



## DIVISION OF HEALTH SCIENCES

# Declaration

**Part 1:** Health and Conduct Self-Declaration Form

**Part 2:** Declaration of Immunisations and Infectious Disease Status

**Part 3:** Clinical Placement out of Christchurch Declaration

# Part 1



## Division of Health Sciences

# Health and Conduct Self-Declaration Form

The Division of Health Sciences requires all applicants applying for any of its health professional programmes to declare any criminal or disciplinary charges they have faced, or are facing, and any health status issues which could affect their participation in clinical aspects of the programme or their overall fitness to practise. For more information on the procedure for consideration of declared and non-declared information for Health Sciences Professional Programmes, please refer to [otago.ac.nz/healthsciences/otago084954.pdf](http://otago.ac.nz/healthsciences/otago084954.pdf)

## Criminal offence / investigation declaration

Have you ever been charged with a criminal offence, and/or been subject to disciplinary proceedings of a tertiary institution or professional body (please include all criminal matters including traffic offences)?

Yes                  No

If yes, please give details, including dates of any disciplinary proceedings, convictions and any sentence imposed.

**Note:** If you are in any doubt concerning the appropriate responses to the questions in this section you are strongly recommended to seek advice from the Admissions Office\* and/or appropriate registering professional body. Failure to declare any relevant matter may lead to your exclusion from any programme of study for which you are accepted.

## Fitness to practice declaration

Have you ever been diagnosed with, or assessed as having a health condition or impairment which may either limit your ability to undertake the requirements of the programme, or which may require adaptations to the work place or work procedures, to enable you to undertake the requirements of the programme in a manner which is safe for you and others?

Yes                  No

If yes, please give details below, including any accommodations that would be required to enable you to undertake the programme of study:

**Note:** It is important that this section is filled out correctly and truthfully. Failure to declare any relevant matter may lead to your exclusion from any programme of study for which you are accepted. The information will be used to ensure all successful applicants are provided with the appropriate support. You may seek advice from the \*Admissions Office or the University's Manager of Disability Information and Support who will, if necessary, act as advocate or facilitator in your interest.

\*Email: [healthsciences.application@otago.ac.nz](mailto:healthsciences.application@otago.ac.nz)

## Student declaration (Privacy Act 2020)

I consent to

- (a) the University of Otago requesting from any other tertiary institution that I have attended documentation or information relevant to this application;
- (b) the personal information which I have provided to the University being used for purposes related to the matters in which I am involved in my capacity as a student and as required by protocols between external agencies and the University.

I understand that without this consent my application cannot proceed. I understand that information relevant to their duties may be used by:

- Academic and administrative staff of the University of Otago
- Ministry of Education (for statistical purposes, EFTs audit, administration of student loans and allowances)
- Work and Income New Zealand, Ministry of Foreign Affairs & Trade and Career Service Rapuara, tribal trusts and scholarship providers (where financial support is given by these agencies)
- Executive staff of any other tertiary institution to or from which I am transferring or with which the University has a conjoint teaching arrangement in which I participate
- Other agencies where disclosure is required for data matching or the maintenance of law and order as defined in the Privacy Act 2020.

I understand that I have the right to see and correct as necessary the information which I have provided.

I certify that the information I have supplied in this application is true and correct, and that I have not withheld any relevant information. I understand that any correspondence regarding my application will be by email and the outcome of my application will be accessed via a web interface.

I have read the Master of Nursing Science Guidelines for Admission and understand the regulations for Admission to the Master of Nursing Science.

I understand that failure to declare may lead to exclusion from a programme.

Name

Student ID number

Signature

Date

# Part 2



## Division of Health Sciences

# Declaration of Immunisations and Infectious Disease Status

Name

Student ID

Phone

Email

I,

(full name)

of

(address)

do solemnly and sincerely declare that:

- I have received, read and understood the Infectious Diseases Policy: [otago.ac.nz/healthsciences/otago078279.pdf](https://otago.ac.nz/healthsciences/otago078279.pdf)
- I agree to comply with the requirements set out in the Policy in a timely manner
- I will confirm my immunisation status as outlined in the Policy
- I undertake to complete any outstanding immunisations and tests as outlined in the Policy by the date prescribed by the Division of Health Sciences
- If found to be infected with a blood-borne virus, either now or in the future, I undertake to obtain advice from the Divisional Infectious Diseases physician or nominee about the nature of my infection and agree to inform the Dean or his or her representative of such advice on a confidential basis, within the time frame set out in the Policy
- I undertake to provide my consent to the Health Sciences Division to liaise with the Infectious Diseases physician about the nature of my infection, including the nature of the virus, extent of the infection, likelihood of transmission and ability to undertake particular clinical and coursework activities within accepted professional standards
- I understand the importance of ongoing periodic testing for infection and vaccination status and agree to undergo regular periodic testing for infection throughout my studies in accordance with the Policy

This declaration and undertaking binds you for the duration of your study in any of the below named programmes.

I acknowledge that this declaration is true and correct, and I make it with the understanding and belief that a person who makes a false declaration is liable to penalties of perjury and that timely compliance is a requirement for continuation in your programme.

Signature

Date

# Part 3



## Master of Nursing Science (MNSc)

### Clinical Placement Experience out of Christchurch Declaration

Master of Nursing Science clinical placements will take place in various health settings across the South Island. The location of clinical placements for students is subject to availability.

The first clinical placement, of two weeks duration, will be undertaken in Christchurch and the wider Canterbury and South Canterbury regions.

Subsequent clinical placements will be located with our clinical partners both in Christchurch and throughout the South Island. These subsequent placements will be for approximately five weeks with a final placement of approximately nine weeks.

I understand that I may be required to undertake clinical placement in Christchurch and at locations outside of Christchurch but within the South Island.

I agree to this requirement.

Applicant name

Student ID number

Signature

Date