

## Declaration Form School of Nursing

Family Name:			
First Name(s):			
Have you applied to study Bachelor of Nursing before	?	Yes 🗌	No 🗆
If Yes, please state when and the institution.			
Have you applied to study New Zealand Diploma in En	nrolled Nursing before?	Yes □	No 🔲
If Yes, please state when and the institution.			
Have you applied for accommodation at any of the Dun	edin Halls of Residence?	Yes □	No 🗆
If Yes, please state the name.			
Have you been awarded a scholarship?		Yes □	No □
If Yes, please state from whom.			
FIRST AID CERTIFICATE			
A current comprehensive first aid certificate, including 26552) is required <b>unless you are an Enrolled or Reg</b>			
REFEREE REPORTS  Please provide two (2) referees for the School of Nursing report is to be academic and the other may be eight	rtificate once you have complet	required. O	ne referee
not use family members or close friends).  It is your responsibility to provide these reports to your directly to the School of Nursing by the person providin viewed by the applicant.	·		
REFEREE NAME	REFEREE EMAIL ADDRESS		
DECLARATIONS			
Health and Safety			
A declaration of an applicant's past and present health i at Otago Polytechnic. This information enables Ota requirements in clinical practice areas are met. Studen requirements of the Nursing Council of New Zealand for	ago Polytechnic to ensure that ts in the nursing programme mus	health and t meet the s	safety tatutory
Health conditions, chronic health including physical/me	ntal health, learning disabilities, p	lanned surg	ery or any

ongoing issues must be declared. This enables the School of Nursing to arrange appropriate support if required.

Yes □ No □

If you are uncertain about what must be declared please contact the School of Nursing.

Do you have health conditions to be declared?

If yes	If yes, please record brief details in the space below (if necessary please email further details).		
	rou have an identified learning disability?  Yes No No s, please record brief details in the space below (if necessary please email further details).		
Con	victions against the Law		
their polic prog	equired by the Vulnerable Children's Act (2014), students who may work with children during the course of study must be safety checked. Safety checking includes reference checking, work history, identity checked verting and an overall assessment of the applicant's safety to work with children. Upon acceptance into the tramme you will be required to give consent and complete paperwork for Police Vetting. Any results in the that have not previously been declared may result in the immediate and final expulsion from the programme		
	e you ever been convicted of a criminal offence? Yes \( \subseteq \text{No} \subseteq \text{No} \subseteq s, please record brief details in the space below (if necessary please email further details).		
Priv	racy Act 1993		
1.	The personal information collected in this application is held by Otago Polytechnic in respect of your application to sit the State Examination pursuant to Regulation 19 and 24 of the Nurses Regulations 1986. 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.		
	event that I am not available, I authorise that the following person may act as my agent, to request nation, 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.		
Sin	ned: Date:		

Email: <a href="mailto:ebsNUR@op.ac.nz">ebsNUR@op.ac.nz</a>

Post to: Otago Polytechnic School of Nursing Freepost 1910 Dunedin 9054