



Health Declaration FormDomestic Nursing Students

Required for Nurse Education programmes:

- Diploma in Enrolled Nursing Level 5
- Bachelor of Nursing Level 7
- Short Course Competency Assessment for Registered Nurses (CAP) Level 7

1 Personal Details		
Legal First Name(s):		
Legal Surname:		
Date of Birth: DAY MONTH YEAR	Student ID (if known):	
Current Address:		
STREET ADDRESS		
SUBURB	TOWN OR CITY	POSTCODE
Phone Number:		
Programme Applied For:		
Тобраните други тог.		

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 Nursing Programme Head 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 a mental or physical condition. The NCNZ say this includes a condition or impairment caused by alcohol or drug abuse.

The Nursing Programme Head 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.

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.

2 Health	status				
Have you had demanding pro	any physical or mental h ogramme with practical	ealth problems in the past 5 y clinical placements of 40 hours	ears which could affect y a week for between 5 a	our ability to meet the r and 9 weeks at a time?	equirements of a
No, I have	e not had health issues.	Yes, I have had health	issues.		
Please record l	brief details in the space	below. If necessary attach fur	her details:		
		work, or unable to work for a p	eriod of 3 weeks or mo	re for a health-related co	ndition in
he past 5 year No, I have		Yes I have. (If yes, ple	ase explain helow)		
		res r nave. (ii yes, pie	se explain selow,		
					_
f you are unce	ertain what to include, pl	ease contact the Nurse Educat	ion Team via studentreg	gistry@ucol.ac.nz to clari	ly matters.
3 Declara	tion				
understand t	hat the Nurse Education	Team, may ask me to provide	further information abo	out my health status	
understand tl	hat declaring a health re	lated issue does not necessari ith me how to support me in t	y exclude me from part		me, but will provide
Signature:			D	DAY MCNTH	1/54.5
nonacare.			Date:	DAY MONTH	YEAR