

Required for Veterinary Nursing programmes:

- New Zealand Certificate in Animal Technology L5
- New Zealand Diploma in Veterinary Nursing L6

Personal Information

Legal First Name(s):

Legal Surname:

Date of Birth:

Student ID (if known):

Current Address:

Phone Number:

Programme Applied for:

The information given will be held in strict confidence

Background Information

Acceptance into the programmes are conditional on:

- The student declaring their health and tetanus vaccination status.

Students must be able to carry out physical activities within the animal room and work placement to fulfill the requirements of the programme. Students must also have no objection to working with animals, dissection of animal body parts, body fluids, and cadavers. UCOL reserves the right to decline entry to the programme should an applicant's physical ability or sensitivity to dead animals or animal body parts prevent them carrying out practical activities to fulfill the requirements of the programme

Health Status

Please complete the checklist below. If a pre-existing condition undisclosed here reoccurs and affects your progress, this could prevent you continuing with the programme.

Do you live with the ongoing effects of any use of the following conditions?

- | | | | | |
|--------------------------|-----|--------------------------|----|--|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Rheumatic fever |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Heart complaint or high blood pressure |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Allergies of any kind |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Varicose veins |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Sight or hearing impairment |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Diabetes or kidney function illness |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | A substance related disorder or dependence |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Mental illness requiring psychiatric care |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Back problems |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Joint problems |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Foot or leg problems |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Hand or arm problems |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Head injury |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Severe or recurrent headaches |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Epilepsy, fainting, seizures, or any loss of consciousness |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Asthma, bronchitis, pleisury, or lung disease |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Other |

If you respond "yes" to any conditions, please provide a brief outline for each:

Yes No Have you been vaccinated for tetanus?

Yes No **Will you be able to work with all animals, dissection of animal body parts, body fluids, and cadavers (dead animal bodies)?**

Declaration

I understand that UCOL may ask me to provide further information about my health status or inability to work with some animals, the dissection of animal body parts, body fluids, and cadavers.

I understand that declaring a health related issue(s) does not necessarily exclude me from participating in the programme, but will provide UCOL with an opportunity to discuss with me how to support me in the programme.

Signature:

Date:

DAY

MONTH

YEAR