



**HEALTH DECLARATION FORM FOR DOMESTIC STUDENTS
APPLYING FOR NURSE EDUCATION PROGRAMMES: -**

**Bachelor of Nursing; Diploma in Enrolled Nursing; Short
Course Competency Assessment for Registered Nurses (CAP)**

Family Name:

First Name:

Address:

.....

Telephone Number:

Programme Applied For:

THE INFORMATION GIVEN WILL BE HELD IN STRICT CONFIDENCE

Background information:

UCOL's nursing programme must comply with legislated requirements, specifically the Health Practitioners Competence Assurance Act (2003), and the Nursing Council of New Zealand (NCNZ) standards which UCOL must meet before we present a graduate for registration as a nurse.

You must be physically and psychologically able to engage in diverse clinical nursing practice, including acute hospital, aged care and community health settings during this programme. The person in charge of the nursing programme must notify the Registrar of the Nursing Council of New Zealand if they are satisfied a student would be unable to perform the functions required of a nurse because of mental or physical condition. The NCNZ say this includes a condition or impairment caused by alcohol or drug abuse.

The Head of Nursing also has the authority to set entry criteria for student selection into the nursing programmes.

UCOL has access agreements with various health providers so nursing students can gain practical experience. These providers have policies and requirements for the protection of their staff and patients and UCOL must comply with these.

So a declaration of the applicant's past and present health is required for entry into the three programmes listed above. This information enables UCOL to ensure that health and safety requirements for clinical practice areas are met.

HEALTH STATUS

Please complete the declaration below.

Have you had any physical or mental health problem in the past 5 years which could affect your ability to meet the requirements of a demanding programme with practical clinical placements of 40 hours a week for between 5 and 9 weeks at a time?

- No**, I do not have health issues **Yes**, I do have health issues

Please record brief details in the space below. If necessary attach and email further details:

Have you been absent from school or work, or unable to work for a period of 3 weeks or more for a health-related condition in the past 5 years?

- No** **Yes** If yes, please explain.

If you are uncertain what to include please contact the Academic Leader of the Nurse Education Team to clarify matters.

DECLARATION

I understand that the Academic Leader, Nurse Education Team, may ask me to provide further information about my health status.

I understand that declaring a health related issue 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.

Signed:..... Date:.....

It is recommended that you print an additional copy of this form for your own records.