



**OTAGO**  
POLYTECHNIC  
Te Kura Matatini ki Otago

# Declaration Form

## School of Nursing

Family Name: \_\_\_\_\_

First Name(s): \_\_\_\_\_

Have you applied to study CAP before? Yes  No

If Yes, please state when and the institution. \_\_\_\_\_

### REFEREE REPORTS

Please provide two (2) referees for the School of Nursing to contact if further information is required. One referee report is to be an **employer** and the other is to be a **senior work colleague**. (*Please do not use family members or friends*).

It is your responsibility to provide these reports to your chosen referees. Referee reports must be forwarded directly to the School of Nursing by the person providing the reference – these are **confidential** and must not be viewed by the applicant.

REFEREE NAME	REFEREE EMAIL ADDRESS

### DECLARATIONS

#### Health and Safety

A declaration of an applicant's past and present health is a requirement for entry into any nursing programme at Otago Polytechnic. This information enables Otago Polytechnic to ensure that health and safety requirements in clinical practice areas are met. Students in the nursing programme must meet the statutory requirements of the Nursing Council of New Zealand for registration i.e. being a "fit and proper person".

Health conditions, chronic health including physical/mental health, learning disabilities, planned surgery or any ongoing issues must be declared. This enables the School of Nursing to arrange appropriate support if required. If you are uncertain about what must be declared please contact the School of Nursing.

Do you have health conditions to be declared? Yes  No

If yes, please record brief details in the space below (if necessary please email further details).

Do you have an identified learning disability? Yes  No

If yes, please record brief details in the space below (if necessary please email further details).

#### Convictions against the Law

As required by the Vulnerable Children's Act (2014), students who may work with children during the course of their study must be safety checked. Safety checking includes reference checking, work history, identity check, police vetting and an overall assessment of the applicant's safety to work with children. Upon acceptance into the programme you will be required to give consent and complete paperwork for Police Vetting. Any results in the

report that have not previously been declared may result in the immediate and final expulsion from the programme.

Have you ever been convicted of a criminal offence? Yes  No

If yes, please record brief details in the space below (if necessary please email further details).

### Privacy Act 1993

1. The personal information collected in this application is held by Otago Polytechnic in respect of your application register with Nursing Council of New Zealand. In particular, the information relating to convictions is collected to enable Otago Polytechnic and Nursing Council of New Zealand to know that you are of good character and reputation and a "fit and proper person" to be registered.
2. You are entitled to ask Otago Polytechnic for access to, and correction of, personal information. This does not include your referee forms as they are confidential between the School of Nursing and the individual providing the reference.
3. If you do not wish to provide all the information requested on the application form, then please inform the Otago Polytechnic in writing and the possible consequences will be explained to you.
4. All unsuccessful applications are held by the School of Nursing for two (2) years. After this time they are destroyed.

In the event that I am not available, I authorise that the following person may act as my agent, to request information, speak and act on my behalf: \_\_\_\_\_

- I declare that the information provided on this form is true and correct and that I have no known health condition which will impact on my ability to complete the requirements of this programme.
- I understand that if any false or deliberately misleading information is given or any material fact suppressed my enrolment may be terminated.
- I also understand that any false information given in relation to my medical history may result in my loss of entitlement for any compensation from ACC.

**Signed:**

**Date:**