

SCHOOL OF NURSING – SELECTED ENTRY HEALTH AND DISABILITY DECLARATION

The Nursing Council of New Zealand requires all students to meet the “fitness to be a nurse” requirements of s16 of the Health Practitioners Competency Act 2003 to undertake the clinical requirements of the Bachelor of Nursing or the Master of Clinical Practice programmes. The following declaration of your past and present health status is therefore a mandatory condition of Admission under the Massey University Regulations for entry into these programmes.

If we need to seek further information from you before making a decision, we will contact you.

The information supplied by you during this process will only be used:

- to assess your medical suitability to commence the nursing programme against the “fitness to be a nurse” requirements; and
- if your application is successful, to understand your ability to participate in the programme and where appropriate and available, to put into place additional resourcing to support you.

Should you be accepted into the programme and your health status changes during your study you must inform the Programme Director: **health.selection@massey.ac.nz**

The information supplied by you during this process will be stored securely within Massey University databases and will be deleted once the minimum retention period under the Public Records Act 2005 has expired. The information will only be accessed by authorised Massey University staff and the Nursing Council of New Zealand if required for Audit purposes and will not be disclosed to any third party unless otherwise required by law.

You have the right to access or request a correction to the personal information held about you as a result of this process by contacting the Massey University Privacy Officer at:

privacy.officer@massey.ac.nz

Further information on how Massey University processes personal information is contained in the Massey University Privacy Statement: **www.massey.ac.nz/massey/privacy.cfm**

NOTE: If you use a web browser to complete this form, please choose 'Print', then 'Save as PDF' to preserve your responses.

Surname: _____

Forename: _____

Student ID:

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 (if known)

Email: _____

Phone: _____

1. Do you have problems with any of the following?

a. Mobility (eg walking, using stairs, balance): Yes No

b. Agility (eg bending, reaching up, kneeling down):
 Yes No

c. Dexterity (eg) getting dressed, writing, using tools):
 Yes No

d. Physical Exertion (eg lifting, walking, running): Yes No

e. Communication (eg speech, hearing): Yes No

f. Vision (eg) visual impairment or other): Yes No

g Learning (eg dyslexia, dyscalculia, dyspraxia or other?):
 Yes No

If YES to any of the above, please give full details (eg extent of impairment, how you manage, support needs):

2. Have you ever required special arrangements during your studies/work to accommodate a disability or health issue (eg special equipment, extra time in exams)? Yes No

If YES, please give details, and an indication of date(s) and duration(s) etc:

(form continues overleaf)

3. Do you have, or have you had, any of the following?

- a. Chronic Skin Condition (eg eczema)? Yes No
- b. Neurological Disorder (eg epilepsy, seizures)? Yes No
- c. Allergies (eg latex/rubber, medicines, foods)? Yes No
- d. Endocrine Disease (eg diabetes)? Yes No
- e. Hep B/ Hep C/ HIV? Yes No
- f. Mental Health Issues? Yes No
- g. Drug or alcohol dependency? Yes No

If YES, please provide information including an indication of date and duration etc (eg when condition developed, severity, effects and treatment / medication):

4. Do you have any other disability or health condition not already asked about, that you may require support for during your employment/ education or training? Yes No

If YES, please give details:

5. I have NO health issue or disability which would prevent me from undertaking the requirements of a nursing student nurse in a manner which is safe for me and others. Please tick if you have answered No to all of the above questions:

Please email the Programme Director if you would like to discuss this in further details:

health.selection@massey.ac.nz

DECLARATION

I certify that my answers to the questions are complete, accurate and no information has been withheld. I understand that if this is later shown not to be the case it may result in the offer of a place being withdrawn or reconsidered of my suitability to continue with my programme.

The information supplied by you on this questionnaire will be used to assess your medical suitability to commence the nursing programme. If we need to seek further information from you before making our decision, we will contact you.

Date signed: Day Month Year

SIGNATURE OF APPLICANT
