Voluntary undertaking to perform a student’s

health support procedure

**Privacy statement**

The Department of Education is collecting your personal information on this form to record your agreement to volunteer to perform a health support procedure for a student at school, and to later record your declaration of successful completion of the training and assessment for the health support procedure. This form will only be accessed by authorised school staff and provided to the health professional who provides the training for the health support procedure. **A copy of this form is to be retained in the staff member’s HR record. List one health support procedure per form.**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Staff Member** |  | | | **Position** | |  | |
| **School** |  | | | **Student** | |  | |
| **Health support procedure** | | |  | | | | |
|  | | | | | | | |
| **Complete before undertaking training** | | | | | | | |
| * I volunteer to perform the health support procedure listed above. * I understand that I will receive training in the procedure by an appropriately qualified health professional and be trained to a competence standard determined by the health professional. * I understand that periodic refresher training will be provided as determined by the health professional and agree to undertake this periodic refresher training as required, unless I notify the principal that I no longer volunteer to perform the procedure. * I understand that as part of the training process my responsibilities and accountabilities will be fully explained by the health professional providing this training. | | | | | | | |
| **Staff member’s signature** | |  | | | **Date** | |  |
|  | | | | | | | |
| **The following section must be signed on completion of training and assessment:** | | | | | | | |
| **Declaration**   * I have completed training and assessment in relation to the health support procedure/s listed above and demonstrated competence. * I feel confident that I can safely perform the procedure as required. * I am satisfied my responsibilities in relation to performing and documenting the health support procedure have been explained to me by the health professional who provided the training. * I understand I can contact a [State Schools Registered Nurse](https://intranet.qed.qld.gov.au/Students/LearningandDisabilitySupport/therapy-and-nursing-services#nursing) or the health professional who provided the training if I have further questions in relation to the health support procedure. | | | | | | | |
| **Staff member’s signature** | |  | | | **Date** | |  |

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| --- | --- |
|  | The completed form has been sighted by the principal and the staff member’s training details are listed on the [Learning and Development reporting site](https://qeducorp.sharepoint.com/sites/LPD_Reporting) (if training was provided by a SSRN).  If training was delivered by an external provider please ensure it is recorded on the school’s register of training for health support procedures. |