flu)

Brand Name: AFLURIA QUAD	Batch: 211111	Expiry Date: 28/02/2022
Dose (mL): 0.5	Date: 08/04/2021	Time: 09:02
Site of Administration: Left Arm		
Consumer Medicines Information leaflet provided: No		

Authorised Immuniser

Date: 08/04/2021

Name: JOHN STAMOS

CPD Accreditation No.:

Signature: 

Contact Details: TerryWhite Chemmart Buderim
16-18 King Street, BUDERIM QLD 4556
07 5445 1036

The Immunisation Administration Statement ("The Document") has been developed in electronic format by MedAdvisor International Pty Ltd ("MedAdvisor") based on the Practice guidelines for the provision of immunisation services within pharmacy (Dec 2014) developed by the Pharmaceutical Society of Australia (the guidelines) and the Australian Immunisation Handbook (June 2015) developed by the Australian government, Department of Health (the guidelines). The Document must be used in accordance with the guidelines and other relevant industry standards, codes, regulations and laws. Consistent with the guidelines pharmacists must exercise professional judgement in using the Document, this may include adapting it to better address specific presenting circumstances. MedAdvisor accepts no liability for any loss with any person that may suffer as a result of reliance on the Document or any information contained therein.

Immunisation Administration Statement
Page 1 of 1



Australian Government
Services Australia

medicare

Immunisation history statement

As at: 23 February 2023
For: ROBERT JOHN HEINZ
Date of birth: 10 October 1900

Date given	Immunisation	Brand name given
12 Oct 2021	COVID-19	Moderna Spikevax
01 Nov 2021	COVID-19	Moderna Spikevax
01 Apr 2022	Influenza	Fluarix

Notations

Disclaimer

The Australian Immunisation Register is a national register that records vaccinations given to people of all ages in Australia. Vaccinations given before 1 January 1999 are not displayed on the immunisation history statements.

Every effort is made to ensure that personal information contained on the Australian Immunisation Register is correct. The accuracy of vaccination information is dependent on the quality and timeliness of information provided by vaccination providers.

Please contact your vaccination provider if any of the vaccination details shown on the immunisation history statements are not correct. Vaccination providers can call us on 1800 653 809 (call charges may apply) to provide updated vaccination information.

If you have any questions about this immunisation history statement, please contact the Australian Immunisation Register on 1800 653 809.

Privacy and your personal information

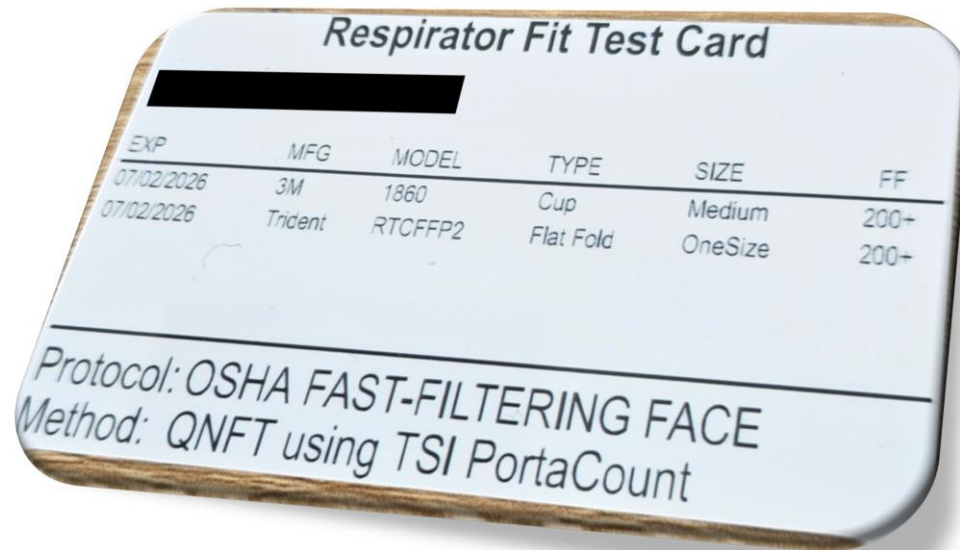
The privacy and security of your personal information is important to us, and is protected by law. We collect this information to provide payments and services. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to servicesaustralia.gov.au/privacy

Services Australia collects personal information from recognised Australian vaccination providers and stores the information in the Australian Immunisation Register. The information is collected for purposes set out in section 10 of the Australian Immunisation Register Act 2016. The collection of this information is authorised by the Australian Immunisation Register Act 2016 and section 130(5G) of the Health Insurance Act 1973.

- Required for all first-year students.
- May be required for individual sites for 2nd and 3rd year students.

Respirator Fit Test Card

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



Queensland Health Student Deed Poll

Queensland Health

Student Deed Poll

For clinical placements within a Hospital and Health Service 2026–2027

THIS DEED POLL is made by

Nichola Waters (Student)

in favour of:

STATE OF QUEENSLAND through the Queensland Health (Department)

AND

Metro North Hospital and Health Service (HHS)

AND

UniSC - 28 441 859 157 (Education Provider)

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

- This must be completed prior to every QHealth placement.
- You must provide all 8 pages of the form on your first day of placement in QHealth.
- Fill out your name, Hospital and Health Service, your Education Provider and their ABN (UniSC – 28 441 859 157)
- Print, sign and have it witnessed by anyone over the age of 18.

Queensland Health Student Orientation Checklist

Queensland Health

Student Orientation Checklist

Clinical Placements 2026–2027

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 [Clinical placements | Careers \(health.qld.gov.au\)](#) 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 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 (or N/A)	Expiry
All students			
☒ National Police Certificate	1	01/05/2026	01/05/2029
As required (by legislation/placement location/education provider)			
☒ Working with children check (blue card)	2	22/08/2026	22/08/2029
☒ Aged care criminal history check	3, 5	N/A	
☒ NDIS worker screening check	4, 5	13/07/2026	13/07/2031
☒ Corrective services criminal history check	5	N/A	

Immunisation evidence and infection prevention

Compliance level	Vaccination/infection prevention	Note	Date of vaccination/ test completion – Evidence to be attached	Compl add if/ or not compl
All students				
Compliant	Measles, mumps, rubella (MMR) Minimum of 1 dose; dose 2 required within 3 months of commencement. or Evidence of non-susceptibility	7	Dose 1: 04/05/2003 Dose 2: 04/06/2003 Test date:	
Compliant	Varicella (chicken pox) Minimum of 1 dose; dose 2 required within 3 months of commencement. or Evidence of non-susceptibility	7	Dose 1: 04/05/2003 Dose 2: 04/06/2003 Test date:	
Compliant	Pertussis (Whooping cough) Required every 10 years. Blood test is not acceptable evidence.	7	09/07/2026	
Compliant	Hepatitis B Minimum of 2 doses; 3 doses required for standard adult schedule. Dose 4 is only required for accelerated schedule. or Evidence of non-susceptibility	7	Dose 1: 16/07/2005 Dose 2: 16/08/2005 Dose 3: 20/01/2006 Dose 4: Test date: 23/02/2006	
Compliant	Tuberculosis (TB) Risk Assessment Tool	8	06/04/2026	

Student Orientation Checklist - Clinical Placements 2026–2027
Version 22_9.0 - released 24 December 2025

 **Queensland**
GOVERNMENT

Compliance

Document/Guideline	Note
Codes of conduct and cultural practice	
☒ I have read and understand my obligations under the Queensland Public Service Code of Conduct	12
☒ I have read and understand my obligations I have under the National Code of Conduct for Health Care Workers (Queensland)	13
☒ I have read and understand the principles of Cultural Capability and the Aboriginal and Torres Strait Islander Cultural Capability Framework 2010-2033	14
Privacy, confidentiality, and documentation	
☒ I have read and understand my obligations under the Queensland Right to Information Act 2009	15
☒ I have read and understand my obligations in relation to the disclosure of patient-identifying information as referred to in Part 7 of the Hospital and Health Boards Act 2011	16
☒ I understand that good clinical documentation is an integral part of patient care.	
Infected health care worker – student responsibilities	
☒ I declare and agree that I have read and understand the Australian National Guidelines for Infection Control for Healthcare Workers Living with Blood Borne Viruses and Healthcare Workers who Perform Exposure Prone Procedures at Risk of Blood Borne Viruses and acknowledge that this guideline students on placement in Queensland Hospital and Health Service facilities.	
I declare that I understand my professional and ethical responsibility for	
• knowing my blood borne virus status, and	
• adhering to the Australian Guidelines for the Prevention and Control of Infection in Health	
Australian National Guidelines for the Management of Healthcare Workers Living with Blood Borne Viruses and Healthcare Workers who Perform Exposure Prone Procedures at Risk of Blood Borne Viruses .	
☒ I acknowledge and understand that health care workers (including students and supervisors) who have a requirement to engage with treatment and not perform exposure prone procedures unless compliant with the Australian National Guidelines for the Management of Healthcare Workers Living with Blood Borne Viruses and Healthcare Workers who Perform Exposure Prone Procedures at Risk of Blood Borne Viruses .	
Note: Please read and agree with the certification/declaration on page 3 to finalise your Student Orientation Checklist.	

Student Orientation Checklist - Clinical Placements 2026–2027
Version 22_9.0 - released 24 December 2025

Certification/declaration

I, **Nichola Waters**, certify that I have read and understand 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.

Name: **Nichola Waters**

Course: **Bachelor of Nursing**

Education Provider: **University of the Sunshine Coast**

Signature: 

Date: **18/07/2026**

[END OF STUDENT ORIENTATION CHECKLIST]

- This must be completed prior to every QHealth placement.
- The QHealth Orientation Checklist will be made available to all QHealth 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 plus 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 fitforplacementoffice@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

fitforplacementoffice@usc.edu.au