EASTERN INSTITUTE OF TECHNOLOGY
NEW ZEALAND

Bachelor of Nursing

Brief Personal Statement

Applicant Name: .....

1. What do you believe are your personal strengths?

.....

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.....

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.....

2. How would you describe your attributes as a friend, a family member, or as a member of your community?

.....

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3. Why are you interested in studying for a qualification in nursing?

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4. Have you ever had a criminal conviction*?

☐ Yes ☐ No Please note: Clean Slate does not apply

Please Note: A prior conviction may not necessarily exclude you from acceptance into the programme, however we will need to discuss your conviction with you. Failure to disclose any previous convictions at the time of applying may jeopardise your enrolment in the programme.

* If you are accepted into the Bachelor of Nursing programme you will be required to complete a Ministry of Justice Criminal Convictions Record at the commencement of the programme and again at the commencement of your third year of study.

Applicant Signature: .....

Date: .....

EASTERN INSTITUTE OF TECHNOLOGY
NEW ZEALAND

Bachelor of Nursing

Applicant/Student Declaration

Please complete this form if you are applying for or are re-enrolling in the Bachelor of Nursing programme.

Applicants are required to give consent for a request of a Ministry of Justice Criminal Convictions Record.

Immediate notification to EIT is necessary should such personal information change or the answer to any of the following questions becomes "Yes" during the course of the programme.

If the answer to any of the following questions is "Yes" you must provide the particulars in an email to: **internationalapplications@eit.ac.nz**

1. **Have you ever been investigated for a criminal offence?**

☐ Yes ☐ No

2. **Are there any criminal charges against you that have yet to be heard?**

☐ Yes ☐ No

3. **Do you have an existing medical, physical or psychological condition that could limit your full participation in a programme leading to a nursing qualification?**

☐ Yes ☐ No

4. **Are there any reasons, including past events, that could lead to the perception that you pose a risk to children?**

☐ Yes ☐ No

5. **Have you ever been investigated for harassment or abuse?**

☐ Yes ☐ No

6. **I confirm that all the information contained in this document is true and correct. I understand that giving a false declaration of failing to disclose information may:**

- **Prevent me from being accepted onto the programme, OR**
- **If accepted, prevent me from continuing on the programme.**

Applicant Name: .....

Applicant Signature: .....

Date: .....

EASTERN INSTITUTE OF TECHNOLOGY
NEW ZEALAND

Bachelor of Nursing

Declaration of Health

Please complete all sections of this form including your signature, your immunisation and serology results and return with your enrolment form.

A declaration of an applicant's past and present health is a requirement for entry into the Bachelor of Nursing programme. The information is required for the following reasons:

1. **To ensure there are no health problems that could affect your safety or those for whom you are providing care.**
2. **To provide baseline data for future health care (including immunisations) while undertaking the Bachelor of Nursing.**

Should you be accepted on to this programme an annual declaration is required. If your personal information changes during the course of your study you must inform the Practicum Manager or Programme Coordinator.

This form and its contents will be treated as strictly confidential.

Please note: Before being finally accepted, you may be required to have a medical examination or provide an attestation statement from an appropriate professional.

In the event of a false declaration, EIT reserves the right to decline an application or remove a student from the programme.

Applicant Name: ..... Date of Birth: .....

Address: .....

Email: ..... Phone: .....

Section One

1. **Have you consulted a doctor within the last five years other than for minor health conditions? If so, please give details:**

☐ Yes ☐ No

.....

.....

2. **Do you have any chronic/ongoing conditions (e.g. heart disease, asthma, diabetes, epilepsy)? If so, please give details:**

☐ Yes ☐ No

.....

.....

3. **Are you on a surgical waiting list? If so, please give details:**

☐ Yes ☐ No

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*COVID Vaccination is only required for certain placements. Please bring your proof of vaccination or you may be required to be immunised while in NZ (Please note that there may be costs associated to this).

Continued over page

4. **Are you taking any medications?**
   If so, please give details:

☐ Yes ☐ No

.....

.....

Section Two

Do you have or have you ever suffered from any of the following?

- **Back or lower limb trouble that may affect your work performance** ☐ **Yes** ☐ **No**
- **Any physical disability that may affect your work performance** ☐ **Yes** ☐ **No**
- **Any mental or emotional illness** ☐ **Yes** ☐ **No**
- **Use and abuse of addictive substances** ☐ **Yes** ☐ **No**
- **If so, please give details below:**

.....

.....

Section Three

1. **Do you have any skin conditions or skin allergies (e.g. eczema, psoriasis)?**
   If yes, please give details:

☐ Yes ☐ No

.....

.....

2. **Have you ever had health problems/allergic reactions related to any substance, including medication/chemicals/ bee stings/latex etc. (e.g. skin rash, asthma, breathing difficulties)?**
   If so, what was the name of the substance/drug/chemical?

☐ Yes ☐ No

.....

What was the resulting health problem? .....

3. **Do you have any health conditions that would prevent you from wearing personal protective equipment or clothing (e.g. masks, gloves, closed shoes, safety glasses, lead apron, hearing protection)?**
   If yes, please specify:

☐ Yes ☐ No

.....

.....

Section Four

1. **Do you have any disability that may have an impact on your learning or completing this programme?**
   If yes, please specify:

☐ Yes ☐ No

Learning (e.g. dyslexia) .....

Continued over page

Physical (e.g. hearing/vision) .....

Mental health (e.g. depression) .....

Other .....

2. Do you have any other relevant illness or injury not covered in the previous questions? If yes, please specify:

.....

.....

.....

.....

Section Five

Pre-enrolment screening requirements for Bachelor of Nursing learners. Vaccinations and serology requirements. Please complete the table below - if unsure please tick appropriately.

Vaccination Results	Yes	No	Unsure
1. Pertussis (Whooping Cough) immunisation in the last five years	☐ If yes, please supply evidence and name the document VR1	☐ If no, a booster can be obtained in New Zealand (costs will apply). Please advise us if this is your intention.	☐
2. MMR (Measles, Mumps and Rubella) fully immunised (i.e. two immunisations as a child)	☐ If yes, please supply evidence and name the document VR2	☐ If no, a booster can be obtained in New Zealand (costs will apply). Please advise us if this is your intention.	☐
a. Rubella immunisation (if you do not have evidence of two MMR results)	☐ If yes, please supply evidence and name the document VR2A	☐ If no, a booster can be obtained in New Zealand (costs will apply). Please advise us if this is your intention.	☐
b. Morbilli (Measles) immunisation (if you do not have evidence of two MMR results)	☐ If yes, please supply evidence and name the document VR2B	☐ If no, a booster can be obtained in New Zealand (costs will apply). Please advise us if this is your intention.	☐
c. Mumps immunisation (if you do not have evidence of two MMR results)	☐ If yes, please supply evidence and name the document VR2C	☐ If no, a booster can be obtained in New Zealand (costs will apply). Please advise us if this is your intention.	☐
3. Varicella (Chicken Pox) immunisation or evidence of having had varicella previously	☐ If yes, please supply evidence and name the document VR3	☐ If no, you can request a blood test to show immunity status. Please send us your blood test results for confirmation.	☐
4. Hepatitis B antigen and antibody blood test	☐ If yes, please supply evidence and name the document VR4	☐ If no, you can request a blood test to show immunity status. Please send us your blood test results for confirmation.	☐

Permission for Release of Information

Should any of the above medical conditions present possible concern I agree to EIT approaching my doctor in strict confidence, if relevant.

My doctor is: .....

My doctor's number is: .....

Declaration

I declare the above statements are true and complete to the best of my knowledge and belief.

Applicant Signature: .....

Date: .....

EASTERN INSTITUTE OF TECHNOLOGY
NEW ZEALAND

Bachelor of Nursing

Tuberculosis (TB) Questionnaire

Risk assessment of Bachelor of Nursing learners

Surname: ..... First name: ..... DOB: .....

Contact phone number (Home): ..... Mobile: .....

Please tick relevant box.

1. **Have you had screening for tuberculosis previously?** Yes ☐ No ☐ Unsure ☐
   - **If yes what test did you have?** Mantoux 2 step test ☐ QuantiFERON TB Gold ☐
   - **Result: date/s:** ..... Negative ☐ Positive ☐
   - **Have you ever been told that you should not have any more Mantoux tests because you had a large reaction?** Yes ☐ No ☐
   - **Have you had a BCG vaccination?** Yes ☐ No ☐
   - **If yes, give approximated year date:** .....
   - **Scar visible** Yes ☐ No ☐
   - **Have you had a chest x-ray in the last three months?** Yes ☐ No ☐
   - **If yes, what was the result? Please provide report (in English) if available.** Normal ☐ Abnormal ☐
   - **Place x-ray taken:** .....
   - **Date taken:** .....
   - **Were you evaluated by a medical practitioner as a result of your TB testing?** Yes ☐ No ☐

   If yes, give details: .....

2. **Have you had/think you have had tuberculosis?** Yes ☐ No ☐ Unsure ☐

If yes, give details: .....

Date: .....

- **Have you ever been treated for tuberculosis/latent tuberculosis?** Yes ☐ No ☐ Unsure ☐

If yes, when? .....

Date: .....

Treatment given: .....

For how long: .....

Additional information: .....

Continued over page

3. **Have you ever had an unprotected exposure to anyone with confirmed tuberculosis in your work or home environment in the past two years?**

Yes ☐ No ☐

Treatment given: .....

For how long: .....

4. **What country were you born in?** .....

5. **If you are an immigrant, or on a student visa what date did you arrive in New Zealand?**

Date: .....

6. **Please list the countries you have lived, worked or travelled in for more than three months within the last two years?**

.....

.....

7. **Are you a smoker** Yes ☐ No ☐

8. **Do you have any of the following symptoms?** Yes ☐ No ☐

- **A persistent cough or cough most days?** Yes ☐ No ☐
- **If answered yes, does your cough produce a lot of sputum (phlegm)?** Yes ☐ No ☐
- **Have you ever coughed up blood or bloody sputum?** Yes ☐ No ☐
- **Do you wake at night sweating so much you have to change your bed clothes?** Yes ☐ No ☐
- **Do you have unexplained fevers?** Yes ☐ No ☐
- **Have you lost any weight over the last six months without meaning to?** Yes ☐ No ☐

  If yes, how much? (kg) .....

- **Any additional information you feel we should have?**

.....

.....

Applicant's Signature: .....

Date: .....

(Office Use Only)

Further screening required: Yes ☐ No ☐

Date: .....

Result: .....

QuantiFERON TB Gold assay (IGRA) Yes ☐ No ☐

Chest x-ray Yes ☐ No ☐

Refer to respiratory physician Yes ☐ No ☐

Comments: .....

Nurse/Medical Officer | Signed: .....

Date: .....

EASTERN INSTITUTE OF TECHNOLOGY
NEW ZEALAND

Bachelor of Nursing

Referee Statement

You are also required to ask two (2) referees to complete one each of the enclosed confidential reference forms.

1. If you are still attending School (or have recently left) please ensure **one (1)** referee is the **Principal of that school.**
2. If you are a current (or have recently been) New Zealand Certificate in Study and Employment Pathways (Level 4) learner, please ensure **one (1)** referee is one of your **New Zealand Certificate in Study and Employment Pathways' lecturers.**
3. If you are (or have been) employed, please ensure **one (1)** referee is your **most recent employer.**
4. If you are presently employed in any type of caregiving or nursing, please ensure **one (1)** referee is the **Nurse Manager.**

Family members and people residing at your address are **NOT** considered appropriate referees.

To the Applicant:

Please fill in your referee's name and address below and give this form plus the stamped addressed envelope to your referee as soon as possible. (It is recommended that you contact your referee beforehand to obtain their permission.)

Be sure you fill in your name below.

Applicant Name: .....
(please print)

To the Referee:

This is a CONFIDENTIAL Reference Form.

The information given will be held in the strictest confidence and will assist in the selection process. This reference form is common to all polytechnics/institutes of technology offering nursing courses. You may wish to keep a copy of your completed reference.

Please complete both sides of this page and email as soon as possible to: **internationalapplications@eit.ac.nz**

Please **DO NOT** return this completed form to the applicant. Send it directly to: **internationalapplications@eit.ac.nz**

Thank you for your assistance.

Referee Name: .....
(please print)

Address: .....

Phone Number: .....

Continued over page

1. How long have you known the applicant? .....

Under what circumstances:

.....

2. Personal qualities

Please place a tick in the space on the scale which best indicates your assessment of the applicant in relation to each of the following qualities.

Honest						Dishonest
Mature						Immature
Reliable						Unreliable
Caring						Self-centred
Tolerant						Intolerant
Accepts responsibility						Avoids responsibility
Leadership potential						Unlikely to lead

Please comment on your assessment of this applicant's personal qualities: .....

.....

3. Interpersonal relationships. Please comment on the following:

Relationship with peers: .....

.....

Relationship with people in authority: .....

.....

Consideration of others: .....

.....

4. Attitudes to work/study. Please comment on the following.

Perseverance: .....

Co-operation with others: .....

Application to work/study: .....

Initiative: .....

5. General

a. Has the applicant's health ever affected his/her performance at work/school?

☐ Yes ☐ No

If yes, comment: .....

.....

b. Does the applicant have special abilities or disabilities?

☐ Yes ☐ No

If yes, comment: .....

.....

c. Do you consider the applicant able to successfully complete a full-time three year degree programme?

☐ Yes ☐ No

Give reasons: .....

.....

Referee Signature: .....

Date: .....

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(please print)

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(please print)

Address: .....

Phone Number: .....

Continued over page

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Under what circumstances:

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.....

3. Interpersonal relationships. Please comment on the following:

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.....

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If yes, comment: .....

.....

c. Do you consider the applicant able to successfully complete a full-time three year degree programme?

☐ Yes ☐ No

Give reasons: .....

.....

Referee Signature: .....

Date: .....

EASTERN INSTITUTE OF TECHNOLOGY
NEW ZEALAND

Bachelor of Nursing

Ministry of Justice Criminal Convictions Record

Have you already been living in New Zealand for 6 months or more?	
Yes	**No**
☐ If yes, please provide the information as requested below.	☐ If no, you will need to provide a police clearance from your country of residence which has been issued within 6 months prior to your programme start date.

The EIT School of Nursing | Te Kura Kaupapa Tapuhi requires you to provide a copy of your Ministry of Justice Criminal Convictions record. Therefore, you will need to obtain your own Ministry of Justice Criminal record from https://www.justice.govt.nz/criminal-records/get-your-own/

You will need to fill in the 'Request your own criminal conviction history form'. You must include a clear photocopy of one of the following:

- NZ Driver's licence - can be current or expired within the last 2 years, but cannot be cancelled, defaced or a temporary licence.
- NZ Passport - can be current or expired within the last 2 years, but cannot be cancelled or defaced. Must show your signature.
- Overseas Passport - must be current and cannot be expired, cancelled or defaced. Must show your signature.
- NZ Firearms licence - must be current and cannot be expired or defaced.
- If you do not have any of these forms of identification you will need to follow the instructions in Step 5 of the form.

On the form under Step 4 you are asked to select how you want the report returned to you. You must select 'by email'. When you receive the result you must forward this by email to the EIT International Admissions Team internationaladmissions@eit.ac.nz.

You can post OR scan and email the request form to the criminal records unit at the Ministry of Justice (postal and email address details are on the form).

Any applicant who has a conviction will need to go through the EIT and Nursing Council conviction review processes.

Your enrolment/re-enrolment is not considered to be completed until the result of this record has been received by the Bachelor of Nursing administration team.