

Animal Healthcare and Veterinary Nursing Declaration



It is essential to declare honestly on this form. A declaration of a criminal conviction or medical condition does not mean that you will be excluded from your preferred programme of study. It provides an opportunity for us to discuss with you an appropriate plan for your situation.

If you have any questions regarding this declaration, please email adminhss@wandw.ac.nz

1 PERSONAL DETAILS

First or given name(s)

Surname or family name

Programme

2 CRIMINAL DECLARATION

Please tick only one of the following.

- ☐ I declare that I have **no** pending or historical criminal conviction/s
- ☐ I declare that I have a pending or historical criminal conviction/s. Details are provided below:

Date	Pending or historical	Conviction information

3 MEDICAL DECLARATION

Please tick only one of the following.

- ☐ I have **no** medical condition(s) (mental or physical) that may impact on my ability to work safely in the animal care/healthcare context.
- ☐ I have medical condition(s) (mental or physical) that may impact on my ability to work safely in the animal care/healthcare context.

4 PRIVACY DECLARATION

Please tick yes or no for the following.

1. Pursuant to Principle 11(d) of the Privacy Act 2020, I agree to the disclosure and use of the information on this form (and supporting information) by Whitireia and WelTec to work placements where I may be completing practical experience. ☐ Yes ☐ No
2. I understand that I have the right to access and correct any of my personal information held by Whitireia and WelTec, and am required to update the information held about me should this change at any time I am studying with Whitireia and WelTec. ☐ Yes ☐ No

5 OVERALL DECLARATION

Please tick yes or no for the following.

1. I understand that if any false or deliberately misleading information is given, or any material fact suppressed, my enrolment may be terminated. ☐ Yes ☐ No
2. I understand Whitireia and WelTec requires this information to ensure the safety of animals, public and staff in animal facilities and veterinary clinics where I may be completing practical experience. ☐ Yes ☐ No
3. I understand that if anything changes in relation to this declaration after the date I have signed it, while I am an applicant or enrolled in an animal healthcare and veterinary nursing programme, I must notify Whitireia and WelTec immediately. ☐ Yes ☐ No

Name

Signature

Date