INTRODUCTION
As a Midwifery student you are studying to obtain a University Degree that will allow you to register with the Nursing and Midwifery Board of Ireland (NMBI) and upon registration, to work as a Registered Midwife. During your study you will gain practice experiences in various health care settings, interacting with individuals, members of staff, and other health care professionals. It is therefore essential that you agree with the conditions set out below to ensure that you can learn effectively and become a competent midwife. These conditions are based upon NMBI’s Midwife Registration Programme, Standards and Requirements (2016)
https://www.nmbi.ie/nmbi/media/NMBI/Publications/midwife-registration-programmes-standards-requirements.pdf?ext=.pdf, and Code of Professional Conduct and Ethics (2014) https://www.nmbi.ie/Standards-Guidance/Code University College Cork’s (UCC) Student Policies http://www.ucc.ie/en/study/undergrad/orientation/policies/, and the School of Nursing and Midwifery’s Student Policies http://www.ucc.ie/en/nursingmidwifery/students/bscnursemid/. Failure to comply with the conditions set out in this agreement, which you will be asked to sign, may result in you not being allowed to continue in your BSc Midwifery programme.

I AGREE THAT:

1. I will listen to individuals and respect their views, treat individuals politely and considerately, and respect their privacy, dignity, and their right to refuse to take part in teaching.

2. I will act according to NMBI’s Code of Professional Conduct and Ethics for Registered Nurses and Midwives (2014).

3. My views about a person’s lifestyle, culture, beliefs, race, colour, gender, sexuality, age, social status, or perceived economic worth will not prejudice my interaction with individuals, members of staff, or fellow students.

4. I will respect and uphold an individual’s trust in me.

5. I will always make clear to individuals that I am a midwife student and not a registered midwife.

6. I will maintain appropriate standards of dress, cleanliness and appearance.

7. I will wear a health service provider identity badge with my name clearly identified.

8. I will familiarise myself and comply with the Health Service Provider’s values, policies and procedures.

1 ‘Individual’ also refers to patient, client, resident, significant other, colleague, other health care professional

2 ‘Member of staff’ refers to both academic and health service personnel.
9. I have read and understood the guidelines as set out in the current Practice Placement Guidelines Booklet http://www.ucc.ie/en/nursingmidwifery/students/bscnurse/. 

10. I understand and accept to be bound by the principle of confidentiality of individuals’ records and data. I will therefore take all necessary precautions to ensure that any personal data concerning individuals, which I have learned by virtue of my position as a midwife student, will be kept confidential. I confirm that I will not discuss individuals with any other party outside the clinical setting, except anonymously. When recording data or discussing care outside the clinical setting, I will ensure that individuals cannot be identified by others. I will respect all Health Service Providers’ and individuals’ records.

11. I have read and understand the BSc Programme’s Grievance and Disciplinary Procedures http://www.ucc.ie/en/nursingmidwifery/students/bscnurse/. 

12. I understand that, if I have (or if I develop) an impairment or condition, it is my responsibility to seek advice regarding the possibility that it may impact on my ability to learn, to perform safely in the clinical environment, or affect my personal welfare or the welfare of others. An appropriate person to seek advice from in the clinical setting may be an Allocations Liaison Officer, Clinical Placement Coordinator, Staff Nurse or Staff Midwife. I understand it is also my responsibility to declare the impairment or condition on the relevant health disclosure form https://www.ucc.ie/en/media/support/academicsecretariat/ftp/FTPHealthDisclosureForm2016-2017.pdf I accept that only through disclosure of this impairment/condition can an appropriate plan of support to reach required clinical learning outcomes/competencies be explored.

13. I understand that if I have any criminal conviction(s) during the programme that I will declare same on the relevant Fitness to Practice disclosure form http://www.ucc.ie/en/study/undergrad/orientation/policies/.

14. If I am returning from a period of illness/hospitalisation/surgery, it is expected that I report this to the Allocation Liaison Officer (attached to my Health Service Provider), as I may be required to attend the occupational health department prior to accessing my clinical placement.

15. I understand and accept that any dispute between parties in relation to this Agreement, outside of UCC’s and NMBI’s relevant regulations, may be referred to the BSc Nursing/Midwifery Joint Disciplinary Committee for a decision.

16. I confirm that I shall endeavour to recognise my own limitations and shall seek help/support when my level of experience is inadequate to handle a situation (whether on my own or with others), or when I, or other individuals, perceive that my level of experience may be inadequate to handle a situation.

17. I shall conduct myself in a professional and responsible manner in all my actions and communications (verbal, written and electronic including text, e-mail or social communication media).

18. I will attend all scheduled teaching sessions and all scheduled clinical placements, as I understand these are requirements for satisfactory programme completion. If I am unable to attend any theoretical or Mandatory/Essential Skills element (including online requirement) of
the programme, I will notify the Attendance Monitoring Executive Assistant in G.03 (prior to scheduled date) and provide a written explanation for the Module Leader as soon as possible and in accordance with the current Mandatory and Essential Skills Policy (http://www.ucc.ie/en/nursingmidwifery/students/bscnursemid/). I will also inform the relevant HSP Allocation Liaison Officer prior to the commencement date of my clinical placement. If I am then unable to attend my scheduled clinical placement due to the above reasons, I will act according to Local Health Service Provider Guidelines and the Practice Placement Agreement, and will inform the relevant personnel in a timely manner e.g. Clinical Placement Coordinator, Clinical Midwife Manager, as soon as possible.

19. I understand that students are not permitted to arrange/book holidays during clinical placement blocks.

20. I understand that when engaging in social media and social networking that I must act professionally at all times, and keep posts positive in addition to patient or person free. I will respect patient’s privacy and confidentiality. I understand that I must protect my professionalism and reputation. I will keep my personal and professional life separate. I will check my privacy settings and respect the privacy of others. I will consider the implications of what I am posting. I will avoid posting in haste or anger. I will not respond to other posts in haste. Please read NMBI's Guidance document in relation to social media and social networking: Guidance to Nurses and Midwives on Social Media and Social Networking

21. I understand that if I have a conscientious objection based on religious or moral beliefs, which is relevant to my professional practice, I will share this with an appropriate person in the clinical setting. Even if I have a conscientious objection, I will provide care to a patient in an emergency where there is a risk to the patient’s life. The Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives (2014 p.17; Addendum 19/12/18) states that it is not a breach of any part of this code for nurses and midwives to provide services under the Health (Termination of Pregnancy) Act 2018 once enacted.

By my signature hereunder I confirm that I have read and understood all the above conditions and that I agree to comply with ALL of these for the duration of the BSc Programme.

Student Signature: _________________________________Date:_______/________/_______

Signed on behalf of the Health Service Provider:

Health Service Provider: __________________________________________________________

Please print name
Director of Midwifery/Nominee/Title: __________________________________________________

Please print name
Signature: _________________________________Date:_______/________/_______

Signed on behalf of University College Cork:

Head, School of Nursing and Midwifery/Nominee/Title: _________________________________

Please print name
Signature: _________________________________Date:_______/________/_______