

# LEC (LEC) IQN/RTW COMPETENCY ASSESSMENT PROGRAMME CONSENTS AND AGREEMENTS



I..... consent and / or agree to the following:

## **Patient Safety**

- I will not harm any patient either by act or omission, and will abide by all existing policies and procedures of any of the businesses associated with LEC
- I will practice safely and if I make an error, I will report it appropriately and take any actions required to ensure the safety of my patients and my professional practice

## **Professional Practice**

- I have read both the terms and conditions and the CAP rules and information documents provided to me at the time of enrolment
- I will respect the Health and Safety requirements of any business associated with LEC
- I will not commit a criminal act, as described within the New Zealand law
- I will use all computer, electronic and clinical resources safely, and will not damage, disable or use them for personal use, not related to the course
- I agree that after being offered my first job in New Zealand, I will cease asking for a reference from any member of the LEC faculty and will remove them from my CVs reference list
- I understand an investigation will occur if any concerns are raised about my professional practice

## **Confidentiality**

- I will respect all patient and staff's right to privacy and confidentiality; I will not discuss any clinical or business details outside of the appropriate environment and will not divulge any information gained as a result of my entry into any associated business
- I understand when I am using LECs electronic systems, my personal details will be protected from illegal use by systems put in place by LEC
- I agree to maintain confidentiality of any matters pertaining to my relationship with LEC
- I agree I will not disclose any of the content of my outcome-based assessments (OBAs) including online learning, testing and Observed Structured Clinical Examination (OSCE) testing

## Programme Process

- I agree to the sharing of my medical data to appropriate parties and will participate in the immunization requirements in New Zealand for critical purpose health care workers
- I agree that LEC completes a NZ police vetting check prior to my clinical placement
- I agree to the use of my demographic details and photographs, for the purposes of in course communication, and any LEC promotion and publicity
- I understand that during my OSCE I will be filmed for the purpose of consistent marking, quality assurance, and external moderation
- I agree documents from the programme may be photocopied for purposes of communicating my competence (or otherwise) with the New Zealand Nursing Council and appropriately stored for future use and/or auditing purposes
- I agree that LEC can forward my reference and/or competency evidence to a potential employer
- I agree that all materials published in any form by LEC, and all parts thereof, including but not limited to text, graphics, audio or video segments, logos, or registered trademarks are the property of LEC and/or are used by LEC under licence. These materials may not be used, copied, or reproduced in whole or in part, for any purpose, without LEC's prior written permission. Questions regarding content or copy right permission should be directed to LEC

Signature:

Date:

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File date:

Signature: