

SCHEDULE 2

McCUSKER CENTRE FOR CITIZENSHIP INTERNSHIP STUDENT DEED POLL

Student name	Pritam Suwal Shrestha
Student address	87 Aurum Parade, Dayton 6055, WA
Organisation name	Homeless Healthcare
Course/ Unit name and code	McCusker Centre for Citizenship Internship

I, the Student named above, acknowledge I will be participating in a student placement ("Placement") at the placement provider named above ("the Organisation"), which is administered by the University of Western Australia through the McCusker Centre for Citizenship ("UWA") for the purposes of completing the Course named above.

By signing this Deed, I hereby agree to the following in relation to the Placement I will be undertaking at the Organisation:

- respect and abide by the rules, policies and procedures and general standards of the Organisation, including all relevant health and safety rules and regulations advised to me;
- diligently follow and obey all lawful instructions that the Organisation gives me during the course of the Placement;
- keep any confidential information received from the Organisation confidential (including any
 patient information if the placement is in a clinical setting), use it only for the purpose of my
 placement, not disclose confidential information to any third party without the prior written
 consent of the Organisation, and follow the direction of UWA in respect of that information at
 the end of my placement;
- any intellectual property developed by me during the course of the Placement is owned by the
 Organisation, except for copyright in any work I create for assessment (including any thesis, if
 relevant). I am aware that by signing this Deed, I am transferring intellectual property rights to
 the Organisation;
- I will conduct myself as an ambassador of UWA and not do, or omit to do, anything that would
 adversely affect the reputation and standing of UWA or the McCusker Centre for Citizenship;
- I will notify the McCusker Centre for Citizenship immediately and in writing if for any reason I am unable to complete the requirements of my placement;
- I will familiarise myself with the nature of the project and all other expectations that apply to me; and
- not to do or omit to do anything that would adversely affect UWA's reputation and standing.

Any matters of discipline will be addressed in accordance with UWA's policies and procedures.

I acknowledge my Placement may be terminated if I am guilty of dishonesty, wilful misconduct or negligence or repeated failure to follow the Organisation's safety requirements or for other reasons such as UWA's belief the objectives of the Placement are unable to be met. If my placement is terminated, and dependant on the circumstances, UWA may, but is under no obligation to, take steps to re-place me at another placement.

I acknowledge that by participating in this internship/student placement that I consent to the collection, use and sharing of my personal information for the purposes of organising, managing and administering my placement experience and that information is held overseas in the USA by our



hosting provider, Airtable (Formagrid, Inc.). Information will be shared to placement agencies in accordance with this purpose and as permitted by the <u>UWA Student Privacy Collection Notice</u> and <u>University Information Privacy Policy</u>

I acknowledge the Placement provides me with a supervised opportunity to achieve competencies within the Organisation's workplace. I am not an employee of the Organisation and am not entitled to any payment from the Organisation for the Placement, except for any agreed reimbursements.

I am aware of my right to seek independent legal advice before signing this Deed and have either done so or waive that right.

Executed as a Deed and delivered on the date shown below:

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Signature of student:	9	S

12/02/2024

Date:

Name of Supervisor (please print): AUSON SAME K

Address (please print): 316 LORD ST HIGHGATE



SCHEDULE 2 - STUDENT PLACEMENT DETAILS

SC	HEDULE 2 – STUDENT PLACEMENT DETAILS
Item 1: Course	McCusker Centre for Citizenship internship
Item 2: Term	Semester/Teaching period: 2014 Semester 1 Commencement Date: 21/2/24 Expiry Date: 24/05/24
Item 3: Internship Organisation and Location	Name: HOMELESS (TEALTH) CARE Address: 316 LORD ST, HIGHGATE. Placement Location (if different to address):
Item 5: Organisation Supervisor	Title: MA CEO Name: AUSON SAMER Phone: 62602092 Email: alison.sayer@hhc.org.au. Name: Pritam Suwal Shreetha
Item 6: Student details	Name: Pritam Suwal Shrestha Student ID: 2377 1397 Phone: 0426707820 Email: 23771397 @ student. uwo. edu. au
Course	Name: Active Citizenship in Practice Major Discipline Area: Moster of Information Technology
Internship Role Title	00

Confirmed by the Organisation

Signature of Organisation Representative:			
Full Name: ALISON SAMEN			
Title: <u>CEO</u> .			
Date:			