



BEECHWORTH HEALTH SERVICE

I, _____, certify that I have read and understood the contents of the following Beechworth Health Services Policies. I also understand that this certification forms part of my student placement obligations when on placement at this organisation.

1. Aged Care Act 1997 Excerpt
2. Org 116- Elder Abuse Policy
3. Org 55- Employee Code of Conduct Policy
4. Org 89- Health Professional Boundaries Policy
5. Org 57- Privacy Policy
6. Org 139- Workplace Bullying and Harassment Policy

Signed:.....

Dated:.....

To be attached to student orientation checklist.