

Additional information

This form is for internal UWC purposes only. This includes the UWC committee making the selection, the UWC school or college making the admissions decision and UWC International for monitoring purposes only. The content will be shared with individuals or organisations only to the extent necessary to provide appropriate medical assessments, care and treatment. The information provided will be held in confidence as part of the student's health record and will only be shared between UWC entities as needed to appropriately review a particular situation concerning the student. Information may be shared in the form of anonymised data with a UWC entity or an outside entity monitoring health concerns across UWC on behalf of a UWC entity.

1. Health Information

1.1 Do you consider yourself to have a disability?

Yes

No

If yes, please give details.

1.2 Do you consider yourself to have any additional health needs, including allergies?

Yes

No

If yes, please give details below.

1.3 Do you take any medication, including non-prescription, regularly? Will you bring this medication to the school/college. Please include allergy tablets, birth control, vitamins and minerals.

Yes

No

If yes, please list medication and indicate if you will bring this medication to the school/college:

1.4 Have you ever required treatment or hospitalisation for any surgical, medical or mental health condition?

Yes

No

If yes, please specify diagnosis including dates or time frame:

1.5 Have you ever had or do you currently have any mental health concerns, such as depression, anxiety, suicidal thoughts or attempts, self-harm, eating disorders (anorexia nervosa, bulimia), disturbance of mood, thought or behaviour?

Yes

No

If yes, please specify including dates or time frame:

1.6 Have you ever received care or treatment from a mental health practitioner or facility?

Yes

No

If yes, please specify including dates or time frame and if this was out-patient or in-patient care: