**Employee Preplacement Health Self-Declaration**

This form must only be used on the direction of the HSE Recruitment Services. No medical information should be included on this form. This declaration can only be used for Grade III to Grade VIII roles who are not in patient facing roles.

Administration staff in patient facing roles will need to complete a pre-placement health assessment with Occupational Health – Please inform your recruitment service who will issue this to you.

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| **Sections 1 to be completed by Manager** | |
| **Section 1: Details of post (this section to be completed by Manager/Recruitment):** | |
| Post/Grade | Department/Location: |
| Recruitment area: | Recruitment officer: |
| Name of manager: | Manager’s contact details: |

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| **Sections 2 – 5 must be completed by the prospective employee** | |
| **Section 2: Information for prospective employees regarding confidentiality** | |
| All information on this form will be treated as strictly confidential at all times, in accordance with the provisions of the General Data Protection Regulations (GDPR) along with the Data Protection Acts (1988 - 2018). No personal information will be disclosed to a third party on an individual identifiable basis without your consent.  The purpose of the pre-placement health self-declaration is to determine the prospective employee’s fitness to carry out the duties of the post, to assist the HSE in meeting its obligations under the Safety, Health & Welfare at Work Act 2005 and to determine the requirement for further assessment by Occupational Health. | |
| **Section 3: Personal details** | |
| Surname: | Surname at birth (if different): |
| First names: | Date of birth (Date/Month/Year): |
| Address: | Telephone number: |
| Email | PPS: |

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| **Section 4: Health and ability declaration** |  |
| I have not taken more than 30 days of sickness absence (certified or uncertified) from work or education in the past two years?  I am not aware of any health condition or disability that might affect my ability to undertake effectively the duties of the position that I have been offered. |  |
| Please note. If you have taken more than 30 days sick leave in the past 2 years OR if you do have a health condition or disability that might affect your ability to undertake effectively the duties of the position that you have been offered, and that might require special adjustments to your work or your place of work, you cannot return this declaration. You will need to complete a pre-placement health assessment with Occupational Health. Please request the Pre-Placement Health Assessment form from your recruitment service who will issue this to you. | |

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| **Section 5: Declaration by applicant** |
| **Please read the declaration below carefully**  I declare that the information I have given is true and complete to the best of my knowledge and that I have not withheld any material facts. I understand that I am responsible for the accuracy of my statement. I understand, accept and confirm the entitlement of the Health Service Executive to reject my application or terminate my employment (in the event of a contract of employment having been entered into) where I have omitted to furnish any information relevant to this health assessment or where I have made any false statement or misrepresentation relevant to this health assessment.  This declaration will be kept with your recruitment records for the duration of my employment. This form should not be signed and returned unless both statements in section 4 apply.  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please ensure that you have signed the above declaration. If returning the form by email you must scan the signed form. Unsigned forms will not be processed. |