

Sienna Academy Health Declaration Form

Overview:

The Sienna Academy painting therapy course is a therapeutic training, not a therapeutic environment in itself and therefore the faculty together with the applicant need to take this into consideration with respect to the applicant's physical and mental health.

During the period of the four year training it is expected that students will enter into their own therapeutic process under the guidance of a professional – minimum of 30 hours, with continuity of care a high priority.

The faculty together with the applicant must also consider the applicants health and stamina with respect to entering into the required learning processes and practical exercises.

When completing the health declaration you, as an applicant for the training, must do so in full knowledge of all that the training involves as stated in the Course Outline and other relevant documents.

The primary purpose of this health declaration is to assist the faculty to ensure that no person is placed in a training situation and given tasks that may result in a student becoming at risk of developing health issues.

It is not the intention of the health declaration to deny a person entry solely because of disability, illness or injury. The health declaration is required so that the faculty may take appropriate and reasonable action to ensure the student's health, safety and wellbeing.

You are required to disclose any pre-existing illness, disease, injury, ailment or condition that you have suffered or continue to suffer of which you are aware and could reasonably be expected to foresee, and could be affected by the nature of the intended training.

Should any circumstances change that may affect your capacity to perform the inherent requirements of the training that you are undertaking, you are obliged to inform the head teacher.

Health Declaration

Personal Details:

Name: _____

Address: _____

Suburb: _____

Postcode: _____

Telephone (H): _____

Telephone (M): _____

Email: _____

Status of Health

1. Are you aware of any circumstances regarding your health or capacity to learn that would interfere with your ability to carry out tasks relating to the training?

In answering this question Yes or No you are also covering factors such as:

Existing or exposure to infectious diseases,

Taking of medication/treatment on a regular basis (daily, weekly, monthly)

NO [] YES []

If yes, please provide details.

2. Do you have an existing injury or condition or pre-existing injury or condition?

Existing is a condition for which treatment is still being received. Pre-existing is where an injury or condition/s is present but treatment is not required. If yes please provide details of the injury or condition(s).

NO [] YES []

If yes, please provide details.

3. Have you ever been diagnosed with any of the following behavioural health problems?

ADHD, Behaviour Disorder, Substance Abuse, Psychotic Disorder, Bipolar Disorder, Depression, Anxiety, Eating Disorder, Adjustment Disorder, Personality Disorder, Other known Disorder?

NO [] YES []

If yes, please provide details.

4. Have you ever worked with any substances or in any conditions which may have been hazardous to your health (e.g. asbestos exposure, toxic chemicals, stressful or noisy environments) and for which you need a modified situation in order to effectively enter into the process of the training?

NO [] YES []

If yes, please provide details.

Privacy

The Faculty takes your privacy seriously. All details provided on this form are treated confidentially. The completed health declaration form will be retained on your personnel file, which is kept secure at all times.

Where the student's enrolment is not taken up or is terminated, for whatever reason, all documents relating to your application will be retained for six months and then destroyed.

Declaration

I have read and understood the above overview of the training with respect to my health and well being. I declare that the information stated about my health is true and complete to the best of my knowledge and no information concerning my past or present state of health has been withheld.

Student's Name _____

Student's Signature _____ Date: _____

Teacher's Signature _____ Date: _____