

### **Pre-enrolment Checks – Declaration Form**

You will have received information about Occupational Health, Disclosure & Barring Service (DBS) etc. It is important for our records that we can confirm that you have read and understood this information.

In order to progress your application we need you to sign and date this document, in each section it outlines the key issues that you are signing to confirm you understand.

It is also important to understand that as a future health professional, trust and honesty are critically important elements. In all cases it is important that forms are completed honestly and that any relevant issues are raised as soon as possible.

#### **Occupational Health:**

I understand that I should return all requests for information relating to my occupational health screening as soon as possible and that failure to do so may prevent me from enrolling on my course.

I understand that should I enrol on my course without occupational health clearance having been obtained that, if a risk is subsequently identified, I may be withdrawn from the course. All risks will be considered on an individual basis.

I understand that failure to obtain all vaccinations required for my course, as determined by occupational health will, unless there are justifiable medical grounds for me not doing so, lead to my withdrawal from the course.

If adjustments are advised, I understand that the operational decision on implementing these recommendations ultimately rest with the faculty based on a balance of both my needs and the operational capabilities and it may not be possible to grant them in their entirety or at all.

#### **Disclosure & Barring Service (DBS):**

I understand that it is my responsibility to return my DBS documentation as soon as possible. If I fail to do this and clearance is not obtained prior to the start of the course I may not be able to enrol.

I understand that should I enrol on my course without Disclosure & Barring Service clearance having been received that if a disclosure is subsequently received I may be withdrawn from the course. All disclosures will be considered on an individual basis by our Professional Issues Committee.

#### **Placement/Practice:**

I have read the information relating to this element of my course and understand that there is a possibility that I may be placed in a location that requires me to travel significant distances or temporarily relocate.



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I understand that as a student I will be expected to undertake a full range of placement activities to ensure I participate in the total patient experience and see health and/or social care delivery from a range of perspectives. I understand this may require experiencing early, late, night, weekend and bank holiday shifts during the placement component of my programme.

**Holidays:**

Holidays must be taken within the set annual leave timetable and I understand that missing an exam or hand in date due to holidays does not count as extenuating circumstances and therefore any 'missed' deadline will mean that I have forfeited the 1<sup>st</sup> attempt.

**Signed:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Student Ref No:** \_\_\_\_\_

Please ensure that you review all of the above information and return scans or photographs of both pages to [meddent-admissions@plymouth.ac.uk](mailto:meddent-admissions@plymouth.ac.uk) once you have completed the signature section above.

**Please note that we are unable to accept typed signatures.**