



Baycrest Centre  
for Geriatric Care

## Student Agreement of Responsibility

Baycrest Centre for Geriatric Care and your educational institution have a contractual agreement that governs your placement experience at Baycrest Centre. In addition to that, there are specific responsibilities you must be aware of and in agreement with before you may begin your placement at this facility.

**Please indicate that you understand and agree to the following statements by signing below:**

1. All the information that I have provided on the reverse of this document is accurate.
2. I agree to abide by all regulations, policies and procedures that govern Baycrest Centre, and understand that copies of these are available to me on the Baycrest Centre intranet, and through my Baycrest Supervisor.
3. I understand that members of the Baycrest Centre staff are the final authority for all aspects of patient care and for the integration of the educational program into the Centre.
4. I have read and agree to comply with the Baycrest Centre policies on confidentiality and conflict of interest (attached).
5. I acknowledge that any client at any time may decline to have me involved in their care, based on my status as a student.
6. I understand Baycrest Centre at no time will accept responsibility for loss or damage to my personal property including motor vehicles parked or driven on Baycrest premises.
7. I understand that Baycrest Centre may terminate this agreement at any time should the Centre deem my conduct or performance unacceptable. Except in extraordinary circumstances, such a decision would not be made without first consulting my educational institution and me.
8. I will at all times practice within the scope of my knowledge and skill, and I will request and accept appropriate supervision in my provision of patient care.
9. I consent to the collection and use of my personal information on this form by Baycrest Centre for administrative purposes including external reporting as required by the government. I understand that personal information collected on this form will be held electronically on a third party server that is outside of Baycrest. Information regarding this third party server is available through the Department of Education and Organizational Effectiveness within Human Resources.
10. I agree to wear the identification badge assigned to me at all times during my placement at Baycrest Centre, and to return it to the Centre when I have completed my placement(s).
11. I will complete the Tuberculosis Surveillance Policy Form and wear the appropriate personal protective equipment as required.

**Date:** \_\_\_\_\_ **Student Signature:** \_\_\_\_\_

PLEASE RETURN BOTH THE COMPLETED REGISTRATION FORM AND THIS AGREEMENT  
TO YOUR BAYCREST SUPERVISOR. THANK YOU.