

PRE-EMPLOYMENT HEALTH DECLARATION

Employment with WEA Illawarra-Novo Education Space is conditional on the applicant being suitable for employment and fully able to perform the inherent requirements of the position.

When completing the health declaration, you as an applicant for employment must do so in the full knowledge of the position as outlined in the relevant position description and/or selection criteria.

The primary purpose of this pre-employment health declaration is to assist WEA Illawarra to ensure that no person is placed in an environment or given tasks that will result in physical or mental harm. It is not the intention of the pre-employment health declaration to deny a person employment solely because of disability, illness or injury. The health declaration is required so that WEA Illawarra may take the appropriate and reasonable action to ensure the employee’s health, safety and wellbeing.

You are required to disclose to WEA Illawarra any pre-existing illness, disease, injury, ailment or condition that you have suffered or continue to suffer of which you are aware and could reasonably be expected to foresee, and which could be affected by the nature of the proposed employment.

Privacy

WEA Illawarra takes your privacy seriously. All details provided on this form are treated confidentially in keeping with the *Privacy Act 1988* and WEA Illawarra Privacy Policy. The completed health declaration form will be retained on your personnel file, which is kept secure at all times. Where employment is not taken up, for whatever reason, all documents relating to your application will be retained for six months and then destroyed.

WEA Illawarra and its authorised employees may use the information in your health declaration for the purpose of assessing your suitability for employment as a trainer, trainer and assessor, general staff, teacher, IT support, administration support or student support staff member. Further, WEA Illawarra may disclose that information to its legal advisers for the purpose of obtaining legal advice concerning your health declaration, and any legal proceedings in which your health declaration is relevant.

Should any circumstances change that may affect your capacity to perform the inherent requirements of the position that you are undertaking, you are obliged to inform your respective manager/supervisor.

Section 1: Personal Details

Given name:		Surname:	
Please state any previous name(s):			
Address			
Suburb		Postcode	
Phone:		E-mail:	

Section 2: Status of Health

Name: _____

<p>1. Are you aware of any circumstances regarding your health or capacity to work which may impact your ability to perform the duties of the position? <i>In answering this question Yes or No, you are also covering factors such as: existing or exposure to infectious diseases, taking of medication/treatment on a regular basis (daily, weekly, monthly). If Yes, what adjustments do you need to perform the inherent requirements of the position (if any)?</i></p>		
<input type="checkbox"/> No	<input type="checkbox"/> Yes	If Yes, please provide details below
<p>2. Do you have an existing injury, disability or medical condition (physical or psychological) or pre-existing injury or medical condition that could be affected by the nature of the proposed employment? <i>Existing is a condition for which treatment is still being received. Pre-existing is where an injury or condition(s) is present but treatment is no currently required. If Yes, what workplace adjustments do you need to perform the inherent requirements of the position (if any)?</i></p>		
<input type="checkbox"/> No	<input type="checkbox"/> Yes	If Yes, please provide details below
<p>3. Have you ever worked with any substances or in any conditions which may have been hazardous to your health (eg, asbestos exposure, toxic chemicals, stressful or noisy environments) and which may impact your ability to perform the duties of the position and for which you need a modified workplace? If yes, what specific workplace adjustments can be made (if any) to ensure your workplace is safe and without further risk to your health?</p>		
<input type="checkbox"/> No	<input type="checkbox"/> Yes	If Yes, please provide details below
<p>4. Have you ever been medically retired from a previous position?</p>		
<input type="checkbox"/> No	<input type="checkbox"/> Yes	If Yes, please provide details below

5. Do you have a current or any previously accepted Workers Compensation claims?		
<input type="checkbox"/> No	<input type="checkbox"/> Yes	If Yes, please provide details below
Date of Injury:		
Employer at time of injury:		
Insurer:		
Nature of injury:		
Is the claim still open/current?		
List any current medical certificate/Certificate of Capacity restrictions:		

Section 3: Declaration

I, _____ of _____
(applicant's name) _____

(applicant's address)

do solemnly and sincerely declare that the contents of this pre-employment health declaration form are true and correct in every particular, and make this solemn declaration conscientiously, believing the same to be true and correct. I am aware that rendering or making a false declaration may be punishable for wilful and corrupt perjury.

The information stated is true and complete to the best of my knowledge and no information concerning my past or present state of health has been withheld. I am aware that I may be required to undergo a health assessment or testing, and I hereby agree to undergo a health assessment by a medical or other health practitioner if deemed necessary by WEA Illawarra.

I understand that any wilfully incorrect or misleading answer or material omission which relates to any of the questions before-mentioned may make me ineligible for employment, or if employed, liable to termination of employment. I understand that this pre-employment health declaration will form part of my personnel file.

Declared at _____
(address/location where declaration made)

Before me _____
(name of witness to declaration)

In the State of New South Wales this _____ day of _____ 20____
Day Month Year

Signature of Witness _____

Signature of Applicant _____