DECLARATION OF HEALTH QUESTIONNAIRE

FOR ALL PROSPECTIVE COURSE MEMBERS ON THE INITIAL TEACHER EDUCATION PROGRAMME AT THE UNIVERSITY OF BOLTON

The University of Bolton, Education & Psychology Academic Group, is pleased that you have been offered a place on this Teacher Training Programme. The Academic Group is committed to providing you with effective and meaningful support for the duration of your programme.

It is important for you to note that the University has a legal duty to take reasonable steps to ensure that you are medically fit for teacher training. The information that you provide on the questionnaire overleaf may be assessed by a medical adviser and where it is considered further information is required before a decision can be reached to accept you on the programme, then a medical examination will be arranged. **This is only likely in the most exceptional circumstances.**

The Initial Teacher Education Programme is generally recognised as very demanding both physically and emotionally. We aim to create a safe and supportive teaching and learning environment for all course members. However, we are aware that you may have particular support or medical requirements, which you consider go beyond that which may be described as typical. **With the information you provide we may consider it necessary to direct your request for support to our central support service.** It is for this reason that we ask you to give careful consideration to the questionnaire overleaf. If you would like to discuss any aspect of this questionnaire before you sign it please contact 01204 903657.

**You must return your completed Health Questionnaire within two weeks of receipt of your offer pack to:**

Teacher Training  
Education & Psychology Academic Group  
The University of Bolton  
Deane Road  
Bolton  
BL3 5AB
EDUCATION & PSYCHOLOGY ACADEMIC GROUP – INITIAL TEACHER EDUCATION DECLARATION OF HEALTH QUESTIONNAIRE

Please give careful consideration to each of the following questions:

- Do you have any physical or sensory impairment which you consider will require any additional support during your initial teacher education programme?  
  
  *YES/NO (Please delete as appropriate)

  If yes please specify:

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- Have you experienced, or are you experiencing, any mental health difficulty which you consider will require any additional support during your initial teacher education programme?  
  
  *YES/NO (Please delete as appropriate)

  If yes please specify:

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- Are you taking any medication which you consider we should be aware of to ensure any additional support during your initial teacher education programme?  
  
  *YES/NO (Please delete as appropriate)

  If yes please specify:

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Course applied for: ........................................Full-time / Part-time

Subject Area: ..................................................................................................................

Print Name: ..........................................................................................................

Contact telephone number: ...................................................................................

Signed: ................................................. Date: ........................................

Please return this Health Declaration within 2 weeks of receipt by post to:
  Teacher Training, Education & Psychology Academic Group
  The University of Bolton
  Deane Road
  Bolton BL3 5AB

Or email: education-enquiries@bolton.ac.uk

PLEASE NOTE: Failure to return this form may jeopardise your place on the course for this academic year.