

Work-Integrated Learning (WIL)

Fitness to Practice Declaration

In accordance with Charles Darwin University (CDU)'s [WIL Policy](#) & [Higher Education Work Placement Procedure](#), all students intending to undertake placements must monitor and maintain their safety and wellbeing. All CDU courses have [Inherent Requirements](#), which are fundamental abilities, skills, and behaviours necessary for students to successfully complete their course. Additionally, students enrolled in professionally accredited courses need to meet professional standards of conduct and behaviour throughout their enrolment – this is *Fitness to Practice*. It is a student's responsibility to ensure they are compliant and 'fit to practice' before commencing their placement as they will be expected to engage in similar situations and tasks as workplace professionals. It is the university's responsibility to ensure students' abilities, skills, and behaviours will not cause harm to themselves or those they come into contact with while undertaking their placement, identify early fitness to practice concerns, and support and guide students in meeting the required professional standards.

All students are required to complete the *Fitness to Practice Declaration* (self-declaration form) upon entry into their course and then annually for the duration of the student's study. All students are required to complete the declaration before their placement commences. If the declaration is not completed by the specified time, the student's placement may be cancelled.

CDU supports the rights of students to participate on an equitable basis and where possible, will make reasonable adjustments to enable all students to participate as long as they do not fundamentally change, replace, or override the course's inherent requirements or fitness to practice requirements. Any student who is concerned about their capacities in relation to inherent requirements and fitness to practice is strongly encouraged to contact their course coordinator and the [Access and Inclusion](#) team.

SECTION ONE: Student Details

Student Name:	
Date of Birth:	Student ID:
University Email:	Mobile:
Course Name:	Course Code:

SECTION TWO: Fitness to Practice Declaration

I, (please print full name) have read the Charles Darwin University (CDU) Faculty of Health Fitness to Practice Student Information and CDU policies and understand the fitness to practice requirements and the implications of these requirements for me as a student in my course. I have carefully considered any concerns I might have in meeting these requirements and my ability to successfully complete my degree.

I declare that to the best of my knowledge, I do not have any medical, physical, or psychological condition that could impact my ability to meet my course's inherent requirements (Ethical Behaviour, Behavioural Stability, Legal, Communication, Cognition, Reflective Skills, Relational Skills, Sensory Ability, Strength and Mobility, Sustainable Performance) or fitness to practice, thereby allowing me to safely undertake my placement.

Should there be any changes to my circumstances that may affect my ability to safely complete my placement at any time after making this declaration, I will immediately notify my course coordinator.	
I have a medical, physical, or physiological concern that could affect my ability to undertake my placement safely according to the workplace schedule.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have a disability or condition that may require additional support to undertake my placement safely or work the specified hours.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have an approved Carers plan.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have a placement Learning Access Plan (LAP). <i>(You are required to upload a copy of your LAP into InPlace).</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have a conviction (or found guilty) of an offense punishable by imprisonment in Australia and/or overseas.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>By signing this form, I declare I have truthfully answered this self-assessment relating to my fitness to practice and I understand that a false declaration will be dealt with under the code of conduct.</p> <p>If you have answered YES to any of the above questions, you are required to complete a health assessment by a medical practitioner. Declaring a medical, physical, or psychological concern will not necessarily exclude you from undertaking your placement.</p>	

SECTION THREE: Student Signature

I acknowledge that my personal information has been collected by Charles Darwin University to determine my ability to safely undertake a professional placement. This information will only be used for the purpose it was collected in accordance with the [Information Act 2002](#), [Privacy Act 1988](#), and the university's [Privacy and Confidentiality Policy](#).

Student Signature: <i>(If answered YES to any of the above questions, please have the course coordinator sign below)</i>	Date:/...../.....
Course Coordinator Signature:	Date:/...../.....

Once completed please scan and upload the document into InPlace.