**PRIVATE AND CONFIDENTIAL**

**PRE EMPLOYMENT HEALTH QUESTIONNAIRE**

**Please forward this together with other associated forms to the address specified at the top of this form or email to donna.talbot@emmauscambridge.org**

|  |  |
| --- | --- |
| **Position Applied For** |  |
| **Hours of Work** |  |
| **Previous Occupation** |  |
| **Title** |  |
| **Surname** |  |
| **First Name** |  |
| **Date of Birth** |  |
| **Address** |  |
| **Contact Phone No.** |  |
| **Email Address** |  |

Please answer the following questions.

|  |  |
| --- | --- |
|  | **Yes / No** |
| Do you consider that you have, or may have a disability? *(if Yes, please give details)* |  |
| Have you had any serious illnesses or operations which may affect your ability to undertake this role? *(If Yes, please specify, with dates)* |  |
| Have you been absent from your employment (or studies) for more than five days in the last twelve months? *(If Yes, please give details and dates)* |  |
| Do you suffer from any recurring ailments? *(If Yes, please specify the condition(s) and how this affects you)* |  |
| Have you visited your GP in the previous 12 months in connection with stress, anxiety or any other mental health issue? *(If Yes, please specify, with dates)* |  |
| Do you suffer from any medical condition requiring medication to a strict timetable, or are you currently taking medication which may affect your work? *(If Yes, please specify timescales and how this may be affected by this role)* |  |
| Is there anything in your medical history or circumstances that might affect your ability to undertake this role successfully?  *(If Yes, please specify frequency and date of last occurrence)* |  |
| If required, are you willing to undergo a medical examination? |  |

If you have answered “yes” to any of the above, we may:

* Carry out a more detailed risk assessment
* Require you to attend a medical examination
* Request your permission to obtain further information about your condition(s)

**Protecting your data**

We require this information in order to determine whether any reasonable adjustments are required in order for you to fulfil this role.

This information will help us to make decisions about confirming your employment and/or working arrangements, with the fullest information available to us.

Using the information you have provided in this questionnaire will involve our processing of special categories of data about information regarding your health, and that is governed by data protection legislation.

We may only process your data where a lawful basis applies. In respect of any data processed as part of a medical examination and report process, we rely on the lawful basis of fulfilling our legal obligations and exercising specific rights in relation to employment.

This data will be handled in line with our data protection policies and current data protection legislation.

**Declaration**

The information given above is true to the best of my knowledge and I understand that knowingly giving false information on this form or deliberate omission may result in my dismissal and a claim for damages.

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