Thank you for your generous offer to host The University of Queensland (UQ) Faculty of Medicine Student as a volunteer at your organisation.

Before the Student starts spending time at the Facility we’d like to make sure everything is in place to ensure the safety of our Student and your organisation. This letter covers details about the requirements for Student induction, insurance, privacy, and provides emergency contacts should they be needed. We also encourage you to read Volunteering Queensland's Code of Practice for Organisations Involving Volunteers.

Induction

To ensure the Student is adequately oriented to your organisation, please confirm (by signing where indicated) that the Student will undertake an appropriate workplace induction process (including occupational health and safety, and other workplace policies you require).

Insurance

Under the work health and safety laws, volunteers need to be given the same protections as paid workers. Would you kindly confirm (by signing where indicated) that the Host Organisation holds all the relevant insurances required by law.

UQ also covers the Student by holding public liability protection, travel and personal accident insurance for the duration of authorised Volunteering for enrolled students. To make sure the Student retains that protection while Volunteering it is important that they don’t receive remuneration from your organisation (other than out-of-pocket expenses).

Emergency Contacts

In the event of a serious incident or emergency involving the Student please notify UQ immediately by phoning the Academic Registrar on +61 7 3365 2224 or, if there is no answer, UQ Security on +61 7 3365 3333.
Privacy

“Personal Information” is information or an opinion, including information or an opinion forming part of a database, whether true or not, about an individual whose identity is apparent, or can reasonably be ascertained, from the information or opinion.

“Volunteering” means the hosting of the Student by the Host Organisation, as set out in this document, and may include such things as research, projects, or other relevant activities as agreed between the Student and the Supervisor.

“Relevant Privacy Laws” means the Privacy Act 1988 (Commonwealth), Information Privacy Act 2009 (Qld), Hospital and Health Boards Act 2011 (Qld) and any other legislation (including delegated and subordinate legislation such as regulations), code or guideline which applies in the jurisdiction where the Volunteering is to be conducted and which relates to the protection of Personal Information.

The Student acknowledges that the Host Organisation is required by Relevant Privacy Laws to maintain the confidentiality of Personal Information and that a breach of Host Organisation patient privacy may result in significant damages to the individual concerned and the Host Organisation.

The Student must comply with all Relevant Privacy Laws in dealing with any Personal Information obtained during the course of the Volunteering, including in respect of Personal Information provided by or on behalf of the Host Organisation. The Student must:

(a) not use Personal Information other than for the purpose of the Volunteering and in accordance with the written consent of the person to whom the Personal Information relates, unless required or authorised under any law;
(b) not disclose Personal Information without the prior written consent of the Host Organisation and in accordance with the written consent of the person to whom the Personal Information relates, unless required or authorised under any law;
(c) comply with such other privacy and security measures as the HHS may reasonably advise the Student from time to time;
(d) upon request by the Host Organisation, promptly return any Personal Information to the Host Organisation at the completion of the Volunteering or upon sooner demand by the Host Organisation.

Directions

The Student, when attending the Facility during the Volunteering, must comply with all rules, directions and procedures (including those relating to security or workplace health and safety) that are in effect at the Facility, or are communicated to the Student by the Supervisor or other Host Organisation staff from time to time.

The Student will only carry out activities connected with the Volunteering in accordance with directions given by the Host Organisation.

Confirmation

The Student has arranged this Volunteering opportunity and UQ agrees it is an authorised activity. While the Student is Volunteering with you, the Host Organisation will be responsible for the Student’s supervision, safety and welfare.
STUDENT

I understand that this Volunteering opportunity is unpaid, that I am under no obligation to attend the Facility, that I have read and understood the terms and conditions of this letter and agree to and accept them:

STUDENT signature:………………………………………..Date:…………………………

Print name:…………………………………………………………………………………………

HOST INSTITUTION

Agreed on behalf of the Host Institution by its authorised signatory:

I have read and understood the terms and conditions of this letter and agree to act as the Student’s supervisor whilst engaged in Volunteering:

SUPERVISOR signature:………………………………………..Date:…………………………

Print name:…………………………………………………………………………………………

PLEASE NOTE:

*Supervisor to sign this form. If Supervisor is not an authorised signatory for the Host Institution please also arrange for the authorised signatory to sign below.

For Queensland Health Facilities the authorised signatory is the Executive Director.

If you are unsure who the Host Organisation authorised signatory is please contact the Research Governance Office, or equivalent, of the Facility.

AUTHORISED SIGNATORY signature:………………………………………..Date:…………………………

Print name:…………………………………………………………………………………………

Position:…………………………………………………………………………………………

PLEASE NOTE:

Once completed, please email this signed form to: studentresearch@uq.edu.au for signature by the Dean of Medicine or equivalent. The fully signed form will then be returned to the student. The student is required to send a copy of the fully signed form to the Research Governance Office, or equivalent, of the Facility.

THE UNIVERSITY OF QUEENSLAND

Activity authorised on behalf of The University of Queensland:

DEAN OF MEDICINE signature:………………………………………..Date:…………………………

Print name:…………………………………………………………………………………………