**COVID-19 Supplement to Student Placement Undertaking for UCC**

1. My name is . (UCC student number: ) and, as part of my studies in **Doctor of Clinical Psychology,** I confirm that I am currently undertaking a student placement with (“Placement Organisation”).
2. I will adhere to current national public health guidance at all times (see [here](https://www2.hse.ie/conditions/coronavirus/protect-yourself-and-others.html)) and any measures the Placement Organisation has in place to prevent the emergence of COVID-19 in the workplace.
3. I will not attend work with the Placement Organisation if I develop symptoms of COVID-19 or if I am required to self-isolate on the advice of a medical practitioner.
4. I acknowledge that the ability to perform any onsite work as part of my Student Placement is subject to public health guidelines which may be in place from time to time and that public health guidance may result in changes to my working arrangements during the course of my Student Placement.

Signed:

Print student name:

Student number:

Date: