

**WESTERLEIGH PARISH COUNCIL  
Deputy Clerk**

**HEALTH DECLARATION FORM**

Our Council is committed to valuing the well being of all members of the team. Medical conditions and health problems will never be used in a prejudicial or discriminatory manner when recruiting. Applicants will be judged on ability - any other test would be discriminatory in direct conflict to policy of equal opportunities. Reasonable adjustments will be made, where appropriate, to enable disabled people to carry out their job effectively.

Post Title: Deputy Clerk

Applicant .....

Are you able to:

- Move and handle a range of equipment?                      Yes                       No
  
- Repeatedly lift/bend/push/pull/stoop?                      Yes                       No

Please read the following and answer as accurately as possible:

Please tick "Yes" or "No"

- Do you have/have you had any major illnesses / absences?                      Yes                       No

Major illnesses include heart or blood pressure problems, respiratory problems (including asthma), diabetes, epilepsy, any back conditions or mental illness and any condition requiring referral to a medical or surgical consultant

- Have you ever been retired or had your contract terminated due to ill health?                      Yes                       No
  
- Do you have any medical condition which may affect your work?                      Yes                       No

Are you under any medical treatment / supervision at present?                      Yes                       No

- How many days sickness absence / illness have you had in the past two years?                       days

- Do you consider yourself to be a disabled person? Yes                       No

If you have answered yes to any of the questions please provide full details including any specific requirements for support you will require to carry out your duties:

**DECLARATION**

I declare that to the best of my knowledge the information on this Health Declaration form is true. I understand that if the information I have supplied is false or misleading in any way, I will automatically be disqualified from appointment or dismissed without notice.

Signature ..... Date .....

**DATA PROTECTION ACT**

Under the terms of GDPR the information provided on this form will be held in confidence and used for the purpose of ensuring effective recruitment and selection, personnel administration and monitoring only