

COQUET TRUST

Health Questionnaire

In Confidence

Prospective employees are required to complete the following as fully as possible. Any false statements or omissions may prejudice the appointment or the continued employment of the applicant/employee.

BLOCK LETTERS PLEASE

Full name:

Address:

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Proposed Occupation:

The job may involve the following, please advise whether you have any conditions which would prevent you from performing your role or present you with difficulty in performing some or all of your duties?

LIST OF ACTIVITIES EMPLOYEES MAY BE ASKED TO PERFORM OR ISSUES THAT EMPLOYEES MAY ENCOUNTER

- The role may involve some lifting and handling
- Some service users may pose a risk of biting/scratching

Applicants should read the following carefully:

The following information is required with your interests and the interests of our service users in mind. Please answer the questions as fully as possible. The information you provide will be treated as strictly confidential. We ask for this information for two reasons:

- (i) that any existing disease or disability does not necessarily preclude your employment – but knowing about it does assist the Company in being able to consider adjustments to the job role for which you have applied to ensure that it is not in any way harmful to your health;
- (ii) even though you may be fit and well now, should you in the future become ill, we have the background information to do as much as we can to facilitate your full recovery.

Have you ever suffered with or been diagnosed with any of the following? If so, please give details.

* please delete as necessary

(a) Long term contagious skin condition *Yes/No

If yes, please provide details

(b) Allergies to any foods or substances *Yes/No

If yes, please provide details

(c) Back injury, strain, sciatica or recurrent back pain? *Yes/No

If yes, please provide details

(d) Hepatitis B, HIV (Aids) or any other contagious disease which can be transmitted through breaking of skin *Yes/No

If yes, please provide details

(e) Asthma and/or any other breathing condition which could be affected by exposure to animals, smoking, dust etc.

If yes, please provide details

(f) Any other health, medical condition, significant illness or disease, physical or mental or any physical limitations not mentioned above that may affect your ability to undertake the activities listed for the role? *Yes/No

If yes, please provide details

If staff are required to take medication during working hours the Company has a responsibility to store it in a separate location from service user medication. Do you take prescribed medication which you would need to have with you during working hours ?

*Yes/No

If yes, please provide details

Most of our service user properties are on more than one floor, do you have any difficulty with climbing stairs ?

If yes, please provide details

Have you been immunised against Hepatitis B? *Yes/No

Have you been immunised against Tetanus? *Yes/No

I agree to further information being obtained, if necessary, from my family doctor and I agree to a medical examination if considered necessary.

Signed

Date