**APPENDIX G: Annual Student Fitness to Practise Disclosure**

**Academic Quality**

**Framework**

**Fitness to Continue**

**to Practise**

**(Appendix G)**

**Approved by Academic Council 22 June 2022**

All students on Programmes subject to the Fitness to Practise Policy will be required to answer the following questions at initial registration and annually at registration thereafter.

**Important note for the use of this form:**

1. This form is available from TU Dublin Academic Affairs in hard and soft copy. Students of programmes subject to this policy are directed via the Registrations Service to complete the form annually at the com-mencement of each academic year.
2. Responsibilities in relation to personal data on MS Forms is available on the University's website on: [https://www.tudublin.ie/connect/it- ser-vices/guides/microsoft-forms/](https://www.tudublin.ie/connect/it-%20ser-vices/guides/microsoft-forms/)
3. The completed form will be retained for the academic year. The form will be deleted on expiry of this retention period

**Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Programme & Year** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Your Programme of study is one that is subject to the TU Dublin Fitness to Practise Policy. This means that, in addition to achieving the required ac-ademic standard to progress successfully through and complete relevant programme of study individuals will also:   * Have the capacity to perform key skills and tasks (competen-cies/proficiencies); * Be healthy of body and mind so as to be able to practise their profession as   students whilst on placement;   * Conduct and behave themselves so as not to affect ad-versely Service Users or   put them or themselves at risk;   * Conduct and behave themselves in a manner likely not to harm the reputation of   their programme or that of the University.  It is important to note that a student may have one or a number of health issues and/or conduct related issues that will not impact on their Fitness to Practise on their programme of study. Where health and/or conduct matters are present, it is the intention of TU Dublin to provide support and accommodations, where it is reasonably possible to do so and where the safety of the student and/or the public and service users is not compromised. |
| As a student in a programme that is subject to the TU Dublin Fitness to Practise Policy, you are required to complete this form fully.  It will be considered a breach of TU Dublin regulations to conceal any in-formation that you are aware of in relation to your own health and/or con-duct matters and may give rise to disciplinary action.  Should your health status or any matter relating to your conduct or behaviour change in the course of this academic year you are required to immediately inform your Head of School. If you answer yes in relation to questions 2 and/or 3 below your School Head of Discipline will be in touch to obtain further information. |

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| 1. I agree to complete the TU Dublin Student Garda Vetting Process (for year 1 students) or I confirm that I have completed the TU Dublin Student Vetting Process (for 2nd and subsequent year groups) | **Yes**  **No** |
| 1. I confirm that I have never been convicted of an offence/nor the subject of criminal investigations that might impact on my undertaking this programme (including placement requirements) and engaging in the practise of this profession | **Yes**  **No** |
| 1. Do you have any physical, personal, emo-tional or medical reasons that may impact on you undertaking this programme (including placement requirements) and engaging in the practise of this profession? | **Yes**  **No** |
| 1. I understand that this information will be shared within TU Dublin only with staff as re-quired to Confirm my Fitness to Practise on this programme of study. | **Yes**  **No** |

**Student signature:**

**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_