



UNIVERSITY OF
CAMBRIDGE

DIPLOMA IN CHILD COUNSELING - STUDENT HEALTH ASSESSMENT

Information to prospective students

Following the offer of a place to study on the Diploma in Child Counselling course at the University of Cambridge, your answers to this health questionnaire will help to ensure that your training will not place your health at risk and will also help to determine, in terms of fitness to fulfil the requirements of the UK Council for Psychotherapy practice hours and core competencies, your suitability to work as a child counsellor.

The Faculty will provide all reasonable support to enable students with impairments and health conditions to complete the course.

If you have a condition which would make it impossible for you to work safely as a child counsellor or to acquire the skills necessary to complete training, even with adjustments and support, then it may be the case that you cannot be accepted to study child counselling. In this circumstance the University will endeavour to offer you a place on an alternative course. You should not assume however, that your impairment or health condition will prevent your take-up of a place, and we would be pleased to speak with you at the earliest opportunity about any concerns you may have.

As a potential future child counsellor you have a duty to provide all relevant and accurate information to the University of Cambridge Occupational Health Service where it will be held in confidence.

The Faculty will only be informed of any health problem or disability for your training needs with your consent; including any functional effects of any health problems or disability if this is relevant to your educational needs or client safety.

Please start by completing Section 1 and go on to each of the following questions in Section 2 and, in the case of positive answers, provide additional information in the space provided (attaching further details on a separate sheet where necessary). If you require special aids or have special needs, please give details of these and indicate whether they have already been discussed during the admissions process. If not, please contact the Faculty and/or the University of Cambridge Accessibility and Disability Resource Centre (ADRC):

tel: +44(0)1223 332301

email: disability@admin.cam.ac.uk

Following this, complete the declaration and post the document to the University of Cambridge Occupational Health Service, 16 Mill Lane, Cambridge, CB2 1SB, or email to:

OccHealth@admin.cam.ac.uk

If you declare an impairment or health condition which may require adjustments to assist you in your training or affect your work as a child counsellor then an Occupational Health Adviser will contact you to assist you further.

If you require further information or have any questions, contact the University of Cambridge Occupational Health Service email: OccHealth@admin.cam.ac.uk or tel: +44(0)1223 336594

Data Protection Information

If you join the University of Cambridge this questionnaire will form the basis of your Occupational Health record. If you do not join, your questionnaire will be destroyed.

The information that you supply on this questionnaire will be held in confidence by the University Occupational Health Service as part of your occupational health record. For full details of how your personal information is used by the University Occupational Health Service, please see <http://www.oh.admin.cam.ac.uk/general-information/confidentiality-statement>

You may obtain access to your Occupational Health (OH) record at any time by contacting:

Occupational Health
16 Mill Lane
Cambridge
CB2 1SB

Tel: +44 (0) 1223 336594
Email: OccHealth@admin.cam.ac.uk

Section 1 – Personal Details

Surname	_____	Title:	_____
First names	_____	Date of Birth	_____
Contact Address	_____		
	_____	Post code	_____
Telephone Numbers	Home: _____	Mobile:	_____
E-mail address	_____		
GP Name and Address	_____		

GP Telephone number	_____		

Section 2 - Health and Functional Capabilities

1. Do you have problems with any of the following?	
a. Mobility e.g., walking, using stairs, balance	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Agility e.g., bending, reaching up, kneeling down	Yes <input type="checkbox"/> No <input type="checkbox"/>
c. Dexterity e.g., getting dressed, writing, using tools	Yes <input type="checkbox"/> No <input type="checkbox"/>
d. Physical exertion e.g., lifting, carrying, running	Yes <input type="checkbox"/> No <input type="checkbox"/>
e. Communication e.g., speech, hearing	Yes <input type="checkbox"/> No <input type="checkbox"/>
f. Vision e.g., visual impairment, colour blindness, tunnel vision	Yes <input type="checkbox"/> No <input type="checkbox"/>
g. Learning e.g., dyslexia, dyspraxia, dyscalculia, impaired concentration	Yes <input type="checkbox"/> No <input type="checkbox"/>

If yes to any of the above, give details *e.g., extent of impairment, how you manage, necessary support needs.*

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2. Have you ever required special arrangements at school or work to accommodate a disability or health problem? <i>e.g. special equipment, extra time in exams, part-time working</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If yes, give details.....

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Where applicable please indicate whether or not you have informed your Admissions Tutor and/or the University of Cambridge Accessibility and Disability Resource Centre (ADRC) about any impairment or disability that requires support during your training.

Admissions Tutor Yes ☐ No ☐

University of Cambridge ADRC Yes ☐ No ☐

If you have contacted the University of Cambridge ADRC do you consent to OH informing the Faculty of Education of this to ensure that any necessary support needs can be considered prior to you commencing the course? Yes ☐ No ☐

If you do not consent to OH contacting the Faculty, and you are seeking support, please contact your Admissions Tutor, the ADRC or OH to discuss your needs.

3. Do you have any of the following?	
a. Chronic skin conditions e.g., eczema, psoriasis	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Neurological disorders e.g., epilepsy, multiple sclerosis	Yes <input type="checkbox"/> No <input type="checkbox"/>
c. Allergies e.g., to latex, medicines, foods	Yes <input type="checkbox"/> No <input type="checkbox"/>
d. Endocrine disease e.g., diabetes	Yes <input type="checkbox"/> No <input type="checkbox"/>

If yes to any of the above, give details *e.g., when condition developed, severity, its effect on you, treatment*.....

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<p>4. Have you ever been affected by?</p> <p>a. Sudden loss of consciousness e.g., a fit or seizure</p> <p>b. Chronic fatigue syndrome (or similar condition)</p> <p>c. An illness requiring more than two week's absence from school or work</p> <p>d. Mental health problems e.g., anxiety, depression, phobias, OCD, nervous breakdown, personality disorder, over-dose or self-harm, drug or alcohol dependency</p> <p>e. An eating disorder e.g., bulimia, anorexia nervosa, compulsive eating</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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If yes to any of the above, give details e.g., when condition developed, how long it lasted, its effects on you, treatment

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5. Have you ever been assessed or treated by a psychiatrist, psychotherapist or counsellor?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If yes give details e.g. when, reason, outcome.....

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6. Are you currently taking any medication or treatment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If yes give details.....

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7. Do you have any disability or health condition not already mentioned for which you think you may require support during your training?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If yes give details.....

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Declaration

Please tick the relevant boxes and sign below

☐ The information I have provided on my impairment or health condition is **correct** to the best of my knowledge and belief.

☐ I consent to my information being held and processed by OH as described above under 'Data Protection Information'.

Signed:

Date: