

STATEMENT OF MEDICAL HISTORY FOR ASSESSMENT OF EARLY YEARS TEACHER TRAINING STUDENTS

SECTION A and C To be completed by prospective Early Years Initial Teacher trainees

SECTION B To be completed by our university medical adviser

This form on completion should be posted to:

Dr R D Hollands
Medical Adviser to University of Gloucestershire
Underwood Surgery
139 St Georges Road
Cheltenham GL50 3EQ

IN CONFIDENCE

Section A This section must be completed in full by candidate.

UCAS ID No: _____ Date of Birth: _____ Title (Mr/Mrs/Miss/Rev/others): _____
Surname: _____ Other Names (in full): _____
Private Address: _____
_____ Post Code: _____
Tel No (Home): _____ (Work): _____ (Mobile): _____
Present Occupation: _____
Course: EYITT

Section B For University of Gloucestershire medical adviser's use only.

Applicant fit for course.

Applicant not fit for course.

Signature: _____ Date: _____

The University of Gloucestershire seeks to offer a place irrespective of physical or mental disabilities wherever possible, as long as they do not compromise your health, your education, your safety, or the health, safety, and welfare of pupils or trainees likely to be in your care.

The answers to any questions will not be used against you in any course decisions that will be made, either now, or in the future. A decision not to accept you on health grounds will only be taken after very careful consideration of all the facts and will be based upon individual circumstances and the demands of your teaching career.

Candidates who are refused acceptance onto the course on health grounds have a right to a second opinion from a suitably qualified independent medical examiner.

The information contained on this form will be kept strictly confidential within the Underwood Surgery and will not be used or disclosed to any other persons without the consent of the person to whom the information relates.

Candidates should be aware that if their initial medical questionnaire is not returned by 28 July it may not be possible to complete a medical assessment before the beginning of the university year, which will impact on enrolment and access to student finance and resources.

Candidates seeking to appeal against a decision by the medical officer not to allow them to start the course must commence the appeal within five working days or it may not be possible to seek a second opinion before the beginning of the university year.

PLEASE TURN OVER PAGE FOR SECTION C AND WRITE YOUR NAME AT THE TOP OF THE PAGE.

EARLY YEARS INITIAL TEACHER TRAINING OFFER GUIDE APPENDIX 1

NAME OF APPLICANT:

Section C This section must be completed in full by candidate.				
		Yes	No	Details
1	Do you have a physical or mental health problem, which substantially affects your ability to carry out normal day-to-day work activities?			
2	Are you receiving any medical treatment or have you received any within the last 12 months?			
3	Are you awaiting any operations, treatment or investigations?			
4	Have you had joint or back problems for which you have sought medical help?			
5	Have you received any pension or compensation for work related illness?			
6	Do you have any problems with walking, sitting, standing or climbing stairs?			
7	Do you have any problems with bending, kneeling, lifting, carrying or other manual tasks?			
8	Do you have any problems with speech, vision, dyslexia, hearing or communication?			
9	Do you have any bladder or bowel problems, which may require you to have immediate access to toilet facilities?			
10	Have you been away from work or absent from studies/ school because of illness in the last 2 years? If so, why and for how long?			
11	Have you ever had to change job because of a health problem?			
12	Do you have any health problem, which affects your work or leisure pursuits?			
13	Do you need or would it assist you to have any special provision made to enable you to fulfil your training and subsequent employment as an Early Years teacher.			
14	Have you had mental ill health, nervous breakdown, anxiety, depression, or psychiatric problems for which you have sought medical help?			
15	Have you had fits, fainting attacks, blackouts or epilepsy?			

Declaration

- I certify the above information to the best of my knowledge to be true and complete.
- I understand that failure to disclose medical information now may lead to disciplinary action or dismissal in the future if I am accepted.
- I consent to the medical officer informing the university in the event of non-disclosure.
- I understand that I am responsible for the expenses of any medical examination or report, which may be required.

Signature:

Date:

EARLY YEARS INITIAL TEACHER EDUCATION SUITABILITY DECLARATION

Please complete and return this form to your Student Portal to enable us to consider your suitability for the Early Years Initial Teacher Training Programme. Any false declaration will be considered and may lead to the removal of your eligibility.

Title*:
Surname*:
Forename*:
Date of Birth*:
Gender*:
National Insurance No.*:
Teacher Reference No. (if held)*:

**Mandatory*

PLEASE ANSWER ALL QUESTIONS

Please tick either the **YES** or **NO** box. For every **YES** answer please complete the box overleaf with a detailed legible account of the circumstances that include the sanction, date, reason and full identification of the authority, police force or court concerned.

1	Have you ever been the subject of a bar, partial bar, warning or other action by the Secretary of State or the Independent Safeguarding Authority in relation to working with children?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2	Do you have any cautions, convictions, reprimands or final warnings which would not be filtered in line with current guidance? The DBS filtering guidance is available on the DBS website at www.gov.uk/government/publications/dbs-filtering-guidance	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3	Have you ever been subject to any disciplinary sanction by any other professional or regulatory body in this country or abroad or are you currently the subject of investigation by such a body? You need not include GTC England sanctions.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4	Is there a current employment disciplinary finding against you and/or are you currently the subject of an employer's disciplinary investigation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5	Is there any other information the University of Gloucestershire should know about which may have a bearing upon your suitability?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Circumstances for **YES** replies to questions 1 – 5 overleaf.

INITIAL TEACHER TRAINING OFFER GUIDE APPENDIX 2

For each **YES** answer please provide a detailed, legible account of the circumstances that includes the sanction, date, reason and full identification of the authority, police force or court concerned. If you need more space, please attach and sign an additional sheet.

Question 1

Question 2

Question 3

Question 4

Question 5

Declaration

I agree to provisional registration by the University of Gloucestershire on commencement of my course of Early Years Initial Teacher training

I declare that

- All of the information I have provided on this form is complete and correct to the best of my knowledge and belief.
- I understand that the University of Gloucestershire can refuse to register me if I have given false information or have withheld relevant details.
- I understand that the University of Gloucestershire may contact me about the information in my application and seek further information from any relevant authority, police force or court.
- I understand that allegations of misconduct against me that could call into question my registration will be investigated.
- I agree to tell the University of Gloucestershire as soon as reasonably practical about any changes to my personal details.
- I understand that if I fail to tell the University of Gloucestershire about any changes to the information in my application, University of Gloucestershire may consider this to be misconduct.

Name:

Signature: Date: