

CONFIDENTIAL - Health Disclosure Form

Introduction

In order to meet with the University's duty of care obligations, all students in programmes subject to UCC's Fitness to Practise policy, and who participate in professional experience placements, laboratory or field activities are required to establish and maintain their medical, physical, and psychological capacity to do so safely.

University College Cork (UCC) is committed to ensuring equality of opportunity for students with impairments and health conditions. It is our responsibility to ensure that any barriers to our courses are removed and one way in which that can be achieved is to find out about you and your requirements.

We also have to be assured that we can help you participate safely in training and we wish to begin this process by asking you to complete this Health Disclosure Form.

Confidentiality

Your personal information is being collected by the University for the primary purpose of establishing your capacity to participate safely in professional experience practise placement. Your personal information will be kept within your confidential file and will only be used for the primary purpose for which it is collected and disclosed only to the following persons or organisations:

- The Student Health Department
- UCC's Consultant Occupational Health Specialist
- The Head of School in UCC

The Student Health Department will only inform the Head of School or a designated Occupational Health Specialist of your health information, or of any impairment, if such a disclosure would be relevant to your educational needs, in order to recommend on support or adjustments which could be of assistance to you.

Your personal information will be managed in accordance with the Data Protection Acts 1988 -2003. You have the right to request access to your personal information. The University will ensure that your personal information is not used for another purpose or disclosed to third parties without your consent unless such a disclosure is required or permitted by law.

Students should send completed from to:

Head of Student Health, Student Health Department, Ardpark College Road, Cork

The University will provide all reasonable support to enable students with impairments and health conditions to complete their studies. Appropriate support can be provided for almost all circumstances even if the effects of impairment or ill health are substantial. However, because of a requirement to ensure patient/client/service users are not harmed through involvement in your training, if you have a condition which would make it impossible for you to work safely with patient/client/service users or to acquire the skills necessary to complete training, even with adjustments and support, then you may be deemed unable to complete the programme under Fitness to Practise requirements.

In this circumstance, the University will endeavour to offer you a place on an alternative course. However, you should not assume that your impairment or health condition will prevent or inhibit you in completing your course, and we would be pleased to speak with you at the earliest opportunity about any concerns you may have.

Please contact healthftp@ucc.ie for further advice about matters relating to your health and Fitness to Practise.

Please answer each of the following questions, providing brief detail on any questions answered 'yes'. You should then complete the Declaration in Section 3 and then arrange for your General Practitioner, or usual doctor, to complete Section 4. Once you have completed all sections, you should then send the form to the Head of Student Health.

Students should send completed form to:

**Head of Student Health,
Student Health Department,
Ardpatrick College Road,
Cork**

You are advised to keep a copy of your completed form for your own records.

Data Protection Information:

Records are held in confidence by the Student Health Department and the Occupational Health Service, in line with the Irish Medical Council's guidance on Confidentiality and in accordance with the Data Protection Acts, 1988 – 2003.

Students should send completed form to:

Head of Student Health, Student Health Department, Ardpatrick College Road, Cork

Section 1: Personal Details

Family name:	_____	Given name(s):	_____
UCC Programme:	_____	Student number:	_____
Date of birth:	_____	Male/female:	_____
Contact address:	_____	Tel: home	_____
	_____	Tel: mobile	_____

Section 2: Details of health condition or impairment

Are you aware of any disability or condition (permanent or temporary), or impairment that may affect your capacity to participate in professional placements, laboratory and/or field activities; or that may put yourself or others at risk of harm whilst on placement?

(Circle as appropriate)

Yes

No

Please provide details of the health condition(s) or impairment(s) that you believe need(s) to be declared under Fitness to Practise requirements, i.e. please provide details and an explanation as to why you made a Health Declaration at on-line Registration. Please provide detail outlining how you believe this will, or will not, impact on your ability to complete your programme.

Please write in box below. You may continue on a separate page if needed and attach any relevant supplementary medical reports available to you.

Students should send completed form to:

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Section 3: Declaration

Please tick the relevant boxes and sign below

The information I have provided on my impairment or health condition is correct to the best of my knowledge and belief (Tick)

I have read and understood the UCC "Fitness to Practise" Policy. I consent to my information being held and processed by the Student Health Department and Head of School for the purposes as described above, and if necessary to a designated Occupational Health Specialist as may be required under the procedure described above under 'Confidentiality' above

(Tick)

I consent to information from this form being used in discussions with potential placement agencies. I agree to advise the School's designated contact immediately of any change to my circumstances which are likely to impact upon my ability to practise safely throughout my period of study.

(Tick)

I consent to being medically examined for the purposes of Fitness to Practise.

(Tick)

I acknowledge that the University Consultant Occupational Health Specialist will be in contact with the University to discuss the medical review.

(Tick)

I consent for the University Consultant Occupational Health Specialist to contact my own General Practitioner to discuss medical issues which may be of relevance to my Fitness to Practise.

(Tick)

I consent to my information being held and processed by the Student Health

Department as described above under 'Data Protection Information'.

(Tick)

Signed: _____

Date:

Students should send completed form to:

Head of Student Health, Student Health Department, Ardpark College Road, Cork

Section 4: Doctor's Certificate

Your patient has registered to study in University College Cork on a programme that is subject to Fitness to Practise requirements.

All students enrolling on programmes in UCC that are subject to Fitness to Practise requirements are required to make a declaration of their health status at registration annually. This enables the relevant School to identify students who may require additional support or reasonable accommodations to ensure that the student will be able to undertake the course successfully, and to ensure that the student is fit, on health grounds, to work with patients/clients/service users during their programme.

We are not asking you for your opinion about their competence to practise, as this will be assessed during the course.

However, we do require you as the student's doctor to verify health information and/or details of the impairment/disability disclosed by the applicant on the basis of your knowledge of the patient.

(Circle as appropriate)

- | | | |
|---|-----|----|
| 1. Are you the applicant's usual doctor? | Yes | No |
| 2. Are you a relative of the applicant? | Yes | No |
| 3. Do you hold the applicant's medical record? | Yes | No |
| 4. According to your records and knowledge of the applicant, do the answers to questions in Section 2 appear correct? | Yes | No |

Please add any comments in box below, if appropriate.

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Head of Student Health, Student Health Department, Ardpark College Road, Cork

5. Are you aware of any additional medical information which may be relevant to this application?
Yes No

If yes please provide details in box below.

Doctor's Signature _____

Date _____

Doctor's Stamp

A medical examination is not required. Any fee required for completion of the form is the responsibility of the patient.

Students should send completed form to:

Head of Student Health, Student Health Department, Ardpark College Road, Cork