



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 Diploma in Enrolled Nursing before? Yes ☐ No ☐

If Yes, please state when and the institution. _____

Have you applied for accommodation at any of the Dunedin 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 proficiency in CPR (Units 6400, 6401 and /or 26551 and 26552) is required **unless you are an Enrolled or Registered Nurse with a current Practising Certificate.**

Scan and email a copy of your current first aid certificate. If you do not hold a current first aid certificate, please enter the date below that you are enrolled to complete a first aid course. Scan and email the booking verification to ebsnur@op.ac.nz to go with your application.

Date: _____ **Email the first aid certificate once you have completed the course.**

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 **academic** and the other may be either from the **community** or **employment**. (*Please do not use family members or close 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 the Bachelor of Nursing programme. This information enables the Otago Polytechnic to ensure that health and safety requirements in clinical practice areas are met. Students in the Bachelor of 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 may affect your ability to complete the requirements of this course and must be declared. If you are uncertain about what must be declared please contact the School of Nursing.

☐ No - I do not have health issues ☐ - Yes I have health issues

Please record brief details in the space below (if necessary attach and email further details).

Convictions against the Law

The School of Nursing requires a Ministry of Justice report to accompany your application. You can find the required form with the other forms you need on the Otago Polytechnic website.

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

Privacy 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.

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:

Applicants Name:

- ☐ I declare that the information provided on this form is true and correct and that I have no known medical condition which will impact on my ability to practice safely as a nurse.
- ☐ 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:
