

# Health declaration

## Social Work

All applicants will be required to complete and submit this form before their interview.

### Personal/application details (please print)

Surname (family name)	
First name(s) in full	
Date of birth	
Gender	
Home address	
Postcode	
Telephone	
Email	

The University of Kent asks all applicants for undergraduate and postgraduate social work training to complete this health declaration form; it is part of the admissions process. This is so that we can consider any information about your health that might have an impact on your ability to complete the course successfully, and to register as a social worker as required by the regulator.

At this point in the admissions process, we ask all applicants to refer to Social Work England's guidance on health. Social Work England is responsible for the registration of social workers in England, and anybody intending to practice as a social worker in England must apply to register with them before commencing practice. Although registration with Social Work England is not required for social work students, it is important that applicants for social work degree programmes understand Social Work England's requirements regarding health before they commit to a qualifying programme.

Before attending the interview for admission to the social work degree, we ask applicants to familiarise themselves with Social Work England's policy on health information and tell us about any health condition that might affect their ability to complete the course or to register with Social Work England as a social worker.

Applicants are only required to declare information about a health condition if it may affect their ability to practise safely and effectively, either as a social work student on placement or as a future practitioner as per Standard 1.4 of the Qualifying Education and Training Standards.

**We stand for ambition.**

**Contact us**  
**[kent.ac.uk/sspsr](https://kent.ac.uk/sspsr)**  
**[interviews@kent.ac.uk](mailto:interviews@kent.ac.uk)**

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With this information in mind, please answer the following questions, giving dates and full details where appropriate.

1 Do you have a health condition which may affect your performance on the programme or which may require reasonable adjustments to be made to enable you to study successfully?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2 Do you have a health condition which may affect your ability to practise safely or effectively?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3 Do you have a disability which may affect your ability to study the programme, or which may require reasonable adjustments to be made to enable you to study successfully?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4 Do you have a disability which may affect your ability to practise safely or effectively?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5 Do you have lived experience of social work? Please provide details of dates and relevant services below. Please note: We are required to ask this question by the regulator.	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you have answered 'Yes' to any of the questions above, or to question 1A of the Driving Licence Declaration, please give details below:

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### Declaration

I declare that the information I have given on this health declaration form is true in every respect. If it is found that I have given incorrect or misleading information this may result in any offer of a place on the programme being withdrawn or, if I am already on the programme, I may be asked to withdraw from the programme.

I also agree to notify the University of Kent of any changes that may require me to complete a further health declaration.

If the University of Kent requires a medical report from my doctor/medical practitioner, I agree to the provision of such a report.

**Applicant's signature:** \_\_\_\_\_

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

**FULL NAME (please print):** \_\_\_\_\_