



## DIVISION OF HEALTH SCIENCES

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# Declaration and Police Vetting Forms

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

**Part 2:** New Zealand Police Vetting Request

**Part 3:** 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 eight 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 Undergraduate Professional Programmes, please refer to [otago.ac.nz/healthsciences/students/otago668212.pdf](http://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 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 1993)

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 1993.

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 [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



## New Zealand and Australian Vetting Service

### Request and Consent Forms

#### New Zealand Police Vetting Request

##### Applicant to complete

(the Approved Agency will submit the vetting request to NZ Police and receive the vetting result)

#### Personal Information

Details (note: the name you are most commonly known by is your primary name)

*Family name (Primary)	<input type="text"/>	First name(s) (Primary)	<input type="text"/>
*Gender	<input type="checkbox"/> (M) <input type="checkbox"/> (F) <input type="checkbox"/> (Other)	*Date of birth (dd/mm/yyyy)	<input type="text"/>
*Place of birth (town/city/state)	<input type="text"/>	*Place of birth (country)	<input type="text"/>
NZ Driver Licence number (*where held – for ID verification by NZ Police)	<input type="text"/>		

If applicable, please include other names and mark them A, M, or P as appropriate:

- (A) alias or alternate name(s)
- (M) married name if not primary name
- (P) previous/maiden/name changed by deed poll or statutory declaration

Family name (A) (M) (P)	<input type="text"/>	First name(s) (A) (M) (P)	<input type="text"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Family name (A) (M) (P)	<input type="text"/>	First name(s) (A) (M) (P)	<input type="text"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Family name (A) (M) (P)	<input type="text"/>	First name(s) (A) (M) (P)	<input type="text"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Family name (A) (M) (P)	<input type="text"/>	First name(s) (A) (M) (P)	<input type="text"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

#### Permanent New Zealand Residential Address

*Number/Street	<input type="text"/>		
Suburb	<input type="text"/>	Post Code	<input type="text"/>
*City/Town/ Rural District:	<input type="text"/>		

\* Denotes a mandatory field

## Applicant to complete

(the Approved Agency will submit the vetting request to NZ Police and receive the vetting result)

## Consent to Disclosure (For a New Zealand Police Vet)

–for further information, see [police.govt.nz/advice/businesses-and-organisations/vetting](https://www.police.govt.nz/advice/businesses-and-organisations/vetting)

**I acknowledge and understand** as follows:

1. The New Zealand Police may release any information they hold relevant to the purpose of this vetting request. This includes:
  - Conviction histories, infringement/demerit reports, active charges and warrants to arrest.
  - Charges that did not result in a conviction including those that were acquitted, discharged without conviction, diverted or withdrawn.
  - Any interaction I have had with New Zealand Police considered relevant to the role being vetted, including investigations that did not result in prosecution.
  - Information regarding family violence where I was the victim, offender or witness to an incident or offence, primarily in cases where the role being vetted takes place in a home environment where exposure to physical or verbal violence could place vulnerable persons at emotional or physical risk.
  - Information subject to name suppression where that information is necessary to the purpose of the vet.
2. If I am eligible under the Criminal Records (Clean Slate) Act 2004, my conviction history will not be released unless:
  - Section 19(3) of the Clean Slate Act applies to this request (exceptions to the clean slate regime).
  - Section 31(3) of the Vulnerable Children Act 2014 applies to this request (safety checks of core children's workers).
  - The vetting request is made by a individual for the purpose of an overseas Visa/Work Permit as a Privacy Act request authorising the vetting result to be provided directly to the relevant embassy, high commission or consulate.
3. The Police Vetting Service may disclose new relevant information to the Approved Agency after completion of the Police Vet in the following circumstances:
  - The disclosure of the newly-obtained information is considered to be justified under the Privacy Act 1993 (if it had existed or been available at the time of the Police vet, it would have been disclosed); and
  - The Police Vetting Service has ascertained that the purpose of the Police vet (e.g. employment role) still exists.The Vetting Service will endeavor to notify you prior to the disclosure.
4. Information provided in this consent form may be used to update New Zealand Police records.
5. I am entitled to a copy of the vetting result released to the Approved Agency (to be provided by the agency) and can seek a correction by contacting the Vetting Service.
6. The Approved Agency will securely dispose of this consent form, copies of identification documents and the Vetting result within 12 months of receiving the result unless a longer retention period is required by legislation.
7. I may withdraw this consent, prior to the Police's disclosure of the vetting result, by notifying the Approved Agency.

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## Applicant's Authorisation

- √ I confirm that the information provided in this form relates to me and is correct.
- √ I have read and understood the information above.
- √ I authorize New Zealand Police to disclose any personal information it considers relevant to my application (as described above) to the Approved Agency making this request for the purpose of assessing my suitability at any time.

Signature

Date

# Part 3



## 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/students/otago668213.pdf](http://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 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

Students commencing studies in the courses listed below must lodge the completed form with the Health Sciences Admissions Office as part of their application to the professional programmes.

Bachelor of Dental Surgery

Bachelor of Dental Technology

Bachelor of Dental Technology (Hons)

Bachelor of Medical Laboratory Science

Bachelor of Medicine and Bachelor of Surgery

Bachelor of Oral Health

Bachelor of Pharmacy

Bachelor of Physiotherapy

Bachelor of Physiotherapy (Hons)

Bachelor of Radiation Therapy