North Yorkshire County Council

Dear candidate,

As part of the recruitment process, we need to assess what needs you may have and ask you a number of mandatory questions. This is part of our commitment to you, should you be appointed to the position for which you have applied.

If you answer yes to one or more of the following questions, please continue and complete the full questionnaire. Completed forms should be returned electronically to: hr@welburn-hall.n-yorks.sch.uk

This forms part of your employment checks therefore it is imperative that you complete and return as soon as possible in order to avoid any delays in your appointment.

## WHAT THIS QUESTIONNAIRE IS ABOUT

Important: Please read the following notes before proceeding to complete each section of this questionnaire. If you have any questions when completing this questionnaire, please contact Employment Support Services on 01609 532190.

Purpose of the questionnaire: The purpose of the pre-employment screening is to ensure, as far as possible, that you are fit for post you have applied for, and that the work activities you will be required to undertake will not pose an unreasonable risk to your health. Your (prospective) employer will be notified whether you are fit to carry out the duties of the post offered and any support you may require to perform effectively

Confidentiality: All information provided by you in completing this questionnaire will be treated in the strictest confidence by the occupational health clinical team. If you do answer 'YES' to any of the first 4 questions in Section 1 of the Form, please give as full and accurate information including dates and treatments. This is so that your fitness for employment can be assessed objectively and promptly.

DECLARATION
I declare that the information I have given on this form is true to the best of my knowledge and belief. I understand that a failure to provide information and/or a submission of inaccurate information relating to my health may result in breach of contract and disciplinary action being taken which would lead to dismissal.
I am willing to undergo a medical examination if necessary.

I also consent to Occupational Health advising the employer of the likelihood that I would fall within the scope of the disability provision of the Equality Act 2010.

Applicant's signature Date

_____ _____

## PRE-EMPLOYMENT HEALTH QUESTIONNAIRE

### Section 1: To be completed by the appointing officer

I would like to request that a pre-employment health assessment be undertaken for the purpose of safe job placement for the following applicant.

| | | | |
|---|---|---|---|
| Applicants name: | | | |
| Job title: | | | |
| Directorate: | | Location: | |
| Full time [ ] | Part time [ ] | Contracted hours [ ] | |

Will the applicants' duties involve any of the following:

| | | | |
|---|---|---|---|
| Working with children | ❑ | Working in a noisy area | ❑ |
| Handling chemicals | ❑ | Manual handling | ❑ |
| Working at heights | ❑ | Night workers | ❑ |
| Body fluid eg blood, urine) | ❑ | Driving | ☐ |
| Working with computer screen | ❑ | Excess dust or fumes | ❑ |
| Noise above 80 dB/A | ❑ | Use of vibrating equipment | ❑ |
| Handling/preparing food | ❑ | | |

### Section 2: To be completed by the Applicant

Surname_____ Address: _____

First Name _____ _____

Gender Male / Female Postcode_____

Maiden / Previous Name

_____ Home Tel _____

D.O.B _____ Work Tel _____

Email _____ Mobile _____

**SECTION 3**
**Please read the following statements and tick Yes or No at the end of the Four statements.**

| | | Yes | No |
|---|---|---|---|
| 1 | Do you need any special aids/adaptations to assist you at work, whether or not you have a disability? | | |
| 2 | Do you have a medical condition or disability which may affect your ability to carry out your proposed work? | | |
| 3 | Are you having, or waiting for, treatment or investigation of any kind at present? | | |
| 4 | Have you ever left a previous employment through ill-health or a work related injury or condition? | | |

**A.** None of the above applies to me ☐

**PLEASE ONLY COMPLETE SECTION 4 OF THE FORM IF YOU HAVE ANSWERED YES TO ONE OR MORE OF THE QUESTIONS STATED ABOVE.**

**Disability:**

**Equality Act 2010:** The Health and Wellbeing Service operates and advises in accordance with this Act. A physical or mental impairment which has a long-term adverse effect on a person's ability to carry out day-to-day activities including work. If you have a condition that may fall under the scope of this Act we may need to advise your manager on suitable workplace adjustments.

**Do you have a disability? YES / NO**

**Declaration**
I confirm that the declaration provided above is correct to the best of my knowledge, and I understand that making a false declaration could affect my employment with North Yorkshire County Council.

**Name**……

**Signature**……**Date**…….

**Post applied for**……

***Vacancy reference number*** *……..*

**SECTION 4**

**THIS SECTION SHOULD ONLY BE COMPLETED IF YOU HAVE ANSWERED YES TO ONE OR MORE OF THE QUESTIONS IN SECTION 1.**

**In this section please give details of the questions to which you have answered YES.**

| **Question number** | **Details** (Brief summary of medical condition, treatments and effects on activities of daily living, including dates). | **Relevant dates:** (E.g. of treatments, any planned surgery) |
|---|---|---|
| | | |
| | | |
| | | |

Please continue on a separate sheet of paper if necessary.