

Pre-University Work Experience
Faculty of Medical Sciences
University of Sri Jayewardenepura

Terms & Conditions

- The student should be punctual and have a minimum of 80% attendance to obtain the voluntary work completion letter.
- The student should obey the rules and regulations of the Unit (department, ward, clinic etc).
- Students are expected to maintain professional secrecy, respect for patients, and respect for the staff. They are prohibited from taking photographs within the wards and sharing them on social media. Confidential information, such as bed head ticket findings and other patient details, must be kept confidential.
- The student should maintain good understanding and coordination with all the staff members in the unit. Any misconduct/forgery by the student will allow the supervisor to terminate observership and there will be no refund of the registration fee.
- **Full registration fees** should be paid **before** commencement of the pre-university work experience programme.
- Since the students are exposed to a hospital or laboratory setup with many pathogens, health hazards, each student should be responsible for his/her own safety. No staff member or the University will be liable for any diseases contracted by the student or any other hazards the student is faced with. Similarly, the students will be exposed to the community in the wards & clinics from a cross section of the society. Therefore, the student should be responsible for his/her own safety. No staff member or the university would be responsible for the safety of the student.
- Foreign students should be mindful of cultural differences.
- Refund policy: Application process fee is non-refundable. Any refund of the registration fee will be made only in special circumstances on a case by case basis adhering to the University rules and regulations. This process may take a minimum of 6 months to proceed.

Disclaimer

I have read the above terms & conditions and understood them (To be signed by the parent of the student & the student)

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Signature

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Name of the student
Date.....

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Signature

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Name of the parent
Date.....