



# Declaration Form Animal Care

## Required for the New Zealand Certificate in Animal Care

The programme you have applied for requires all applicants to complete a declaration of health and a declaration of any criminal conviction(s), to ensure fitness to practice prior to acceptance into the programme. Convictions of any offence may not necessarily exclude applicants from enrolment. Any decision about convictions or medical conditions is made on a case-by-case basis at the discretion of the delegated authority.

### Personal Details

Legal First Name(s):

Legal Surname:

Date of Birth:

Student ID (if known):

### Criminal Declaration

Tick the box that applies

I declare that I have no pending or historical criminal conviction(s)

or

I declare that I do have a pending or historical criminal conviction(s)

Please provide details below:

## Health Declaration

The general recommendation is that people working in animal healthcare facilities in New Zealand should have a current vaccination against tetanus. You may choose not to be vaccinated, or may be uncertain if your vaccination is current. Some people, such as those who are immunocompromised, may have medical conditions that indicate additional vaccinations. In all of these situations it is recommended that you consult your medical practitioner to make an informed plan.

Tick the boxes that apply

- I declare that I am up to date with the recommended vaccinations  
**or**  
 I declare that I am satisfied with my decisions around vaccination
- I have listed below any medical condition(s) (mental or physical) that **may** impact on my ability to work safely in the animal care/healthcare context. If none, please write N/A

## Privacy Declaration

Tick the boxes that apply

- Yes  No Pursuant to Principle 11.1(a) of the Privacy Act 2020, I agree to the disclosure and use of the information on this form (and supporting information) by UCOL to work placements where I may be completing practical experience.
- I understand that I have the right to access and correct any of my personal information held by UCOL, and am required to update the information held about me should this change at any time while I am studying with UCOL.

## Overall Declaration

Tick the boxes that apply

- I understand that if any false or deliberately misleading information is given, or any material fact suppressed, my enrolment may be terminated.
- I understand UCOL requires this information to ensure the safety of animals, public and staff in animal facilities and veterinary clinics where I may be completing practical experience.
- I understand that if anything changes in relation to this declaration after the date I have signed it, while I am an applicant or enrolled in an animal healthcare programme, I must notify UCOL immediately.

Signature of applicant:

Date: DAY MONTH YEAR

### For applicants under the age of 18.

Full Name of parent or guardian:

Relationship to applicant:

Signature of parent or guardian:

Date: DAY MONTH YEAR

If you have any questions regarding this declaration, please contact

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