



Education Student Placements:

I, _____

Student Number: _____

Placement Course Code: _____

declare the following to be true and correct:

- I am commencing a placement on (specify date) _____
- At the time of making this Declaration, I have not been diagnosed with COVID-19 (Coronavirus).
- If during the 14 days prior to the commencement of this placement, I am diagnosed with COVID-19 (Coronavirus), I will notify BELA.Placements@usq.edu.au as soon as possible prior to the commencement of this placement.
- If I commence a period of 14 days self-isolation or quarantine I will notify BELA.Placements@usq.edu.au as soon as possible.
- I acknowledge the requirement to follow advice from the Australian Government Department of Health with respect to COVID-19.

Signature of student: _____ Date: _____