

## PERSONAL DECLARATIONS HEALTH CARE AIDE STUDENTS

### FITNESS TO PRACTICE

I, \_\_\_\_\_, in accordance with the following definition of fitness to practice, declare that, to the best of my awareness I have the knowledge, skills, behaviours, and attitudes required by all HCAs who deliver care in Alberta. (Government of Alberta, 2018, p. 3)

I am aware that, when presenting myself to class, lab, or clinical, I am declaring my fitness to practice to my instructor.

Should I develop a physical or mental impairment, disability, condition, or disorder (including substance abuse or dependence) that detrimentally affects, or is likely to detrimentally affect, my capacity to undertake safe, competent clinical practice at any time after the making of this declaration, I will immediately inform my instructor.

I understand that I may need to provide further documentation to the Department of Practical Nurse and Health Care Aide, such as a medical clearance, if I have been previously unfit for practice. I understand that this declaration is for the duration of the program.

\_\_\_\_\_ INITIALS

### POLICE INFORMATION CHECK

I, \_\_\_\_\_, acknowledge that if, during my nursing program, I am charged or convicted of a criminal offence, it is my obligation to inform the Chairperson as soon as possible.

\_\_\_\_\_ INITIALS

Name: (print) \_\_\_\_\_

Signature: \_\_\_\_\_

NWP Student ID Number: \_\_\_\_\_

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

## **REQUISITE SKILLS and ABILITIES**

I, \_\_\_\_\_, have read the Government of Alberta's (2018) Alberta Health Care Aide Competency Profile. I have also identified my fit with the requirements of becoming a Health Care Aide.

Name: (print) \_\_\_\_\_

Signature: \_\_\_\_\_

NWP Student ID Number: \_\_\_\_\_

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