

## Option 2

### PART ONE

#### Health Conduct & Fitness

##### A - Conduct Declaration

###### Criminal offence / investigation declaration

Have you ever been convicted of a criminal offence, and/or been subject to disciplinary proceedings of a tertiary institution or employer? (please include all criminal matters including traffic offences)

☐

Yes

☐

No

If yes, please give details including dates of any disciplinary proceedings, convictions (or pending) 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 Faculty of Health and Environmental Sciences Compliance 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.

##### B - Health & Fitness 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 workplace 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 compliance team who will, if necessary, act as advocate or facilitator in your interest. Email [fhes.compliance@aut.ac.nz](mailto:fhes.compliance@aut.ac.nz)

## PART TWO

### Children's Act (2014)

#### A - Safety Checking

The Faculty of Health and Environmental Sciences requires all applicants applying for programmes responsible to the HPCA Act (2003) and/or Children's Act (2014), 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 practice.

This process may also be activated at paper enrolment level when students are undertaking study or experience that involves working with the public.

#### Children's Act (2014) Safety Checking Form

The Children's Act (2014) requires that all people who work or are likely to work with children must be safety checked. The University is obliged to safety check students for all clinical health professional training programmes.

In order to assess your safety under the Children's Act (2014), we need you to complete all the following questions.

The information you provide will be kept securely, with access strictly controlled and limited to those who are entitled to see it as part of their duties. The Children's Act (2014) also requires a stringent Police Vetting.

\*Name:

\*Student ID:

\*Date of birth:

Any other names you are known by:

\*Programme(s) you have applied to:

  
  
  
  


\*Denotes a mandatory field

Please provide your work history for the last five years:

Year	Length of service	Employer	Role	Reason for leaving

Please provide details of two referees who we can contact in relation to your Children's Act (2014) Safety Check.

Referees should have known you for 12 months or more, be at least 16 years old and not be your spouse, extended family member or friend, nor live at the same address. Please obtain consent from the referee before listing them in this form.

Referee 1

\*Name:

\*Phone number:  \*Email:

Referee 2

\*Name:

\*Phone number:  \*Email:

1. Is there any reason, including past events, as to why you would pose any risk whatsoever to children?

☐ Yes (please include further details below) ☐ No

2. Do you have any convictions that would preclude you from being engaged as a children's worker?

☐ Yes (please include further details below) ☐ No

3. Are there any investigations or other matters that may be revealed in the safety checking process?

☐ Yes (please include further details below) ☐ No

\*Denotes a mandatory field

## DECLARATION

I solemnly and sincerely declare that to the best of my knowledge and belief the information given within this form is true and correct. I understand that giving a false declaration or failing to disclose all information may prevent me from gaining registration with the registering authority, or gaining access to practicum activities and may result in me being withdrawn or declined from the programme.

\*Signature:

\*Date:

\*Denotes a mandatory field