

**SCHOOL OF EDUCATION**

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| **Post Graduate Certificate in Education (PGCE)****Pre-Course Student Health Questionnaire** |  |  **CONFIDENTIAL** |

**Introduction**

By offering a Post Graduate Certificate in Education, the School of Education at the University of Bristol has a responsibility to ensure that the health, safety, and well-being of clients will not be put at risk. Applicants need a sufficient standard of health and physical fitness to enter and remain in the teaching profession and therefore assessment of medical fitness for teaching work duties forms a key element of your application process.

All candidates offered a place are required to complete and return the enclosed confidential declaration of health questionnaire. The questionnaire asks candidates to disclose specified medical conditions and to provide information on any disability or health condition that may require support whilst they are studying. This is in line with Department for Education Fitness to Teach guidance (2011).

The University of Bristol is committed to ensuring equality of opportunity for disabled students and those with health conditions. Most health conditions and disabilities, even if substantial, should not impede you from being accepted for training and will not raise fitness to teach concerns. If you have a condition which would make it impossible for you to work safely with children or for you to acquire the skills necessary to complete the course, even with adjustments and support, then you cannot be accepted onto the course. You should not assume that any disability or health condition will prevent you from being able to take up your offered place.

Once you have completed all sections, please emailthe questionnaire **ASAP** to:

**student-occhealth@bristol.ac.uk**. **Please keep a copy**. Failure to return this questionnaire on time will result in a delay in processing your application, funding and being accepted onto the course.

If you declare a health condition which could affect you in your training, an Occupational Health Advisor will contact you for more information. You may also be required to attend an appointment with an Occupational Health Physician as part of the pre-course assessment. Medical information will not be shared outside of the Occupational Health Service without your consent apart from in exceptional circumstances in line with medical confidentiality guidance.

If you do not commence the course the form will be destroyed in line with General Data Protection Regulation (GDPR) and University policy.

**Occupational Health Service**

1-9 Old Park Hill

Bristol

BS2 8BB

student-occhealth@bristol.ac.uk

**University of Bristol Occupational Health Service**

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| **Post Graduate Certificate in Education (PGCE) Pre-Course Student Health Questionnaire** |  | **CONFIDENTIAL** |

The information provided will be treated as confidential and seen only by the University of Bristol Occupational Health service which may also include our outsourced Occupational Health Physician. Based on your responses, relevant advice and information may be shared with the School of Education with your consent. Please complete using black ink.

# Section 1: Personal Details

|  |  |
| --- | --- |
| Title |  |
| Family name |  |
| Given name(s) |  |
| Date of birth |  |
| Gender |  |
| Contact address |  |
| Postcode |  |
| Home telephone number |  |
| Mobile number |  |
| E-mail address (preferred email for Occupational Health correspondence) |  |
| General Practitioner (Name/address and telephone number) |  |
| Course Title |  |
| Course Start Date |  |

# Section 2: Your Functional Capabilities

|  |  |  |
| --- | --- | --- |
| **Do any of the following present you with difficulty? Please tick answer** | **Yes** | **No** |
| a | **Mobility** e.g., walking, running, using stairs |  |  |
| b | **Agility** e.g., bending, reaching up, kneeling, maintaining balance |  |  |
| c | **Dexterity** e.g., getting dressed, writing, using tools |  |  |
| d | **Physical exertion** e.g., lifting, carrying, running |  |  |
| e | **Communication** e.g., speech |  |  |
| f | **Vision impairment not corrected with glasses or contact lenses** |  |  |
| g | **Hearing impairment** |  |  |
| If **yes** to any of the above**,** give details e.g., extent of disability or health condition, any support needs or adjustments required at your place of study or work. |

# Section 3: Your Health

Please answer all the following questions. If you answer yes, please give further details, continuing on a separate piece of paper if necessary.

|  |  |  |
| --- | --- | --- |
| **1. Do you have, or have you ever had any of the following? Please tick answer** | **Yes** | **No** |
| a | **Chronic skin conditions?** e.g., eczema, psoriasis |  |  |
| b | **Neurological disorder?** e.g., epilepsy, fits or blackouts, multiple sclerosis |  |  |
| c | **Allergies?** e.g., to latex, medicines, foods, animals |  |  |
| d | **Endocrine disease?** e.g., diabetes |  |  |
| e | **Respiratory conditions?** e.g., asthma |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| f | **Sudden loss of consciousness?** e.g., a fit or seizure |  |  |
| g | **Chronic fatigue syndrome?**  |  |  |
| h | **An eating disorder?** e.g., bulimia, anorexia nervosa, compulsive eating |  |  |
| i | **Drug or alcohol dependency problems?** |  |  |
| j | **Mental health condition?** e.g., anxiety, depression, schizophrenia, bipolar affective disorder, stress related illness, OCD, or personality disorders |  |  |
| k | **Have you ever been treated by a psychiatrist, psychotherapist, or counsellor?**  |  |  |
| l | **Have you ever been diagnosed or treated for Tuberculosis (TB)?** |  |  |
| m | **Have you ever had any heart, blood pressure or circulatory problems?** |  |  |
| n | **Do you have any other diagnosed medical conditions?** |  |  |
| If **yes** to any of the above**,** give details e.g., diagnosis, when condition developed, how long it lasted/does it still effect you and how, treatment, and outcome, adjustments required at your place of study or work. Please continue on a separate sheet if necessary and ensure any attached sheets have your name and date of birth clearly stated on them. |

|  |  |  |
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| **2. Are you currently taking any regular medication or receiving any treatment? Please tick.** | **Yes** | **No** |
| If **yes,** give details  |

|  |  |  |
| --- | --- | --- |
| **3. Do you have any disability or health condition not already mentioned which you think that you may require support or adjustments during your education or training? Please tick.** | **Yes** | **No** |
| If **yes,** give details  |

# Section 4: Declaration

I declare that the answers to the above questions are true and complete to the best of my knowledge and belief. I understand that I may be contacted by a member of the Occupational Health service to attend for a more detailed assessment which may include onward referral to an occupational health physician. I understand that the University of Bristol School of Education will be informed of any disability or medical condition that could require support or affect my fitness to teach with my consent. I also understand that I have a responsibility to inform the School if this declaration of health changes before commencing my course at the University.

I declare that all the statements and information provided on this form are true and complete to the best of my knowledge and belief, and I am aware that any false statements may affect my application or continuation on the course.

Are you happy for the Occupational Health Service to send you SMS notifications, appointment reminders and passwords to encrypted documents sent via email (you can change your mind at any time by notifying us via email at student-occhealth@bristol.ac.uk)?  Yes [ ]  No [ ]

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