

Faculty of Health and Environmental Sciences

FHES Undergraduate Addendum

Submission instruction:

Health, science and sport students must complete the Health Addendum. Please upload the completed forms to AUT Arion Website. Please refer to **How to Upload Documents to Arion**.

PART 1 - PERSONAL DETAILS

1. Please print your legally documented name:

2. Date of birth: _____ 3. Age: _____ years 4. Gender: Male
Female
Other

Part 2 - FITNESS TO PRACTISE

AUT University (the University) has certain obligations in regard to students' ability to be fit to practice within the industries for which they are training. This may include fitness for practice when working with individuals or groups within schools or organisations as part of their coursework. A registration board, employer or organisation may decline a student or graduate on the grounds of a criminal conviction, a mental or physical illness or past or present disciplinary action taken by a professional body or university.

In your own interests, both now and during your course of study, you must disclose any convictions, significant health issues or disciplinary conduct to the University. If you are concerned or in doubt about any matter, you should contact the relevant Head of School.

DISCIPLINARY PROCEEDINGS

Some students are registered, or have been registered, with a professional body, or have been enrolled at a university. It is important that you disclose to the Faculty of Health & Environmental Sciences if you have been subject to disciplinary proceedings by a professional body or university in the past, and if so whether you are currently under investigation.

CRIMINAL RECORD

Many people have information recorded about them in relation to criminal and traffic convictions that have been processed through the justice system. This information is held in what is commonly referred to as the "Wanganui Computer".

Under the Privacy Act 1993 you may authorise the release of the information to the University. To receive this information we will need your written permission. All students in health programmes are required to complete the NZ Police Vetting Service "Request and Consent Form" to allow the University to obtain information relating to details of any criminal convictions and criminal history you may have. If a relevant conviction is found, this may affect the continuation of your enrolment on the programme.

PHYSICAL AND MENTAL WELLBEING

When completing the Health Addendum you will need to give consideration to the physical and mental wellbeing which will be required of you as a student practitioner and a health professional. Any mental or physical condition you have which may affect your ability to effectively carry out these roles must be disclosed. Disclosure may mean that AUT University will need to obtain further information from you; this may include information from a medical practitioner. Failure to disclose such a condition could affect enrolment and/or the continuation of your enrolment on the programme.

PART 3 - PURPOSES, USES AND DISCLOSURE OF INFORMATION COLLECTED

The information will be collected by the Faculty Programme Administration Office, Faculty of Health & Environmental Sciences, AUT University and will be held by the Faculty of Health & Environmental Sciences at Akoranga Drive, Northcote, Auckland. The purpose of the collection is to guide decisions on your fitness to practice as a student practitioner and health or sport professional. The collection is not required under law and is voluntary. However, if all or any part of the requested information is not provided, the University may cancel your enrolment. You can access, view and, if necessary, correct your personal information on written request made to the Manager, Faculty Programme Administration Office, Faculty of Health & Environmental Sciences, AUT University, Private Bag 92006, Auckland 1142.

As the information relates to your suitability to practice, all or part of your personal information collected in the Health Addendum may be disclosed to authorised staff of AUT and relevant employers or registration boards if requested. We therefore require you to sign the authority below to authorise the University to disclose your personal information:

I authorise the AUT University, to disclose to the staff of AUT and relevant employers or registration boards, all or part of my personal information collected in the Health Addendum.

Student Name: _____ **Student ID:** _____

Programme of Study: _____

Signature: _____ **Date:** ____ | ____ | ____

WORKING WITH CHILDREN

(These are mandatory questions, please DO NOT leave them blank.)

1. Do you expect to be working with children during your studies? If so, why do you want to work with them?

2. In what capacity or capacities do you have experience looking after children? (e.g. as a parent, babysitter, teacher, coach)

3. Have you ever had to respond to a situation where a child or young person has disclosed any kind of abuse to you? If yes, how did you respond?

4. How do you believe children should be disciplined?

5. What do you think constitutes professional practice when working with children?

DISCLOSURE FORM

If you do not have anything relevant to disclose for questions please write “Not Applicable” as your answer. **DO NOT LEAVE BLANK.**

1. Do you have a mental or physical condition which may affect your ability to perform functions required as a student practitioner and a health or sport and recreation professional?
(This may include chronic back conditions, significant hearing or visual impairment or chronic disease)

2. Have you been convicted of a criminal offence?
(If yes, please provide full details)

3. Have you been subject to a complaint procedure during any period of employment?
(If yes, please provide full details)

4. Are you subject to professional disciplinary investigation?
(Please provide details including the name of professional body, the nature of the investigation and relevant dates)

5. Have you been subject to professional disciplinary proceedings?
(Please provide details including the name of professional body, the nature of the proceedings and relevant dates)

6. Have you been subject to university disciplinary proceedings:
(Please provide details including the name of university, the nature of the proceedings or order and relevant dates)

Student Name: _____ **Student ID:** _____

Programme of Study: _____

Signature: _____ **Date:** ____ | ____ | ____