**McCUSKER CENTRE FOR CITIZENSHIP INTERNSHIP**

**STUDENT DEED POLL**

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| **Student name** |  |
| **Student address** |  |
| **Organisation name** |  |
| **Course/ Unit name and code** | **McCusker Centre for Citizenship Internship** |

I, the Student named above, acknowledge I will be participating in a student placement (“**Placement**”) at the placement provider named above (“the **Organisation**”), which is administered by the University of Western Australia through the McCusker Centre for Citizenship (“**UWA**”) for the purposes of completing the Course named above.

By signing this Deed, I hereby agree to the following in relation to the Placement I will be undertaking at the Organisation:

* respect and abide by the rules, policies and procedures and general standards of the Organisation, including all relevant health and safety rules and regulations advised to me;
* diligently follow and obey all lawful instructions that the Organisation gives me during the course of the Placement;
* keep any confidential information received from the Organisation confidential (including any patient information if the placement is in a clinical setting), use it only for the purpose of my placement, not disclose confidential information to any third party without the prior written consent of the Organisation, and follow the direction of UWA in respect of that information at the end of my placement;
* any intellectual property developed by me during the course of the Placement is owned by the Organisation, except for copyright in any work I create for assessment (including any thesis, if relevant). I am aware that by signing this Deed, I am transferring intellectual property rights to the Organisation;
* I will conduct myself as an ambassador of UWA and not do, or omit to do, anything that would adversely affect the reputation and standing of UWA or the McCusker Centre for Citizenship;
* I will notify the McCusker Centre for Citizenship immediately and in writing if for any reason I am unable to complete the requirements of my placement;
* I will familiarise myself with the nature of the project and all other expectations that apply to me; and
* not to do or omit to do anything that would adversely affect UWA’s reputation and standing.

Any matters of discipline will be addressed in accordance with UWA’s policies and procedures.

I acknowledge my Placement may be terminated if I am guilty of dishonesty, wilful misconduct or negligence or repeated failure to follow the Organisation’s safety requirements or for other reasons such as UWA’s belief the objectives of the Placement are unable to be met. If my placement is terminated, and dependant on the circumstances, UWA may, but is under no obligation to, take steps to re-place me at another placement.

I acknowledge the Placement provides me with a supervised opportunity to achieve competencies within the Organisation’s workplace. I am not an employee of the Organisation and am not entitled to any payment from the Organisation for the Placement, except for any agreed reimbursements.

*I am aware of my right to seek independent legal advice before signing this Deed and have either done so or waive that right.*

**Executed as a Deed** and delivered on the date shown below:

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| **Signature of student**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Supervisor signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Supervisor (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address (please print) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**SCHEDULE 2 – STUDENT PLACEMENT DETAILS**

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| **Item 1: Course** | McCusker Centre for Citizenship internship |
| **Item 2: Term** | Semester/Teaching period:  Commencement Date:  Expiry Date: |
| **Item 3: Internship Organisation and Location** | Name:  Address:  Placement Location(if different to address): |
| **Item 5: Organisation Supervisor** | Title:  Name:  Phone:  Email: |
| **Item 6: Student details** | Name:  Student ID:  Phone:  Email: |
| **Course** | Name:  Major Discipline Area: |
| **Internship Role Title** |  |

***Confirmed by the Organisation***

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| --- |
| **Signature of Organisation Representative**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*Copy to be uploaded to the McCusker Centre for Citizenship Internship LMS environment.*