FITNESS TO WORK DECLARATION

Q:1 Do you have any physical or mental health condition/s that could impact on your ability to undertake the position offered?	
	☐ YES
	☐ NO

Q: 2 Do you think you may require any additional support or any reasonable adjustments to enable you to undertake this position that the employer need to consider?	
	☐ YES
	☐ NO
	☐ NOT SURE

If you have answered "Yes" to either of the above questions and/or "Not Sure" to question 2, a Pre-employment Health Assessment Form should be completed).

I understand that by withholding health information that prevents appropriate support and/or reasonable adjustments from being considered and implemented, my employment may be at risk. Any action taken by your employer will be in compliance with any relevant duties under the Equality Act 2010.

Signature:.....

Name printed: ..... Date: .....

All data will be collected, held and processed in accordance with the school's data protection policy/policy on processing special categories of personal data in line with in line with General Data Protection Regulations (2018). On the conclusion of the checking process, data collected will be held in accordance with the school's retention schedule.