



Name:		Date of Birth:	
Job Reference:		School / Academy:	
Job Title:		School Type:	Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Pupil Referral Unit <input type="checkbox"/> SILC <input type="checkbox"/>
	Full <input type="checkbox"/> Part time <input type="checkbox"/> Permanent <input type="checkbox"/> Casual <input type="checkbox"/>		

Please answer the following questions:

		Yes	No
1.	Do you have or have you had any physical or mental condition that might affect your ability to undertake the job you have applied for? (see guidance note 6)	<input type="checkbox"/>	<input type="checkbox"/>
2.	Do you have or have you had any physical or mental health condition that might affect your safety or the safety of others at work? (see guidance note 6)	<input type="checkbox"/>	<input type="checkbox"/>
3.	Do you consider yourself to have a disability as defined by the Equality Act 2010? (see guidance note 5)	<input type="checkbox"/>	<input type="checkbox"/>
4.	Do you need any adjustments made to your workplace, workplace equipment or working practices related to a disability?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Have you been retired or had your work contract terminated due to ill health?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Do you have any other condition or health problem that the Occupational Health Unit should be made aware of or that you want advice about regarding the job role? (see guidance note 6)	<input type="checkbox"/>	<input type="checkbox"/>
7.	Do you already work for Leeds City Council (LCC) in any capacity?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Have you completed a declaration or Health Questionnaire for LCC?	<input type="checkbox"/>	<input type="checkbox"/>
9.	If yes, Do you hold a clearance passport from LCC's Occupational Health Unit?	<input type="checkbox"/>	<input type="checkbox"/>

I ... (print name) confirm that to the best of my knowledge, the answers I have given above are true and correct. I confirm that I have read and understood the guidance notes before making the above declaration and understand that failure to disclose any relevant information could jeopardise my employment with Leeds City Council or the School.

Signature...Date...

This declaration will be held securely in your personnel file.

If you have answered 'Yes' to any of the Questions 1 - 6 you will be asked to complete a full Health Questionnaire to be submitted to the Occupational Health Unit.