

Name: \_\_\_\_\_

### Disclaimer Form – School of Education- Early Childhood

#### Medical History

Do you live with the effects of injury, long-term illness or disability? Please indicate any medical condition/disability you have that may affect your ability to complete this qualification. It is important that you notify Vision College so that support can be arranged. Please indicate any specific areas of assistance that you may require to facilitate your training.

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#### Criminal Record Self Declaration

Have you ever been convicted of any criminal offence? Yes / No

If yes please give details of the offence and the date that it occurred.

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*Company policy requires that all applicants complete a convictions check with the Wanganui computer. Your application will not be processed until this is received.*

*N.B. Some convictions will inhibit your chance of gaining employment in the Early Childhood profession and limit our ability to place you in work experience in an Early Childhood setting.*

Have you at any stage been dismissed from employment related to the care and education of children? Yes / No

If yes please specify:

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#### Declaration

I understand that making a false statement is an offence under the Crimes Act 1961. Pursuant to principle 11(d) of the Privacy Act 1993 I agree to the use of the information on this form by Vision College.

I hereby declare that the information I have given above is true and correct. No information, which could have a material bearing on my application, has been withheld.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

