

## INTERNATIONAL STUDENT PLACEMENT ACKNOWLEDGEMENT FORM FACULTY OF MEDICINE

<b>Student Name:</b> _____	<b>Student Number:</b> _____
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**Instructions**

1. Students must complete and sign this form, prior to applying for a self-arranged international placement.
2. This form should be submitted with your application for a self-arranged international placement.
3. Student should contact [med.placements@uq.edu.au](mailto:med.placements@uq.edu.au) with any queries.

1. I am aware that as a UQ student, I have certain responsibilities and expectations to uphold during my placement (outlined in <a href="#">PPL 3.60.01 - Student Charter</a> )	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. I have read and will keep myself informed of Department of Foreign Affairs and Trade (“DFAT”) ( <a href="http://www.smartraveller.gov.au">www.smartraveller.gov.au</a> ) advice and travel information, including any cultural differences that exist in the country to which I’m travelling.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. I understand that if am travelling to a country that is DFAT 3, 4 or Not Rated, the Faculty will contact me with further information in relation to obtaining approval from the DVC (External Engagement) prior to my placement being approved.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. I understand that all placements undertaken in Low and Middle Income Countries ( <a href="#">LMIC</a> ) will require me to complete a risk assessment in <a href="#">UQ Safe</a> , for approval by the Medical Dean, prior to my placement being approved. I will take all reasonable measures to protect my health and safety including adherence to the risk mitigation measures provided by the placement provider and outlined in my risk assessment	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. I have read and am aware of UQ’s insurance and protection policies that apply to me whilst undertaking an international placement (see ‘Insurance > Travel’ at <a href="https://governance-risk.uq.edu.au">https://governance-risk.uq.edu.au</a> ).	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. In order to ensure that I can be contacted with relevant emergency information, I am aware that I must registered my trip with International SOS ( <a href="#">ISOS</a> ) prior to travel and I agree to do so.	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**STUDENT ACKNOWLEDGMENT**

Full Name: _____	Student Number: _____
Signature: _____	Date: ____ / ____ / ____