

THIS INFORMATION IS CONFIDENTIAL TO WORKING WELL

Health Declaration for Non-Teaching Post in Education	Issue 2: DEC 2023 WWF- 003E
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EMPLOYMENT DETAILS - Please complete in block capitals or type	
Job Title	
Organisation	
Department	
Hours of work: Full time	Part-time
Temporary/Fixed term	Months/Yrs
Start Date	

APPOINTING MANAGERS DETAILS	
Name and Role	
Telephone Number	
Secure Work E-Mail	

MANAGER TO HIGHLIGHT TASKS OR EXPOSURES WITHIN JOB	
Significant Manual Handling	Respiratory Sensitisers/irritants
Lone Working	Vibrating Tools
Food Handling (preparation)	Skin Sensitisers/irritants
Violence and aggression	Computer work – VDU Screen
Prolonged standing or walking	Other (please state)

PERSONAL DETAILS TO BE COMPLETED BY CANDIDATE IN BLOCK CAPITALS OR TYPE	
Surname	
Forename	
Title	Date of Birth
Gender	
Maiden/previous name	
Personal email	
Home phone number	
Mobile phone number	
Home Address	
Postcode	

Your appointment to your new role is subject to an assessment of your fitness to work. The purpose of this assessment is to:

- Identify any health problems or disabilities that may make the proposed job difficult or unsafe for you or others.
- To enable your employer to identify any adjustments to your work that may make life easier for you.

Please read the following three questions carefully. At the end there is a single **YES** or **NO** box to be ticked. To preserve medical confidentiality, you are **not** required to identify any conditions/ illnesses you have or have had;

1. Do you have any health conditions or disabilities which might impair your ability to undertake effectively the duties of the position which you have been offered?
2. Do you have a health condition or disability which might affect your work and which might require special adjustments to your work or place of work?
3. Have you had in the last 6 months, a cough lasting more than 3 weeks, unexplained weight loss or unexplained fever?

To all of the questions above, I respond **NO**

OR

To one or more of the questions above, I respond **YES**

**Please sign below and return completed form to your appointing
Manager/Recruitment Team**

If you tick **NO**, this form will be retained in your personal file. No further action is needed on your part. If you tick **YES**, your appointing manager will send this form to Working Well Occupational Health Service who will contact you to discuss your response. Usually issues can be resolved with a phone call but occasionally you may be required to attend Working Well for an appointment.

In completing this form, you are certifying that to the best of your knowledge and belief the information given here is true and correct. Please note any deliberate material inaccuracy in this or any subsequent information given to Working Well may result in your placement being terminated.

Applicants Signature:		Date:	
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Privacy Notice

No personal information held by us will be processed unless the requirements for fair and lawful processing can be met.

Our Privacy Notice, which can be accessed at <https://www.workingwellglos.nhs.uk/privacy-notice/> provides a summary of how we will ensure we meet these requirements.