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**University College Cork**

**School of Clinical Therapies**

**Student Declaration**

**Introduction**

Professional clinicians seek to maintain high standards of conduct and moral judgement in their practice as clinicians, particularly in their relationships with their patients/clients, the public, fellow practitioners and with practitioners of other disciplines. The following declaration aims to bind student practitioners of clinical therapies to sound moral reasoning and personal integrity in their professional conduct as student clinicians.

As a Clinical Therapy Student, you will be studying to obtain a university degree that will allow you to work in a profession. During this period of study, you will be working within this professional environment to include practice education placements and clinic experience hours. 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.

Failure to comply with the conditions set out in this agreement, which you will be asked to sign, may result in your not being allowed to continue on your programme.

*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.*

**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 the Code of Professional Conduct and Ethics for my profession.
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. I confirm that I am willing to undertake physical examination of patients that may include physical contact, in order to establish a clinical diagnosis or make a professional judgement, irrespective of the gender, colour, culture, beliefs, disability, or disease of the patient.
4. I will respect and uphold an individual’s trust in me.
5. I will always make clear to individuals that I am a student and not a qualified practitioner.
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.
9. I have read and understood the guidelines as set out in the current Practice Placement Handbook.
10. I understand and accept to am bound by the principle of confidentiality of individual’s 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 student, will be kept confidential. I confirm that I will not discuss individuals with any other party outside of 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 UCC’s Grievance and Disciplinary Procedures: <https://www.ucc.ie/en/academicgov/policies/student-policies/>
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 Clinical Placement Coordinator, Practice Tutor or Practice Educator. I understand it is also my responsibility to declare the impairment or condition on the relevant health disclosure form which can be found at the following link: <https://www.ucc.ie/en/academicgov/aago-policies/fitnesstopractise/>. 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 confirm that I shall not partake of or distribute illicit drugs or non-prescribed medications and avoid over-indulgent use of alcohol, drugs, or medications.
14. 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: <https://www.ucc.ie/en/media/support/academicsecretariat/fts/FTS_Appendices.pdf>
15. If I am returning from a period of illness/hospitalisation/surgery, it is expected that I report this to the Practice Education Team, as I may be required to attend the occupational health department prior to accessing my clinical placement.
16. I confirm that I shall endeavour to recognize 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 and communication media).
18. I will attend all scheduled teaching sessions and all scheduled clinical placements and clinic hours, 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 a member of the Practice Education Team (prior to scheduled date) and provide a written explanation for the Module Leader as soon as possible. I will also inform the relevant team member 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 to the Practice Placement Agreement and will inform the relevant personnel in a timely manner e.g. Clinical Placement Coordinator, Practice Educator, or Practice Tutor or HSE clinic staff as soon as possible.
19. I will abide by the infectious disease policy: <https://www.ucc.ie/en/media/support/studenthealthservice/InfectiousDiseaseScreeningImmunisationPolicyincludingBBVv4.pdf>

**Adherence to University Rules**

In addition to the preceding Student Responsibilities, Clinical Therapy students must also adhere to University College Cork Rules and Regulations: <https://www.ucc.ie/en/academicgov/policies/student-policies/studentrules/>

**SIGNATURE**

STUDENT NAME (BLOCK CAPITALS): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STUDENT NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

YEAR IN PROGRAMM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am signing to show that I have read and understood the above Declaration in this document, and I agree that I can and will comply with all of the Codes of Conduct detailed therein.

STUDENT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRACTICE EDUCATION COORDINATOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_