

## Veterinary Nursing Application- Student Declaration

The following statements concern your required veterinary clinical placement.

Please answer all the following questions (tick  the appropriate box(es):

1. Are you aware that you must complete a **total of 240** veterinary clinical placement hours within the programme dates (March - November)? Yes  No
2. It is **your responsibility** to gain a veterinary clinical placement. You will likely need to seek out and apply at a range of clinics and possibly travel by car, out of your suburb, to get there. Do you understand and are you able to do this? Yes  No
3. Do you already have a veterinary clinical placement arranged? Yes  No

If YES please provide where your clinical placement will be: \_\_\_\_\_

The following statements concern your Health and Safety obligations.

Please read all the following statements carefully and tick  the appropriate box(es):

I declare that, to the best of my knowledge, I have no known medical condition(s) (mental or physical) which will impact my ability to practice safely in a veterinary clinic context.

I declare that I have the following medical condition(s) (mental or physical) identified below and that they **will NOT** impact my ability to practice safely in a veterinary clinic context. If none, please put N/A and tick the box.


I declare that I have the following medical condition(s) (mental or physical) listed below and that they **MAY** impact my ability to practice safely in the practice context. If none, please put N/A and tick the box.


I understand that declaring my medical condition(s) on this form does not automatically mean that I cannot study this programme, but that in certain cases I may be contacted by the programme team to discuss suitability and/or options for support.

I understand that if any false or deliberately misleading information is given, or any material fact is suppressed, my enrolment may be terminated. Furthermore, I also understand that any false information given concerning my medical history may result in my loss of entitlement to any compensation from ACC.

I understand that Unitec requires this information to ensure the safety of patients, the public and staff in veterinary clinics where I may be completing practical experience.

The following information concerns the Privacy Act 1993

Please read all the following statements carefully and tick  the appropriate box(es):

Pursuant to Principle 11(d) of the Privacy Act 1993, I agree to the disclosure and use of the information on this form (and supporting information) by Unitec to veterinary clinics where I may be completing practical experience.

I understand that I have the right to access and correct any of my personal information held by Unitec and am required to update the information held about me should this change at any time I am studying at Unitec.

Full name: \_\_\_\_\_ Student ID (if known): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If you are unable to complete this declaration, please contact the Academic Programme Manager for Animal Health, Laura Harvey at [lharvey@unitec.ac.nz](mailto:lharvey@unitec.ac.nz), or on (09) 892 8490.*