



Pre-Employment Health Declaration - Schools

Before completing the declaration below, you must ensure you have read and understand the job description and person specification for the role you have applied for. If you are unclear of the physical or psychological demands of this role, or you require a further copy of the job description please contact the school prior to completing the following declaration.

Name (please print clearly)	
Job title (as stated on job description)	
School	

Please indicate which statement applies	X
I do not require any specific aids, adaptations or adjustments to do this job role	
I do require specific aids, adaptations or adjustments to do this job role	

I confirm that I understand the physical and psychological requirements of this job role.

I certify that the above information is true and accurate to the best of my belief and knowledge. I further declare that I have not omitted or falsified any material facts or details which could have a bearing on my state of health. I understand any false statement or intentional omissions of any material facts or details which subsequently come to light may result in the termination of my employment.

Signature	
Date	

If you have indicated that you may require specific aids, adaptations or adjustments a consultation will be arranged for you with the Occupational Health Service of Durham County Council. The purpose of this assessment is to ensure employers of applicants with health issues that may impact on work are advised on workplace adjustments that may enable them to work. Following this assessment no clinical details will be disclosed without your consent and only relevant information on your fitness for the post, and advice on adjustments on health and safety risks that need to be considered will be sent to your prospective employer.

PLEASE RETURN THIS FORM TO THE SCHOOL