



# APPLICATION FOR EMPLOYMENT - HEALTH DECLARATION

South Downs College

Applicant for employment as .....

In the Faculty/Section of .....

Title .....

Surname .....

Forenames in full .....

Address .....

Postcode .....

Please answer the questions below. Please circle the answer that applies. It may be necessary for you to fill in a more extensive medical questionnaire. You are obliged to declare all relevant information and if you fail to do so you may disqualify yourself from employment.

1. Have you had any **major** illness/injury within the last five years? **YES / NO**  
If **YES**, please give brief details

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.....

2. Are you currently receiving, or have you received in the last twelve months, treatment from a doctor or other medical practitioner? **YES / NO**  
If **YES**, please give brief details

.....  
.....

3. How many days illness have you had in the last **two** years? .....

4. Have you a disability? (*disability is defined under the Disability Discrimination Act 2005 as "physical or mental impairment which has a substantial and long term adverse effect on... normal day to day activities", updated to include progressive disability/chronic illness etc*)

Please tick the box/es most applicable to you:

Code	Description	Tick Box/es Applicable
D00	No known disabilities	
D01	Visual impairment	
D02	Deaf/Hearing impairment	
D03	Wheelchair/User mobility problem	
D04	Multiple disabilities	
D05	Other physical disability	
D06	Unseen disability e.g. asthma, epilepsy	
D07	Progressive disability/chronic illness (e.g. Cancer, M.E.)	
D08	Mental health difficulties	
D09	Dyslexia	
D10	Other learning difficulty	

I declare that the above information is accurate to the best of my knowledge and belief.

Signed ..... Date .....

## **GUIDANCE NOTES**

### **Major illness includes:**

Requiring referral to medical consultant.

Requiring surgery.

Necessitating absence from work (or inability to continue normal routines) for more than two weeks.

Long term illnesses such as: epilepsy, diabetes etc.