

HEALTH AND ETHICAL ISSUES	
Health	<p>Have you suffered or do you currently suffer from health problems that may affect your ability to study?</p> <p> Depression <input type="checkbox"/> Cancer <input type="checkbox"/> Heart Disease <input type="checkbox"/> Hypertension (High Blood Pressure) <input type="checkbox"/> Migraines <input type="checkbox"/> Chronic fatigue <input type="checkbox"/> Emotional/Psychological Disorders <input type="checkbox"/> Addictions <input type="checkbox"/> RSI (OOSE) <input type="checkbox"/> </p> <p>Please specify if 'Other'</p> <p>_____</p> <p>Please give details of nature and time (current or past) of health problems:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
Drugs:	<p>Have you used illegal substances?</p> <p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>What sort?</p> <p>_____</p> <p>When was your last use? _____</p>
Convictions:	<p>Have you ever been convicted of a criminal offence?</p> <p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>If Yes, when?</p> <p>_____</p> <p>What was/were the nature of the offence(s)?</p> <p>_____</p> <p>_____</p>
Other:	<p>Please advise us of any other information that may interfere with your ability to study.</p> <p>_____</p> <p>_____</p> <p>_____</p>