

Suitability for Nursing Self-Declaration Form



The Nursing and Midwifery Order 2001 ('the Order') requires us to establish and maintain a register and, in doing so, to prescribe the requirements to be met as to the evidence of good health and good character in order to satisfy the Registrar that an applicant is capable of safe and effective practice as a nurse or midwife (article 5(2) (b)).

This form will enable us to consider your suitability to train to be a nurse. It may be completed prior to course interview and handed in to the registration desk alongside copies of your qualifications, or emailed to **admissions@glos.ac.uk**; or, if you prefer, uploaded to your student portal when you accept your offer.

Any false declaration will be considered and may lead to the removal of your subsequent eligibility to register.

Title (tick one box only): Mr Mrs Miss Ms Other (please state): _____

Surname: _____ Forename: _____

Date of birth (DD/MM/YYYY): / /

Please answer all questions

Please tick either the Yes or No box. For every Yes answer please complete the box 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. If you need more space, please attach and sign an additional sheet.

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 (Now Disclosure and Barring Service) in relation to working with vulnerable adults?
 No Yes If yes, provide details: _____

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
 No Yes If yes, provide details: _____

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?
 No Yes If yes, provide details: _____

Is there a current employment disciplinary finding against you and/or are you currently the subject of an employer's disciplinary investigation?
 No Yes If yes, provide details: _____

Is there any other information the University of Gloucestershire should know about which may have a bearing upon your suitability to register? (Note: as a registered nurse you will be responsible for upholding and promoting the standards of the profession as set out in the Code of Conduct for NMC 2015. Relevant information would include any involvement in activities which could bring the reputation of the profession into disrepute).
 No Yes If yes, provide details: _____

Declaration

I agree to provisional registration by the University of Gloucestershire on commencement of my course.
 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.
- I understand that, as a registered nurse, I will be required to comply with the Code of Conduct and Practice for NMC (2015).
- I understand that, as a registered nurse, I will be responsible for upholding and promoting the high standards of the Nursing profession.

Signature: _____ Date: _____