

## 2025 4th Year Student Placement Agreement

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**1 \*** Student Full Name

**2 \*** School of Pharmacy

- ☐ UCC
- ☐ RCSI
- ☐ Trinity

**3 \*** Student University Email Address

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### **4 \*** Student Placement Agreement

I have agreed to undertake unpaid/paid student placements organised by the Affiliation for Pharmacy Practice Experiential Learning (APPEL) during the integrated pharmacy programme. I agree to the following terms and conditions of this placement, as set out by APPEL

- I understand that I am a student of my Higher Education Institution (HEI) while on placement and that I must abide by and remain subject to the Schools of Pharmacy Joint Code of Conduct and all policies and procedures, including Disciplinary and Fitness to Practice Policies of my HEI/University while on placement.
- I understand that I cannot undertake any of my APPEL placements in a Training Establishment, which is owned or managed by a connected relative of mine. I also understand that a connected relative of mine cannot be my Trainer\* for my APPEL placements. I agree to alert APPEL to any connections I have with the Training Establishment or Trainer, which only become apparent when I am on placement.
- I confirm that I will undertake the set academic activities while I am on placement.
- I undertake to read all elements of the APPEL handbook relevant to my upcoming placement. In particular, I will ensure that I am aware of my responsibilities as a pharmacy student and aware of the set placement timetable. If I have any queries in relation to the content of the relevant handbook, I will contact an APPEL Practice Educator.
- I will ensure that I am supervised when carrying out any activities, which impact on patient safety. I am aware that patient safety is my utmost priority on placement and that I must immediately report any incident that may potentially affect patient safety to the Training Establishment staff.
- I understand that I have a Trainer\* for the duration of my placement who will supervise me and to whom I am accountable. I accept that I shall be under the supervision of the Training Establishment staff for the duration of my placement.
- I am aware that I have support available to me from my HEI, in the form of APPEL Practice Educator(s), whom I can contact by telephone or email.
- I am also aware that supports are available to me within my HEI while I am on placement, which includes medical and counselling services if a critical incident occurs while I am on my placement. I will promptly inform an APPEL Practice Educator if a critical incident occurs during my placement (examples of critical incidents include, but are not limited to, death or serious illness of a member of staff or patient, fire, hold-up, burglary, needle stick injury, injury while on placement).
- I confirm that I have disclosed any matters, which could affect my placement (including, without limitation, health issues). I acknowledge it is necessary for the disclosure (and receipt) by APPEL, to (and from) my Training Establishment and HEI, of personal data where necessary for administering and/or managing my placement (and which may include feedback on my student placement). In the event my contact details change, I shall notify APPEL without delay.
- I agree to promptly inform both my Training Establishment and Practice Educator if I am unable to attend my placement according to the set placement timetable for any reason.
- I will engage fully with the placement programme, including but not limited to; participating in an induction, reading and complying with the Training Establishment's standard operating procedures (SOPs) and policies, and following any other rules and guidelines the Training Establishment may have.
- I will act in a safe, responsible and professional manner at all times and will not endanger my own safety or that of any other person. I understand that any fitness to practice or disciplinary matters arising from my placement may be dealt with in accordance with my HEI's policies and procedures.
- I understand the importance of confidentiality with regard to patient information and commercial business information and I shall keep any of this information which I come across during my placement confidential.
- I will promptly contact a Practice Educator at my School of Pharmacy if:
  - Any issues arise during my placement (including any issues in relation to my health or safety or otherwise).
  - I believe that my placement is not being provided in line with APPEL's standards.
  - I have concerns that I am not being provided with an appropriately structured and documented scheme of training that provides and exposes me to sufficient practice opportunities at an appropriate level.

- I believe that I have not been provided with a suitable training environment that is appropriately safe, hygienic and protects my safety, health and welfare.
- I agree that my HEI shall not be held responsible by me or my representatives for any acts or omissions of the Training Establishment or its staff where I undertake my placement.
- I undertake to have a Training Plan completed and in place by the dates confirmed to me by my School of Pharmacy, APPEL and Practice Educator.

'Trainer' is an umbrella term used to describe supervisor, preceptor and senior preceptor pharmacists:

Supervisor                      Trainer accredited by APPEL to oversee placements in 2nd year

Preceptor                      Trainer accredited by APPEL to oversee placements in 4th year

Senior preceptor              Trainer accredited by APPEL to oversee placements in 5th year

I have read this page:

☐ Yes

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## 5 \* Infection Prevention & Control Undertaking

I acknowledge I have a personal responsibility to protect myself, patients and the general public from the potential of COVID-19 virus transmission, and to comply with Public Health Advice. Accordingly, I will ensure:

- I am aware of and have familiarised myself with COVID-19 symptoms. Please see: <https://www2.hse.ie/coronavirus/>
- I will not present myself to my experiential learning placement (or to the University) if I have any symptoms of COVID-19, acute infection such as symptoms of viral respiratory tract infection or gastroenteritis.
- In the event that I develop COVID-19 or other communicable infectious diseases (for a list, see List of Notifiable Diseases), I will immediately notify my Trainer and the Practice Educator in my School so the School can communicate with the relevant HSE service (where applicable)/Training Establishment, in case it has implications for patients and staff.
- I will keep myself up-to-date and comply with current Public Health Advice regarding COVID-19.
- I acknowledge that my placement is subject to Public Health Advice, which may be in place from time to time, and that public health advice may result in changes to arrangements during the course of my placement.

I have read this page:

☐ Yes

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## Data Protection

Any information disclosed to the University pursuant to this declaration will be treated with the highest standards of security and confidentiality and processed in accordance with the University's Data Protection Policy. The University is collecting this personal data in light of the COVID-19 pandemic and to implement the requirements of the HSE in relation to the undertaking of experiential learning placements. The legal basis for processing this data is based on protecting vital interests and for the reasons of public interest in the area of public health.

(NOTE: By typing your name below, you are effectively providing us with your official signature.)

## 6 \* Placement Agreement and IPC Undertakings Signature

## 7 \* Date Signed

Enter the date using the date picker below.

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## 8 \* Which practice area does your placement take place in?

- ☐ Community
- ☐ Hospital
- ☐ Industry
- ☐ REP

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## 9 \* In advance of the experiential learning placement as part of my studies at the University/College listed above ("University"), I acknowledge I have a personal responsibility to protect myself, patients and the general public from the potential of COVID-19 virus transmission, and to comply with Public Health Advice. Accordingly, I will ensure:

- I will not be present in clinical areas without a specific purpose related to my educational requirements and I will limit my time in the clinical area to the minimum time necessary for learning.
- When I am engaged in self-directed and unsupervised learning in clinical areas, I will not form groups of more than 2 or 3 people. When I am engaged in self-directed learning, I will move away from the clinical area for any extended group discussion of my learning.
- In advance of commencing my experiential learning placement, I will comply with all Infection Prevention and Control training required by my School and the HSE.
- I will ensure that I abide by, and comply with, the rule of 'bare below the elbows/bare above the wrist' while on placement, where applicable.
- I acknowledge I must be assessed and certified as competent in the performance of hand hygiene in advance of my placement and will undertake a competence review at least once each academic year.
- I will comply with Infection Prevention and Control directions given by the HSE, my Trainer and other Clinical staff at all times when I am in clinical areas and any other measures the HSE or my Trainer has in place to prevent the emergence of COVID-19 while I am on placement.
- I will cooperate with requirements for the management of outbreaks or other incidents of infection, including providing samples for testing where required.
- I have completed the required infection prevention and control training in advance of my experiential learning placement as directed by my School of Pharmacy and APPEL, including Standard and Transmission-based Precautions, and have saved records of certificates of said courses as required. I understand this training must be completed annually, and certificates must pertain to the current year.

I have read this page:

☐ Yes

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### Infection Prevention & Control - Mandatory Training requirements

*In advance of commencing your placement you are required to complete the training requirements as outlined below. This training must be completed for each clinical placement, regardless of whether you have completed them in the past. Please retain your certificates of completion in a safe place as APPEL may request evidence of completion as part of its quality control processes.*

**10 \*** HSELand Mandatory Training - [www.hseland.ie](http://www.hseland.ie) - Please tick the boxes below.

- ☐ 1. AMRIC Introduction to Infection Prevention and Control and Antimicrobial Resistance
- ☐ 2. AMRIC Basics of Infection Prevention and Control
- ☐ 3. AMRIC Standard and Transmission Based Precautions
- ☐ 4. AMRIC Hand Hygiene
- ☐ 5. AMRIC Antimicrobial Stewardship in Practice
- ☐ 6. AMRIC Personal Protective Equipment

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### Infection Prevention & Control Undertaking and Self Declaration of Completion of Training

In advance of my experiential learning placement I acknowledge I have a personal responsibility to protect myself, patients and the general public from the potential of COVID-19 virus transmission, and to comply with Public Health Advice. I also confirm that I have completed all training requirements for the 2025/26 APPEL 4<sup>th</sup>-year placement as outlined in this questionnaire. I have downloaded certificates of completion for the 2025 training (where applicable) and will provide evidence of completion to APPEL on request.

**11 \*** Signature

**12 \*** Date Signed

Enter the date using the date picker below.

dd/mm/yyyy

Close this window