



## Diagnostic and Therapeutic Clinical Placement Agreement

I know that my work in the clinical department must be supervised by a qualified radiographer. This includes all aspects of radiographic or radiotherapy practice such as having my radiographs/set-ups and decisions checked. I must not use anyone else's password or computer code unsupervised to log in, complete procedures or for any other purpose. I know that to work unsupervised would be professional misconduct and could result in the termination of my training. I have been taught Health and Safety protocols.

**I will practice infection control and undertake only safe manual handling procedures. I will comply with the university and hospital uniform policy. I understand that this involves wearing a uniform which has short sleeves, no longer than the elbow joint. No long sleeve T shirt is to be worn under this to comply with infection control.**

I will read and ensure that I understand the Health and Safety guidelines (including local rules for radiation protection) and protocols in place in the hospital departments where I work. I am aware that breaching patient confidentiality is a disciplinary offence.

While in the hospital I will wear a radiation monitor and a name badge at all times. I will undertake the duties of a prospective registrant as set out in the Standards of Conduct, Performance and Ethics document of the Health Professions Council, 2003.

I am aware that my required attendance is the normal clinical working hours for the department in which I am working (for example 9.00 to 17.00 or 8.30 to 16.30) except for one day (typically Wednesday) when I will work a half day (which is to 12.30pm).

It has been explained to me that rotation to other clinical sites is mandatory during the course of my three years of training, and that this rotation may include a clinical site in Essex.

I understand the above statements. They have been fully explained to me by a lecturer employed by the Department of Radiography at City University.

**This MUST be signed prior to clinical placement and a copy given to your link lecturer/personal tutor**

Student's Signature

Print name

Date

Link Lecturer/Personal Tutor's Signature

Date