**Fitness to Practice Assessment**



**To be completed and signed by student**. Students should understand that it is in their own interest that this form should be completed accurately. Any proven non-disclosure and/or falsification of the statement may result in advising the school of a ‘not fit to practice’ status. This may compromise your place on the course and the successful completion of any placement requirements. If the outcome of this assessment is that you are not fit to practice then full support and guidance will be provided regarding alternative programmes of study.

**PLEASE COMPLETE THE FORM IN BLOCK CAPITALS AND BLACK INK**

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| **Course Applied For:** |
| Course Title: |
| Student Number: |

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| **Personal Details** | |
| Forename | Surname: |
| Legal Gender: M / F |  |
| Address: | |
|  | |
|  | |
|  | |
| County: | Postcode |
| Telephone: |  |

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| **Medical History**  **Please tick all relevant boxes. If ‘Yes’ you MUST give details** | | | |
|  | **Yes** | **No** | **Details** |
| Have you been off work/school through illness/accident in the past two years? If yes, please specify how many days absent and occasions of absences in total. |  |  |  |
| Have you been retired on medical grounds or have you left a job due to ill health? |  |  |  |
| Have you been employed in a situation which required health surveillance under statutory regulations? |  |  |  |

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| Have you **been diagnosed** from any of the following?  **Please tick all relevant boxes.** If ‘Yes’ you MUSTprovide accurate detailed information, e.g. GP visits, any treatment or investigations including any hospital visits and admissions. | | | |
|  | **Yes** | **No** | **Details (if yes, please provide details)** |
| Have you ever had Chickenpox? |  |  |  |
| Epilepsy, blackouts, fainting attacks or dizziness? |  |  |  |
| Diabetes, thyroid or glandular problems? |  |  |  |
| Asthma, bronchitis, pleurisy, emphysema or pneumonia?  Have you ever had a chest X ray? |  |  |  |
| Breathlessness or palpitations? |  |  |  |
| Chest pain, heart disease or circulation problems? |  |  |  |
| Blood disorders e.g. anaemia, leukaemia, and thalassemia? |  |  |  |
| High or low blood pressure? |  |  |  |
| Migraines or frequent headaches? |  |  |  |
| Glaucoma, eye injury, colour blindness or any other visual defect not corrected by glasses? |  |  |  |
| Hearing problems or defects? |  |  |  |
| Gastric and stomach disorders e.g. ulcers, gall bladder stones? |  |  |  |
| Rupture/hernia or bowel disorders? |  |  |  |
| Bladder or kidney problems? |  |  |  |
| Gynaecological or prostate disorders? |  |  |  |
| Back pain, sciatica, lumbago or slipped disc? |  |  |  |
| Any joints problems including swelling or pain e.g. Arthritis? |  |  |  |
| Have you ever fractured or broken a bone which has resulted in lasting impairment? |  |  |  |
| Any muscular or ligament/tendon damage? |  |  |  |
| Do you have any known allergies to any drug or substances e.g. penicillin, latex, metals, dust, animals? |  |  |  |
| Skin conditions e.g. eczema, psoriasis, dermatitis or any skin disease liable to infection? |  |  |  |
| Episodes of anxiety, stress, eating disorders, panic attacks |  |  |  |
| Are you at present taking any medication? If so, please specify |  |  |  |
| Any drug/alcohol dependency? |  |  |  |
| Any mental health problems? If so, please specifiy. |  |  |  |
| Have you had any incidents of attempted suicide, self-harm or overdose? |  |  |  |
| Have you ever been diagnosed with any of the blood born viruses? e.g. HIV, Hepatitis B or Hepatitis C. |  |  |  |
| Have you had any operations in the past which might impact on your ability to meet the demands of the placement? |  |  |  |
| Have you ever had any history of any infectious or tropical diseases or any illnesses contracted abroad? e.g. Tuberculosis, Malaria |  |  |  |
| Have you or are you being treated or had investigations for any illness not recorded on this form? |  |  |  |

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| **Disability Information**  The Equality Act 2010 defines a disabled person as one who has a physical or mental impairment which has a substantial and long term adverse effect on his/her abilities to carry out normal day to day activities | | | |
|  | **Yes** | **No** | **If yes please give details.** |
| Do you have a disability? |  |  |  |
| Have you any additional support needs we need to be aware of? |  |  |  |

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| **Declaration** |
| * I confirm that to the best of my knowledge, the information given in this form is correct and complete. * I certify that none of the declared conditions above will affect my ability to complete the placement requirements of the course. * I understand any medical conditions disclosed within this document could be shared with the programme teaching team. * I will make the placement aware of health conditions where necessary. * I give consent to be medically examined if required.   Applicant Signature: Date: |

**Data Protection Statement – How we use your personal information.**

**Why do we collect personal information?**

The TEC Partnership collects and processes personal data to effectively manage learning and to meet its statutory obligations as a further and higher education institution in accordance with the General Data Protection Regulations (GDPR) and the Data Protection Act 2018 (DPA 2018).

*The TEC Partnership consists of: - Grimsby Institute, University Centre Grimsby, Skegness TEC, Scarborough TEC, Career 6, The Academy Grimsby, Learning Centres, NET UK and Modal.*

**What personal information does the organisation collect?**

The TEC Partnership collects and processes data using Article 6, Lawfulness of processing and Article 9, Processing of special categories of personal data as part of the GDPR Regulation.

**How is this collected and stored?**

Information is collected directly from yourself via the Fitness to Practice Assessment form. Data from the form will be stored in a range of different places, including information management systems, hard copy stored secure places, or on electronic documents within a secure network.

**How long will you keep data for?**

* The Fitness to Practice Assessment form will be retained for 6 years following the academic year in which you apply.

**Who has access to data?**

Your information will be shared internally with any TEC Partnership staff who need access to the data.

**What rights do you have?**

As a data subject, you have a number of rights. You can: obtain a copy of your data on request; require the organisation to change incorrect or incomplete data; request for your personal data to be deleted, for example where you believe the data is no longer necessary, stop your data being processed, for example withdrawing your consent; object to the processing of your data, for example, how your data is being used. To access the full privacy statement and to find further information regarding data protection please visit: <https://tecpartnership.com/privacy-centre/> or speak to a member of staff.

**This form should be completed and emailed to:**

[**fitnesstopractice@grimsby.ac.uk**](mailto:fitnesstopractice@grimsby.ac.uk)

**Official Use Only: TO BE COMPLETED BY HE PLACEMENT TEAM**

**Date Received: Date Checked:**

**Any issues highlighted will presented to the fitness to practice panel for action.**

**Where there are significant concerns regarding fitness to practice this will be referred to Occupational Health prior to Fitness to practice panel prior to student starting placement.**

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| **Issues Highlighted** | **Action Required** | **By Who** | **Date Actioned** |
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**Fit for Practice YES/NO**

**Signed (HEP Team): Date:**

**Forwarded to Panel on:**

**Action plan communicated to student on:**

**Signed: Date:**