Pre-Employment Screening

Health Declaration Form

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| **Name:** | |  | **Date of Birth:** |  | |
| **Job Title:** | |  | **School Name:** |  | |
| **Hours of work:** | | Full time  Part time  Permanent  Casual | **Start Date:** |  | |
| **Please answer the following questions**: | | | | **Yes** | **No** |
| 1. | Do you have or have you had any physical or mental condition that might affect your ability to undertake the job you have applied for? (see guidance note 6) | | |  |  |
| 2. | Do you have or have you had any physical or mental health condition that might affect your safety or the safety of others at work? (see guidance note 6) | | |  |  |
| 3. | Do you consider yourself to have a disability as defined by the Equality Act 2010? (see guidance note 5) | | |  |  |
| 4. | Do you need any adjustments to be made to your workplace, workplace equipment or working practices related to a disability? | | |  |  |
| 5. | Have you been retired or had your work contract terminated due to ill health? | | |  |  |
| 6. | Do you have any other condition or health problem that the Occupational Health Unit should be made aware of or that you want advice about regarding the job role? (see guidance note 6) | | |  |  |
| 7. | Do you already work for Sacred Heart RC Primary School in any capacity? | | |  |  |
| 8. | Have you completed a declaration or Health Questionnaire for Sacred Heart RC Primary School? | | |  |  |
| 9. | If yes, Do you hold a clearance passport from the Occupational Health Unit? | | |  |  |
| I …………………. confirm that to the best of my knowledge, the answers I have given above are true and correct. I confirm that I have read and understood the guidance notes before making the above declaration and understand that failure to disclose any relevant information could jeopardise my employment with Sacred Heart RC Primary School. | | | | | |
| **Signed:** | | | **Date:** | | |
|  | | |  | | |
| *This declaration will be held securely in your personnel file.*  *If you have answered ‘Yes’ to any of the Questions 1 - 6 you will be asked to complete a full Health Questionnaire to be submitted to the Occupational Health Unit.* | | | | | |