

Fitness to Practice & Personal Declaration Statement (2020 - 2021)

MEDICAL IN CONFIDENCE



As a training institution, we have a responsibility to ensure that students meet the highest standards of conduct and practice required of a Nutritional Therapy Practitioner. This is essential as students entering the profession after completion of their clinical practice will occupy a position of trust and care.

The BCNH College of Nutrition and Health (BCNH) has a duty to ensure that no member of the public is harmed as a consequence of participating in the education of our students due to the student being mentally, physically or emotionally unfit to practice. If the conduct of a student falls below the highest standards of professional conduct and behaviour that the college and clients have a right to expect, the college has the right to terminate a student's registration.

Please be assured that the information you provide in this questionnaire will be treated in the strictest of confidence, and that the sole purpose of the questionnaire is to decide your fitness to practice Nutritional Therapy. The questionnaire has been compiled in compliance with the relevant NTEC regulations.

For the vast majority of candidates, the completion of the attached questionnaire will mean that a formal medical examination will not be required. The completed form will be assessed by a senior member of the BCNH academic staff. In exceptional cases, candidates may be asked to undergo a medical examination, for which the candidate is responsible for meeting any costs incurred.

Failure to complete all sections fully may result in a delay in the confirmation of your acceptance onto the course. **Please check that the declaration of health has been fully completed. Please password protect your form and email to admin@bcnh.co.uk**

1. PERSONAL DETAILS

Official first name(s):	<input type="text"/>	Official last name(s):	<input type="text"/>
Title:	<input type="text"/>	Date of Birth:	<input type="text"/>
Gender:	<input type="checkbox"/> F <input type="checkbox"/> M	Prefer to self-describe as:	<input type="text"/> (e.g. non-binary) <input type="checkbox"/> Prefer not to say
Your height:	<input type="text"/> cm	Your weight:	<input type="text"/> Kg
Home address:	<input type="text"/>	Mobile phone:	<input type="text"/>
	<input type="text"/>	Personal email:	<input type="text"/>
	<input type="text"/>	Emergency Contact No:	<input type="text"/>
Postcode:	<input type="text"/>	Country of domicile:	<input type="text"/>
Nationality:	<input type="text"/>	Current job / occupation:	<input type="text"/>

2. DISABILITY

(e.g. hearing impairment, blind / partially sighted, etc.) Please specify below and please **provide a copy of any valid certificate(s) to verify, for example, your learning disability or other special needs (as confirmed by medical professional)**

3. MEDICAL CONSENT

May we have your consent to approach your family doctor and/or your hospital specialist for further information?

Yes No

MEDICAL CONSENT (continued)

Please give the name and address of your family doctor and/or hospital specialist(s) in case of an emergency:

4. YOUR HEALTH QUESTIONNAIRE

BCNH complies with the General Data Protection Regulation 2018. At no time will your personal information be passed to other organisations for marketing or sales purposes. A copy of our Privacy Notice can be found on our [website](#). Please answer all the following questions below.

1. Have you ever had an illness, medical problem or disability that may affect your ability to practice Nutritional Therapy (NT)?

Yes No

If Yes, please provide details below:

2. Are you waiting for any treatment, operation or investigation?

Yes No

If Yes, please provide details below

3. Have you seen a doctor in the last year for any kind of health problem?

Yes No

If Yes, please provide details below:

4. Do you have any eyesight problems not corrected with glasses?

Yes No

If Yes, please provide details below:

5. Do you have any hearing problems?

Yes No

If Yes, please provide details below:

6. Have you ever had fits, blackouts or epilepsy?

Yes No

If Yes, please provide details below:

7. Have you ever had a drug problem?

Yes No

If Yes, please provide details below

8. Have you ever suffered from any mental illness, psychological or psychiatric problem, including depression, anxiety, nervous debility, nervous breakdown, schizophrenia or eating disorder (anorexia or bulimia)?

Yes No

If Yes, please give details below:

9. Are you on any medication at present?

Yes No

If Yes, please provide details below:

10. Do you feel well at present?

Yes No

If NO, please provide details below:

11. Are there any other issues affecting your health not covered above?

Yes No

If Yes, please provide details below:

PERSONAL DECLARATION STATEMENT

In relation to **1. Criminal offences** **2. Fitness to practice proceedings** **3. Professional or personal issues**

12. Have you been convicted of a criminal offence (including Road Traffic or Motoring Offences), been cautioned, or are you currently the subject of any police investigation, which might lead to conviction in the UK or any other country?

Yes No

If YES, provide details of the criminal offence or any current proceedings below. Please provide approximate date of the offence and country which dealt with the offence. **Please note that spent convictions for driving and other minor offences are unlikely to be considered relevant to your admission on the course.**

13. Have you been, or are you currently subject to, any fitness to practice proceedings by an appropriate licencing or regulatory body in the UK or any other country?

Yes No

If YES, provide details of the nature of proceedings on a separate sheet. Please provide approximate date of proceedings and the country where proceedings were undertaken.

14. Have you been involved in, or are you currently involved in, any professional or personal unresolved or pending issue that might undermine your ability to practice Nutritional Therapy?

Yes No

If YES, provide appropriate dates and details

DECLARATION

I hereby declare that the information I have provided is accurate and complete to the best of my knowledge and belief. Furthermore, I declare that I will notify BCNH of any significant changes in relation to the circumstances specified about during the course of my studies which may affect my ability to practice.

CONSENT TO PROCESSING OF DATA

I hereby give consent for all information contained in this Statement to be held on the BCNH database of enrolled students for the sole and exclusive purpose of determining my fitness to practice as a Nutritional Therapist, in accordance with the relevant regulations set down by the Nutritional Therapy Education Commission (NTEC).

Yes No

Signed

Date