Dear <name of individual>

Thank you for the interest you have shown in participating in the <name of scheme> with the <name of HSC organisation> in the area of <state placement role>.

As you may come in contact with patients/clients, it is important that your health does not pose any risks either for yourself or the patients, clients and staff of the hospital.

In this regard you are asked to complete the attached Declaration of Health Questionnaire and return this in the envelope provided. You will not be permitted to start in your placement role until the Occupational Health Department have confirmed your fitness for engagement. This will be communicated to you by me in advance of your first day.

To facilitate your placement on the conditions set out above you are now required to complete the attached documentation and return this to your placement supervisor on your first day. Failure to bring this completed documentation on your first day will mean your placement cannot commence.

Persons on placement should note the following expectations in relation to behaviour whilst on Trust premises / engaging with patients / clients:

- All persons on placement are expected to be aware of and understand the general principles and policies of the Trust in relation to conduct in the workplace. In particular it is the policy of the Trust to ensure equality for all irrespective of any matter including:
  - Religious belief or political opinion

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1 In the case of Disability Action Plan Placements candidates will be required to complete a Disability Questionnaire only.
2 The nature of the placement may determine the type of agreement that is appropriate – two samples are provided on the following pages which may need to be adapted accordingly.
• Gender, marital status or domestic responsibility
• Sexual orientation
• Race or ethnic origin
• Disability
• Persons on placement must not use mobile phones / devices for personal use during their volunteer activity.
• The Trust reserves the right to terminate any placement where individuals demonstrate behaviour which is not in keeping with the Trusts standards or where it is deemed that the placement does not add to the services provided by the departments across the Trust.

If you have any queries regarding your forthcoming placement please contact <local contact>

Yours sincerely,

_____________________
<name of issuing officer>
Placement Agreement

Section 1: Personal Details

Name of Individual: __________________________________________
Placement Role: __________________________________________
Area/Site of work placement: __________________________________________
Date (s) of work placement: From: / / To: / /
Days of placement: __________________________________________
Times of placement: __________________________________________

Section 2: Confidentiality Agreement

I, __________________________________________ (person on placement)
hereby acknowledge that in consideration of the <name of HSC organisation> allowing me onto Trust premises for the purposes of fulfilling a placement on a voluntary basis, for the purposes of gaining work experience under the Trusts <name scheme> that:

I acknowledge I will have access to Confidential Information, during the course of my placement. I, therefore, agree to accept the following restrictions;

- I shall not (except on the instructions of an authorised officer of the Trust), either during the placement or at any time after its termination (howsoever arising), use or disclose to any person, company or other organisation whatsoever (and shall use my best endeavours to prevent the publication or disclosure of) any Confidential Information.
- I understand this includes the prohibition of sharing any information obtained in the course of this placement in social networking communication.

This restriction does not apply to:
- any use or disclosure authorised by the Trust or required by law; or
• any information which is already in, or comes into, the public domain other than through my unauthorised disclosure.

For the purposes of this agreement Confidential Information is defined as information (whether or not recorded in documentary form, or stored on any magnetic or optical disk or memory) which is not in the public domain, not limited to but including (by way of illustration and without limitation), all patient medical records including scans and test results and all documentation relating to the running of the Trust and its finances.

AGREEMENT

I confirm that I have read and understand the statement above and agree to the conditions set out above.

NAME OF PERSON ON PLACEMENT:
____________________________________

SIGNATURE:
____________________________________

DATE OF SIGNING:   /   /

PLACEMENT DETAILS:  Role
Fulfilled________________________________________

Department / Directorate
________________________

Supervisors Name
________________________

You must sign this Agreement and hand it to your placement supervisor on the first day of your placement. If you do not bring a completed Agreement with you on your first day, you will be required to complete this before your placement can commence.

PLACEMENT SUPERVISORS

Please return fully completed and signed Placement Agreements to:
<contact details in HR>