# Pre-employment Health Questionnaire

The purpose of this form is to:

* Assist the University to meet its statutory duty in creating and maintaining a safe working environment for its staff.
* Assist the University to comply with its obligations under the Equality Act 2010 by asking you about any health conditions or disabilities that might affect you at work.
* Enable us to identify any support needs you may have and to ensure that, where appropriate, adjustments to your work or workplace can be put in place at the start of your employment.
* If you answer “YES” to any of the following questions, we may need to contact you for further information.

Important: Data Protection & Confidentiality

The University complies fully with all data protection legislation and the Occupational Health Department additionally adheres to a strict code of medical confidentiality. Occupational Health will treat any health information you provide as strictly confidential and only use it in accordance with the purposes of this document. Occupational Health will advise HR on your medical suitability for your new role and any adjustments that might be required at work. Please visit the [**Staff Privacy Notice**](mailto:https://www.swansea.ac.uk/about-us/compliance/data-protection/staff-privacy-notice/) for further information in relation to how the University processes your personal data.

| Full Name: |  |
| --- | --- |
| Date of Birth: |  |
| University Location | (i.e Singleton or Bay Campus) |
| Faculty / Directorate Department: |  |
| Email: |  |
| Telephone Number: |  |

Question 1:

Do you have any condition/s that could prevent you from safely and effectively carrying out all or any of the duties of your new role? *(e.g. problems with communication, sight, hearing, concentration, energy, memory, sitting, standing, walking, bending, lifting, movement etc).*

**Yes  No**

Equality Act 2010

* The Equality Act 2010 makes it unlawful to discriminate against any disabled person in connection with their employment.
* A ‘disability’ is defined as any physical or mental impairment that has a substantial and long-term negative effect on your ability to undertake normal daily activities.
* To enable the University to comply with this legislation, we need to know whether you have a disability and, if so, whether you require any reasonable adjustments to be made to your work or place of work.

Question 2:

Do you have a disability as defined above? **Yes  No**

Question 3:

Do you require any reasonable adjustments to be made to your work or place of work?

**Yes  No  N/A**

**If YES: Please indicate in the section below, what adjustments you require\*** *(e.g. special furniture, specific workstation equipment, computer software etc.)*

Medical in Confidence….

DECLARATION

By signing / submitting this form, I confirm that I have read and understood the information given to me and that all information I have provided is true to the best of my knowledge and belief. I accept that the university cannot make reasonable adjustments to my work or workplace without knowing what is required and that by giving false responses, providing misleading information or withholding relevant information may lead to my employment being terminated.

| Signature  (electronic if emailed): |  | Date |  |
| --- | --- | --- | --- |

Returning your form to Occupational Health

Please complete this form electronically and email it to [occupational-health@swansea.ac.uk](mailto:occupational-health@swansea.ac.uk) . Please note, the University cannot guarantee secure transfer over email so attaching a password protected document is advised. We will use the email address from where you send your completed form as your ‘signature’ and date of completion (and for any reply that might be necessary).

\*For Occupational Health Use only

| Fit/Fit with adjustments |  | Date |  |
| --- | --- | --- | --- |
| Name/Signature |  | Designation |  |

Comments: