



Education

Pre-Employment Health Declaration

Employment with the NSW Department of Education (the Department) is conditional on the applicant being suitable for employment and fully able to perform the inherent requirements for 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 role statement and/or selection criteria.

The primary purpose of this pre-employment health declaration is to assist the Department 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 the Department may take the appropriate and reasonable action to ensure the employee's health, safety and wellbeing.

You are required to disclose to the Department 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 could be affected by the nature of the proposed employment.

Privacy

The Department takes your privacy seriously. All details provided on this form are treated confidentially. 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.

The Department and its employees may use the information in your health declaration for the purpose of assessing your suitability for employment as a teacher, school administrative and support staff member or public servant. Further the Department 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 principal or manager.

Pre-Employment Health Declaration

Section 1 - Personal Details

Given Name:

Family Name:

If your name has changed, please state your previous name:

Address:

Suburb:

Postcode:

Telephone (H):

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Telephone (W):

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Mobile:

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Section 2 – Status of Health

Q1. Are you aware of any circumstances regarding your health or capacity to work that would interfere with your ability to perform the duties of the position?

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)

NO[☐] YES[☐], if yes, please provide details.

Q2. Do you have an existing injury or condition or pre-existing injury or condition?

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 not required. If yes please provide details of the injury or condition(s).

NO[☐] YES[☐], if yes, please provide details.

Q3. 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 for which you need a modified workplace?

NO[] YES[], if yes, please provide details.

Q4. Have you ever been medically retired from a previous position?

NO[] YES[], if yes, please provide details.

Section 3 - Declaration

I, _____ of _____
(Applicant's Name)

(Applicant's Address)

Do solemnly and sincerely declare that the contents of this form are true and correct in every particular, and make this solemn declaration conscientiously believing the same to be true and correct and I am aware that rendering or making a false declaration to 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 hereby agree to undergo a health assessment by a medical practitioner if deemed necessary by the Department.

I am aware that I may be required to undergo a health assessment or testing.

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 dismissal. I understand that this pre-employment health declaration may form part of my file.

Declared at _____

Before me _____

In the State of New South Wales this _____ day of _____ 20____.

Signature of Witness _____

Signature of Applicant _____