HEALTH DECLARATION

Your answers to this questionnaire will be **CONFIDENTIAL** to FISH and will not be given to anyone else without your written permission. The purpose of the questionnaire is to see whether you have any health problems that could affect your ability to undertake the duties of the post you have been offered or place you at any risk in the workplace. We may recommend adjustments or assistance as a result of this assessment to enable you to do the job. Our aim is to promote and maintain the health of all people at work. Before health clearance is given for employment you may be contacted by FISH. Please help us to help you by completing the questionnaire as fully as possible.

This information will be held in the strictest confidence, in accordance with The Data Protection Act 1998. **Please complete your health declaration fully.**

Title: Ms / Miss / Mrs / Mr / Other:	Male ☐ Female ☐
Surname Name:	First name:
Previous names (if applicable):	
Date of birth:	Proposed Job Title:
	Manager if known:
Location of role:	Have you ever worked/trained here? Yes ☐ No ☐
Home Address:	
Post code:	
Mobile:	Tel home:
Name of GP:	Tel No of GP:
Address of General Practitioner:	

FISH KIDS LIMITED
Apple Blossom House, Cherition Fitzpaine, EX17 4JN
08445 618847 | 01363 866450 | info@fishkids.co.uk | www.fishkids.co.uk
Company number **10684209**

Ofsted Outstanding Early years provider 2016|2017

Do you have any health condition that affects you in the following ways or any of the conditions listed below? If 'yes', please give full details.			
Condition	**Yes**	**No**	**Treatment (in the last five years, current or planned in the future)**
Any condition that affects your physical ability to walk, balance, bend, kneel or lift a child or young person.	☐	☐	
Any condition that might make you become confused or disorientated.	☐	☐	
Any condition that affects your hearing in any way (after correction with a hearing device).	☐	☐	
Any condition that affects your eyesight in any way (after any lens correction).	☐	☐	
Depression, stress-related or emotional issues, or any other condition that causes anxiety, panic attacks, mood swings or anger.	☐	☐	
Any condition that causes severe pain.	☐	☐	
Any condition that causes excessive drowsiness.	☐	☐	
Epilepsy or any other condition that causes blackouts, fits or fainting.	☐	☐	
Any heart problems.	☐	☐	
Diabetes.	☐	☐	
Asthma or any other breathing difficulties.	☐	☐	
Any alcohol or drug dependency or misuse.	☐	☐	
Any significant infectious diseases such as tuberculosis or hepatitis, which may pose a risk if not treated.	☐	☐	
Any mental health disorder.	☐	☐	

Are you taking any medication which may affect your suitability to care for children? If 'yes', please complete this section below.	Yes	No
	☐	☐

Medication name	Reason for medication	Dosage	How long you've been taking medication

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In the past five years, have you:	Yes	No
■ had any other medical problems or degenerative conditions that may affect your suitability to care for children	☐	☐
■ been admitted to hospital or had outpatient treatment for any other reason?	☐	☐
We use this information to help us understand any medical conditions that may affect your suitability to care for children. You do not have to tell us about any minor illnesses that you have not needed medical treatment for, such as flu. If 'yes' to either of the above, please give details.		

Date	Details

PREVIOUS EMPLOYMENT IN THE LAST 5 YEARS

Employer	Nature of your work	Start date	Finish date

Are you currently receiving any of the following:	Yes	No
Employment and Support Allowance (ESA)	☐	☐
Incapacity Benefit	☐	☐
Income Support, paid because of illness or disability	☐	☐
Severe Disablement Allowance	☐	☐
Personal Independence Payment (specify below whether standard or enhanced rate)	☐	☐
We need to consider the reason that you are receiving any of these benefits so that we can assess your suitability to care for children. If you answered 'yes' to any of the above, please give full details.		

	Yes	No
Do you smoke?	☐	☐
Do you drink alcohol?	☐	☐
What is your average alcohol intake per week in units? (1 unit = small glass of wine or ½ pint of beer)		

DECLARATION

I declare that the answers to the above questions are true and complete to the best of my knowledge and belief.

Signed: ..... Date: .....

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