



**Student Professional Behavioral Policy**

**You are required to confirm by signing this document, that you have completed the online training module, as well as read and understood these statements and associated documents, and agree to comply with these requirements at all times during your enrolment within the School of Medicine.**

<b>Print Name:</b>	<b>Student ID:</b>
<b>Mobile Number:</b>	

**Dignity and Respect Policy**

I have read and understood the College and / or affiliate Teaching Hospitals’ policies & procedures in relation to ‘Dignity and Respect’ on the College website and shall comply with these regulations.

I understand that this applies to any and all interactions I have with my peers, University and Hospital staff, patients and their families. Furthermore, I understand this applies to any comments or material posted by me on any social media platforms.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Declaration of Good Health & Good Character**

Please tick boxes below. If you are in any doubt please discuss first with your College tutor.

- I have read and understand the professional requirements of fitness to practise as outlined in the College Calendar, School of Medicine regulations and the Student Handbook.
- I confirm that I have complied with the College requirements to undertake Garda Vetting / Police clearance in this and any jurisdiction I have resided in when requested. I also confirm that I have disclosed all relevant issues and will report any garda/police cautions or other relevant issues to the Director of Undergraduate Teaching and Learning as soon as possible after the occurrence.
- I confirm that my health status is good and there is no current health issue likely to impact on my performance, health & safety or the health & safety of others. I agree to report any health issues that may have a bearing on my fitness to study, health & safety or the health & safety of others if such a situation should arise.
- I understand I am required to seek vaccination against influenza each year and proof of this must be provided to the School of Medicine.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Professional Behaviour (including Irish Medical Council guidelines)**

- I have read the College and School policy on Professional Behaviour, as well as the Irish Medical Council’s Guidelines “A Foundation for the Future: Guidelines for Medical Schools and Medical Students on Undergraduate Professionalism” and agree to adhere to these guidelines.
- I agree to adhere to the required School Dress Code, Professional Conduct – Undergraduate Research and Dissemination of Materials & Copyright policies as specified. I also agree to adhere to all HSE policies and undertake any materials to support them.
- When undertaking online teaching I agree to maintain professional standards including keeping my camera on and ensuring appropriate background settings.
- I understand that in order to undertake my hospital placements programme I must abide with School/HSE/national requirements for management of outbreaks or other incidents of infection including providing samples for testing where required.
- I understand I am required to maintain professional communication both in person and by email when communicating with College staff, examiners and students.

I have read the College and School Covid-19 Vaccination Policy and agree to adhere to this policy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Programme Handbook**

Programme handbooks available on blackboard provide important information on each module including the learning outcomes and assessment formats.

I have accessed blackboard, read and understood the study guide/ module handbooks (where applicable).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Attendance**

I have read the College and School policies on mandatory attendance at all scheduled teaching events and shall adhere to the School's policy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<http://www.tcd.ie/calendar/undergraduate-studies/>

### **Confidentiality**

I have read and understood the specific Confidentiality guidelines in the online training module and on the School of Medicine website and the Irish Medical Council guidelines for Ethical Standards of Behaviour for Medical Students and agree to adhere to these guidelines.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Plagiarism**

I have read and understood the specific Plagiarism guidelines in the online training module and acknowledge that all assessments and examinations may be assessed by software such as Turnitin.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<http://www.tcd.ie/calendar/undergraduate-studies/>

### **Data Protection**

I agree to adhere to the local policies and procedures in relation to GDPR when on clinical placement.

I agree and understand my data and picture (for identification purposes) may be transferred to clinical training sites in order to facilitate clinical placements in line with GDPR regulations.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*For ALL JF Medical Students & Sophister Students to sign\*\*\***

### **USMLE Preparation & Disclosure of Results Agreement**

I have read and accept the USMLE Preparation & Disclosure of Results Agreement; I understand that under current US Department of Education regulations all students are required to sign the Medical School Student/Graduate Consent for Release of USMLE Transcript form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_