

## Appendix 1: 'Fitness for Practice' Declaration

I, (please print full name) \_\_\_\_\_

Student Number: \_\_\_\_\_

have read the University of Melbourne Department of Nursing, Master of Nursing Science 'Student Guide to Professional Experience Placement' information and understand the 'Fitness for Practice' requirements and the implications of these requirements for me as a student in this program.

I am aware of and understand my obligation to the Department of Nursing to report any physical, psychological or psychiatric condition that may affect my ability to engage in or complete professional experience placement.

I declare that to the best of my knowledge I do not have any physical or mental condition that could impact on my ability to meet the inherent requirements of students in entry to practice programs such as the Master of Nursing Science.

Should I develop a physical, psychological or psychiatric condition that may affect my ability to engage in or complete professional experience placement at any time after making this declaration that I will inform the Master of Nursing Science Course Coordinator or the Professional Experience Placement Coordinator at the earliest possible time. I also understand that in order to engage in professional experience placement I am obliged to provide documentation from a registered practitioner that stipulates that I am fit for practice, such as a medical clearance, if I have previously been unfit for practice but am now in a restored state of health.

Student Signature: \_\_\_\_\_

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