

Health status

Have you, or has anyone in your family, had any physical or mental health problem which could affect your ability to meet the requirements of a demanding programme with a significant clinical component? If so, please state the problem and outline support/strategies needed.

Have you been absent from school or work, or unable to work for a period of three weeks or more because of a health-related condition?

Yes No If YES, please explain

Personal statement

Please outline why you have chosen Osteopathy/Musculoskeletal Health as a career and describe personal qualities and relevant aspects from your life experiences which will enhance your application. (Approximately 300 words)

Please attach.

Convictions against the law

As all accepted applicants are police vetted through the enrolment process, it is important that this initial declaration is correct.

If an applicant provides information that is provided to be false/misleading, the application/enrolment may be declined/withdrawn.

When accepted onto the programme you will be asked to complete and return a NZ Police Vetting Request and Consent form before or at your orientation.

Your consent to disclosure will be entered by Ara onto the NZ Police Licensing and Vetting Service, database and returned in confidence to the Head of Department or delegated authority.

Information on the Police Vetting Service is available from: www.police.govt.nz/service/vetting

Have you ever been convicted of any offence against the law (apart from minor traffic convictions)?

Yes No If YES, please give details.

Have you ever been refused enrolment by a tertiary provider in New Zealand or overseas?

Yes No If YES, please explain.

Have you ever been enrolled in a regulated healthcare programme in New Zealand or overseas?

Yes No If YES, please explain.

Have you ever been refused registration as a health professional in New Zealand or overseas?

Yes No If YES, please explain.

Have you been subject to a disciplinary investigation by any regulatory authority in New Zealand or overseas?

Yes No If YES, please explain.

I hereby declare that the information I have given above is true and correct. I understand that making a false declaration is an offence under the Crimes Act 1961.

Full name:

Signed:

Dated:

I agree to notify the Department of Nursing, Midwifery and Allied Health if there is any change to my situation during the duration of the Bachelor of Musculoskeletal Health programme.

Full name:

Signed:

Dated:

Report on Applicant - Bachelor of Musculoskeletal Health

Supporting documentation to be supplied

Full name

Address

Date of birth

The above details are to be completed by the applicant.

Please see notes over page before completing this form.

Please place a cross (x) on the scale to indicate your assessment of the applicant in relation to each of the qualities.

Personal qualities

Honest	<input type="text"/>	Dishonest
Mature	<input type="text"/>	Immature
Reliable	<input type="text"/>	Unreliable
Well groomed	<input type="text"/>	Untidy
Tolerant	<input type="text"/>	Intolerant
Accepts responsibility	<input type="text"/>	Avoids responsibility

Comments:

Interpersonal relationships

Relationships with peers	Friendly, supportive	<input type="text"/>	Domineering or withdrawn
Relationships with people with authority	Open, constructive	<input type="text"/>	Tense, defensive
Consideration for others	Accepting, considerate	<input type="text"/>	Self centred, judgemental
Communication skills with others	Effective, clear	<input type="text"/>	Vague, inconsistent

Comments:

Attitudes to work/study

Perseverance	Appropriately persistent	<input type="text"/>	Easily distracted
Cooperation with others	Participative	<input type="text"/>	Isolated
Application to work/study	Excellent	<input type="text"/>	Poor
Acceptance of correction	Accepting questions appropriately	<input type="text"/>	Resistant, defensive
Initiative	Motivated, appropriately independent	<input type="text"/>	Awaits direction
Information seeking	Enquiring	<input type="text"/>	Uninterested

Comments:

General

Please add any general comment about the applicant's performance at work/school.

Is attendance pattern acceptable?

Yes No If NO, comment

Do you consider the applicant able to undertake a full time programme of intensive study and a significant clinical component?

Yes No Comments

Is the information in this "Report on Applicant" to be kept confidential from the applicant?

Yes No

Signature

Date

Name

Position

Address

Relationship to applicant:
(eg employer, teacher etc)

For school principals please tick

Recommended

Recommended with reservation

Not recommended

Signed:

Notes

- 1 The statement which schools provide for school leavers is an acceptable alternative to this report.
- 2 The information and opinion provided in this report constitute "personal information" in terms of the Privacy Act 1993. The person about whom this information and opinion are provided (the applicant) is entitled to have access to this report under IPP6 and to seek correction of this report under IPP7. Information or opinion provided in this report may be disclosed under IPP11 to the applicant and members of the Selection Committee.

PLEASE RETURN THIS FORM, AFTER COMPLETION, TO THE APPLICANT WHO IS RESPONSIBLE FOR ITS RETURN TO ENROLMENTS AT ARA INSTITUTE OF CANTERBURY (UNLESS IT IS TO BE KEPT CONFIDENTIAL) OR HANDED IN WITH THEIR APPLICATION.

Report on Applicant - Bachelor of Musculoskeletal Health

Supporting documentation to be supplied

Full name

Address

Date of birth

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Reliable	-----	Unreliable
Well groomed	-----	Untidy
Tolerant	-----	Intolerant
Accepts responsibility	-----	Avoids responsibility

Comments:

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