



Staff Health and Safeguarding Declaration

Please complete your health and safeguarding declaration fully. If you fail to declare significant information about your health or safeguarding status, we may judge that you are not suitable to care for children and/or young people. If you do indicate a health condition or safeguarding flag, we may ask for clarification at interview or a later date.

Your current state of health

Please give contact details of your doctor's surgery and any hospitals you attend:

Are you taking medication? Yes No

If 'yes', what is it called, what is it for and what dose are you taking (see box or bottle label)?

How long have you been taking it?

Do you have a driving licence? Yes No

If 'Yes', have you ever had restrictions put on it, or had difficulty getting insurance because of health problems? Yes No

If 'No', is that because it was refused on health grounds? Yes No

Are you in receipt of Disability Living Allowance, Incapacity Benefit? Yes No

If 'yes', please provide details.

Do you have any health condition that affects you in the following ways or any of the conditions listed below? If so, please give full details including any treatment that you are currently receiving, have recently received, or are waiting to receive.

A. Affects your physical ability i.e. stamina, walking, balance, bending, kneeling, lifting a child

or vulnerable adult? Yes No

B. May impair your consciousness, make you black out, lose concentration or become confused or disorientated? Yes No

C. Affects your hearing in any way (after correction with any other hearing device)? Yes No

D. Affects your eyesight in any way (after any lens correction)? Yes No

E. Causes depression, anxiety, panic attacks, mood swings, anger, other stress-related or emotional issues? Yes No

F. Causes severe pain? Yes No

G. Causes excessive drowsiness? Yes No

H. Any blackouts, fits, epilepsy or faints? Yes No

I. Any heart problems? Yes No

J. Any form of diabetes? Yes No

K. Any asthma or breathing difficulties? Yes No

L. Any problems with back, legs, arms, neck or joints? Yes No

M. Any alcohol or drug dependency or misuse? Yes No

N. Any significant infectious diseases such as tuberculosis or hepatitis? Yes No

In the past 5 years, have you had any medical problems other than minor illnesses such as colds that are not already covered in your response to the questions above? Yes No

If 'Yes', please provide details.

In the past 5 years, have you had any hospital admissions or outpatient treatment that is not already covered in your response to the questions above? Yes No

If 'Yes', please provide details.

Do you smoke? Yes No

What is your alcohol intake a week in units? (1 unit = 1 small glass of wine or ½ pint of beer)

Safeguarding

Do you currently hold an Enhanced Disclosure DBS certificate? Yes No

Have you ever had any contact with social services regarding a child in your care, including your own children? Yes No

Does anyone in your household have a criminal conviction, to your knowledge? Yes No

Has anyone in your household had involvement with social services regarding a child in their care? Yes No

Has anyone in your household been barred from working with children or vulnerable adults? Yes No