



DIVISION OF HEALTH SCIENCES

Declaration Form

Part 1: Health and Conduct Self-Declaration Form

Part 2: Declaration of Immunisations and Infectious Disease Status

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. 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/students/otago668212.pdf

Criminal offence / investigation declaration

Have you ever been convicted of a criminal offence, and/or are facing disciplinary charges, 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 AskOtago* 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.

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 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/students/otago668212.pdf

Fitness to practice declaration

Have you ever been diagnosed with, or assessed as having a health condition, disability or impairment?

Yes

No

If yes, please give details below, including any accommodations or support needs 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 appropriate support to undertake the requirements of the programme, including adaptations to the work place or work procedures, if required. You may seek advice from the Admissions Office or the University's Manager of Disability Information and Support who will, if necessary, act as an advocate or facilitator in your interest. This information will also be used to confirm that any health condition, disability, or impairment you have will not prevent you from obtaining registration at the end of the programme. It may also be used for admission purposes.

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 have read the [Health Sciences Admissions Guidelines](#) and understand the regulations for Admission to the Health Sciences Professional Programmes.

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 legal name)

of

(full address including city)

do solemnly and sincerely declare that:

- I have received, read and understood the Infectious Diseases Policy: otago.ac.nz/healthsciences/students/otago668213.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 Health Sciences professional 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