**Declaration of Health**

When applying for a role within the Change Project, we invite you to complete this declaration of health in order to accommodate any reasonable adjustments that may assist you should you get to the interview stage and in the future should you be offered a role.

The completion of this form is entirely voluntary but may benefit your overall recruitment experience. If you do not wish to answer any question, please simply write “I decline to answer”.

Please note the information you provide on this form will remain confidential to the HR Manager, Jo Martin-Robinson and if appropriate, those interviewing you.

If you are offered a position within the organisation, it may be necessary to share the information included within this form with your line manager or the CEO in order to facilitate any reasonable adjustments necessary to support you in your role. If you do not consent to this information being shared, please add this to the additional notes box below.

|  |  |
| --- | --- |
| **PERSONAL DETAILS** | |
| Full Name |  |
| Email Address |  |
| Contact Telephone Number |  |
| Position Applied For |  |

If the answer to any of the following questions is ‘Yes’, the HR Manager may contact you to discuss this further. When answering these questions the guidance in the explanatory notes should to be considered.

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| --- | --- | --- |
| **PREVIOUS MEDICAL HISTORY** |  | **If you answer yes to any of these questions please provide as much detail as you are comfortable with.** |
| Are you currently experiencing any health problems? | No  Yes |  |
| Do you have any health problems or disability that you think may affect your **performance or safety** in the role you are applying for? | No  Yes | If yes, what reasonable adjustments could be put in place to support you? |
| Do you require any special aids/ reasonable adjustments/ adaptations/ Access to Work Support to assist you during the interview stage, whether or not you have a disability? | No  Yes |  |
| Is there any additional information you would like to share? |  |  |

**Please read and sign the declaration below:**

*By signing the box below (digitally or printed and signed in person), I certify that to the best of my belief the answers given above are true and complete. I understand that the medical information gained from this questionnaire and any subsequent conversations remain confidential but may be used by the HR Manager to advise my interviewers, my line manager or CEO on any reasonable adjustments that I may require to enable me to undertake the duties of the role I have been offered and I consent to the information being used for this purpose in line with The Equality Act 2010.*

|  |  |
| --- | --- |
| **SIGNED** |  |
| **PRINT NAME** |  |
| **DATE** |  |

*Once signed, please return all pages of this form to the HR Manager, Jo Martin-Robinson via email at* [*jo.martin-robinson@thechangeportfolio.org*](mailto:jo.martin-robinson@thechangeportfolio.org) *This can be saved as a Word document or printed, completed, scanned or photographed and then emailed over.*

*If you require any assistance with this process, please contact Jo directly via email or telephone 07568 128 932.*

**EXPLANATORY NOTES FOR COMPLETING A HEALTH DECLARATION**:

*Please do not write below this line. This box is for information only.*

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| --- | --- | --- |
| **PREVIOUS MEDICAL HISTORY If yes, please give details** | | |
| Are you currently experiencing any health problems? | No  Yes | *Please give details of any health problems that you have. These may be conditions that you are receiving treatment for or that you have been under the care of your GP or a Specialist for.* |
| Do you have any health problems or disability that you think may affect your **performance or safety** in the role you are applying for? | No  Yes | *Please list any medical or health problems or disability that you have.*  *This may include conditions which aren’t always thought of as health problems such as Dyslexia, ADHD or Dyspraxia etc.* |
| Do you require any special aids/ reasonable adjustments/ adaptations/ Access to Work Support to assist you during the interview stage, whether or not you have a disability? | No  Yes | *Please give details of any previous Access to Work support tht has helped you either in a role or to access an interview.*  *Also think about reasonable adjustments that could positively impact your ability to fully engage with the interview such as reviewing some of the interview questions in advance.* |
| Is there any additional information you would like to share? | No  Yes |  |