



*Making the difference*

# Student Guidelines



## GUIDELINES FOR STUDENTS

Class/Department .....  
 Class Teacher/Therapist .....  
 Teaching/Therapy assistants .....  
 Lunchtime assistants .....

If you have any queries please ask the classroom or therapy staff. Your class teacher or designated therapist is your supervisor during your stay at Vbranch House. All Students (except work experience students) working for Vbranch House must have a current DBS clearance before their placement begins. Work experience students must be supervised at all times.

### IMPORTANT GUIDELINES

- If you are unable to attend your placement you must telephone the school and leave a message for your class teacher/therapist each day you are absent. The telephone number is 01392 468333. There is an answering machine during out of office hours.
- You **will** be supervised by the classroom/therapy staff at all times.
- You must **not** take photographs of the children.
- You must **not** feed children.
- You must **not** toilet children.
- You must **not** lift children
- Students, except those who are qualified physiotherapists or occupational therapists, should be supervised when pushing children in wheelchairs, trikes etc, and when accompanying children who are driving powered wheelchairs and therefore should not be asked to escort children from and to class without supervision.
- Therapy or medical students who have undertaken moving and handling training **may** be invited to assist with lifting and therapeutic handling, dressing or undressing children **only** when under close nursing or therapy supervision and with the agreement of all involved.
- The operation of mobile phones is **not** permitted in Vbranch House, except for use in the staff room at break times.
- Students are DBS checked by their College or University.
- You may assist, when called upon in the removal of outer garments of clothing (coats, shoes), with an employed member of staff under supervision.
- You will take an hour for lunch at the class teacher's /therapist's direction.
- School hours are from 9.00 a.m. to 4.00 p.m. If you are unable to work these hours you must tell your class teacher/therapist.
- If you have specific tasks or projects you have to complete for college please tell the class teacher/therapist at the earliest opportunity.
- If you need to photocopy documents, please check with the Head of Education/Head of Therapy. You will be charged 5p a copy for Black & White and 10p for colour.
- If you have attendance sheets or record sheets which the class teacher/therapist has to complete please tell them when you start your placement.



- Please wear appropriate clothing. You are advised to wear flat enclosed shoes (e.g. trainers are ideal) and clothes that you can move easily in (e.g. trousers).
- Lunches can be purchased from the school kitchen if booked in advance via Reception.

**CHILD PROTECTION**

- All students must be aware of the Child Protection Policy which is in the Essential Policies and Procedures file in the staff room and is available on our website.
- Any student who has concerns about a pupil must report this to their supervisor within Vbranch House (i.e. Class Teacher/Therapist).

We do hope you enjoy your stay at VbranchHouseSchool. If you have any problems or queries please ask your teacher/therapist or talk to either the Head of Education or Head of Therapies.

**Declaration**

I declare that I have read and understood these guidelines for students and volunteers.

Signed .....

Date .....

Print Name.....



## CONFIDENTIALITY AGREEMENT FOR STUDENTS AND VOLUNTEERS

Vranch House recognizes the importance of protecting confidential information in any form (talking, paper, electronic) concerning patients, their families, medical staff members, employees, and volunteers in the operation of Vranch House, as well as the importance of protecting the proprietary information of Vranch House.

The purpose of this agreement is to document the understanding and agreement of Students and Volunteers to maintain the confidentiality of such information at all times, both at Vranch House and outside Vranch House. More specifically, patient information should only be relayed to those persons involved with the patient's treatment; persons designated by Vranch House.

**SCOPE OF AGREEMENT.** I agree to follow all policies and procedures, rules and regulations of Vranch House including, but not limited to the following:

- I will protect the confidentiality of patients, medical staff, employees, students, volunteers and other proprietary information as well as any privileged or confidential information.
- I will inform Vranch House immediately of any and all requests for a patient's confidential information and follow directions on how to proceed.
- I will not release such confidential information to any unauthorized source.
- I understand and agree not to access or attempt to access information unless I have been authorized to do so and this access is needed to perform my student/volunteer duties.
- I will not release any confidential information without the appropriate authority providing me with the permission to do so.
- I will report breaches of this Confidentiality Agreement by others to my Student/Volunteer Coordinator.
- I understand that Vranch House reserves the right to audit, investigate, monitor, access, review, and report on use of any Confidential Information obtained from Vranch House with or without advance notice.
- I will inform Vranch House of any accidental unauthorized disclosure of a patient's confidential information.
- I will maintain confidentiality agreement upon termination of service and will return all confidential materials as directed by Vranch House.

### Electronic Information and Computer Systems

- I will not use another's User ID and password to access any Vranch House system.
- I will not store Confidential Information on non-Vranch House systems including on personal computers or devices AND will not maintain or send Confidential Information to any unencrypted mobile device in accordance with Vranch House policies.

**BREACH OF AGREEMENT.** I understand that breach of any provision of this Agreement may result in immediate termination of relationship, at the discretion of Vranch House, in addition to any other rights and remedies available at law (civil and criminal) which Vranch House may pursue.



**CHILD PROTECTION**

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- Any student or volunteer who has concerns about a pupil must report this to their supervisor within Vbranch House (i.e. Class Teacher/Therapist).

We do hope you enjoy your stay at Vbranch House. If you have any problems or queries please ask your teacher/therapist or talk to either the Head Teacher or Head of Therapies.

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**Declaration**

I declare that I have read and understood these guidelines for students and volunteers, and will abide by them.

Signed .....

Date .....

Print Name.....

