**Confidentiality and Informed Consent**

**Student Declaration Form**

Please read the **Confidentiality and Informed Consent Guidelines for Students** and then complete the below in full. Insert digital signature/picture of signature for the relevant sections.

|  |  |
| --- | --- |
| **Student Name** |  |
| **Student Number** |  |
| **Date** |  |
| **Cohort** |  |
| **Undergraduate / Postgraduate** (delete as appropriate) | |
| **Course Title** |  |

As a student I am aware that there are certain procedures and policies I must adhere to.

Please read this form carefully and complete the required information.

This information will be treated as confidential and will be in accordance with the University Data Protection Policy.

## Confidentiality and Informed Consent

I have read and understood the School Guidelines for Confidentiality and Informed Consent and I understand the importance of maintaining confidentiality and gaining informed consent. I also understand the consequences of failing to do so.

In addition, I am aware that the recording of lectures/discussions may not be permitted, to protect student confidentiality.

## Signature …………………………………………………………………… Date …………………

1. **Fitness to Practise**

I agree to abide by the relevant professional code of conduct and to work within the professional standards as described by the relevant Professional/Statutory/ Regulatory Bodies such as the NMC or HCPC or other relevant body for the duration of my studies.

I am fully aware that failure to:

* Comply with the relevant professional guidelines
* Meet the expected professional standards may result in my discontinuation from the course

## Signature …………………………………………………………………… Date …………………

1. **Progression and achievement record**

I consent to the processing of confidential data identified on my ongoing achievement record and agree that this information can be shared between successive mentors, and with relevant education providers, as part of the process of assessing fitness to practice.

## Signature …………………………………………………………………… Date …………………

1. **Consent for Practical and Classroom Experiential Activities**

As part of your course, you may be expected to take part in some practical based sessions and some classroom experiential activities, which will develop your professional knowledge and understanding. As these sessions are an important component of your learning you will normally be expected to fully participate in these sessions. You may also have practical assessments where you demonstrate your professional and practical skills. These assessments may be recorded to ensure that they are available for external scrutiny. During these assessments you may also be expected to act as a model for your peers.

# ***I confirm that:***

* 1. I am willing to participate in activities as a volunteer subject.
  2. I will behave in a professional manner in accordance with the relevant discipline specific Professional Code of Conduct throughout any activity.
  3. I will act in accordance with the instructions given to me by the module tutor.
  4. I will inform the module tutor of concerns that I have about a particular session.
  5. I will terminate any tests or activities if the module tutor deems it advisable to do so.

# ***I understand that:***

* 1. The module tutor will explain the nature and purpose of the activity and will inform me of any potential risk to my health as a result of my participation.
  2. I am free to withdraw from an activity at any time after discussion with the module tutor.
  3. It will be my responsibility to report any adverse reactions and to act upon advice given.
  4. The module tutor could advise me to see my general practitioner or occupational health as a result of any concerns that an activity could identify.
  5. I have a responsibility to seek medical advice if advised to do so.
  6. In order to ensure my well-being it is in my interest to discuss in confidence with my module tutor any health issues or prior experiences which may impact upon my ability to participate in an activity.
  7. It is my responsibility to inform the module tutor of any personal physical or psychological issues which may mean that it is unsafe for me to participate in an activity.
  8. Module tutors may relate any issues of concern in confidence to the relevant Principal Lecturer for Programmes or Collaborative Partner Director as appropriate.
  9. Practical assessments may be recorded and made available to other tutors, University academic staff and external examiners to ensure rigour in the assessment process.

## Signature …………………………………………………………………… Date …………………