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| **Health Declaration form** | | | | | | | | | | | | |
| The information on this form will be used to assess your medical suitability for the post that you have applied for. You may also be asked to complete a full pre-appointment / job change medical questionnaire for certain posts. Hampshire County Council is an equal opportunity employer and will consider reasonable adjustments to assist you at work if you have a disability. | | | | | | | | | | | | |
| Last name |  | | | First name | | | | |  | | | |
| Date of birth |  | | | Post applied for | | | | |  | | | |
| Have you worked for HCC before | | | **YES** | |  | | **NO** | | | |  | |
| Job reference number | |  | | | | | | | | | | |
| **Please answer the questions below as accurately as possible.** | | | | | | | | | | | | |
| Do you have any physical and/or mental health condition(s) or disability? | | | | | | **YES** | |  | | **NO** | |  |
| ***The Equality Act 2010 defines a disabled person as “a person who has (or has had in the past) a physical or mental impairment which has a substantial long term adverse effect on their ability to carry out normal day-to-day activities”.*** | | | | | | | | | | | | |
| Do you feel this may affect your work in this role (based on what you know from the job description, interview and any previous experience)? | | | | | | **YES** | |  | | **NO** | |  |
| Do you have any past physical and/or health condition or disability | | | | | | **YES** | |  | | **NO** | |  |
| Are you taking any medication or receiving any other form of treatment or have had any treatment in the last 2 years? | | | | | | **YES** | |  | | **NO** | |  |
| Do you think you may require any adjustments or assistance to help you to carry out the role? | | | | | | **YES** | |  | | **NO** | |  |
| **Absence history** | | | | | | | | | | | | |
| How many days sickness absence have you had in the past 12 months? | | | | | | | | | | | |  |
| Was this only one episode of absence? | | | | | | **YES** | |  | | **NO** | |  |
| If “No”, how many different episodes were there within this time? | | | | | | | | | | | |  |
| **Declaration** | | | | | | | | | | | | |
| I declare this information to be a true statement to the best of my knowledge and belief and that I consider I am medically able to undertake this work: | | | | | | | | | | | | |
| **Signature** |  | | | **Date** | | | | |  | | | |

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| **Privacy notice** |
| The School collects information about you in order to provide you with recruitment and employment services.  We will use the information for the recruitment and selection process and, if successful, to activate employment with the School.  The legal basis for processing your personal data is that it is necessary for the performance of the employment contract or in order to take steps before entering into a contract and is necessary for the County Council to comply with a legal obligation.  The legal basis for processing special category data is that processing is necessary for the purposes of carrying out the rights and obligations in the field of employment, that it is necessary for the reasons of substantial public interest and that it is necessary for the purposes of the assessment of the working capacity of the employee.  You have some legal rights in respect of the personal information we collect from you.  Please see the School’s website for further details on their privacy notice and data protection policy.  You can contact the School’s Data Protection Officer if you have a concern about the way they collect or use your data. |