

# London South Bank University

Declaration Form to be signed by each candidate

## Declaration Form

Please print your name here: .....

I understand the course practice placements may require me to travel, perhaps over an hour each way, and arrive on time.

----- date -----

I understand the course practice placement will require me to work any day of the week, including weekends; and will involve both day and night shifts.

----- date -----

I understand the course practice placements will require me to wear a prescribed uniform.

----- date -----

I understand that I may express a preference for a course practice placement, but that there is no guarantee I will be allocated to my preferred placement.

----- date -----

I understand the course placements will see me working with diverse groups of patients and their friends / families / carers including people of differing cultures, races, religions, sexualities, genders and disabilities.

----- date -----

Have you ever undertaken a Health course at LSBU previously? Yes / No (please circle)  
If yes, please state below the course title and dates attended.

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----- date -----