

(Part 1 – First level)

EMPLOYEE WORK HEALTH QUESTIONNAIRE

Dear **NAME**

You have been offered a position at the University of Portsmouth. In order that the University can comply with its obligations under the Equality Act 2010 we would ask that you advise us of any health conditions or disabilities that may affect you. This is to enable us to identify any support needs you may have and ensure that, where appropriate, any adjustments to your work/workplace/hours etc are in place at the start of your employment.

Please access the link below to complete the Employee Work Health Questionnaire. This must be completed within 7 days of receipt. Failure to do this will significantly delay the appointment process.

This questionnaire will then be submitted to an email address where any documents received will be treated confidentially.

(Link to questionnaire below)

1. Do you have a known health condition or disability?
2. May this health condition or disability affect your ability to carry out your role or perform it safely?
3. Are you having or waiting for treatment or investigations of any kind at the present time?
4. May this treatment or investigation, or any potential diagnosis, impact on your ability to carry out your role or perform it safely?
5. Are you taking, or will you be taking, any medication which might affect your capacity to carry out your role or perform it safely?
6. Has a doctor ever advised you not to be exposed to any particular work situation, chemical or organism?
7. Do you need any special aids or adaptations to assist you at work, including access to/from premises, regardless of whether or not you have a health condition or a disability?
8. Have you ever left any previous employment on health grounds or required adjustments to previous roles because of health problems?

Declaration

If you would answer 'yes' to any of the above questions you will be required to complete a further form to provide more information which the Occupational Health Service (OHS) will use to assess you and advise the University management of any action they recommend is taken to comply with the University's obligations towards you. This may require a telephone consultation or an appointment with one of the Occupational Health Nurses or Physicians. We would be grateful for your co-operation in discussing fully with the Occupational Health Service your individual needs. You are obliged to make the University aware of any *changes* to your health which may impact on your ability to do your job either prior to or during the course of your employment.

There are specific roles within the University which will require an automatic appointment with the Occupational Health Service because of particular job hazards and you will be notified should this be the case.

In accordance with the University's obligations under the Data Protection Act 1998 the University confirms that the information provided in this form relating to your personal situation will be processed in accordance with the requirements for 'sensitive personal data' as defined in the Data Protection Act 1998. By signing and returning this declaration form you are giving your consent to the University processing this data in that way.

I would answer yes to one or more of the above questions **Yes** **No**

I certify that to the best of my knowledge and belief my answers to this questionnaire are correct and I have not withheld any relevant information. I have read the job description, person specification and job hazard information ([? hyperlink back to these docs](#)) and consider myself to be mentally and physically fit for this job.

Name:

Date:

Position applied for: