**Pre-employment Health Declaration Form**

This form is required to inform DTF of any existing or pre-existing health conditions new starters may have and to assist in the planning for any reasonable adjustment of work spaces/tasks.

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|  **PERSONAL DETAILS** |
| **Given Name(s):** |  |
| **Surname:** |  |
| **Position Title:**  |  |
| **Group:**  |  |
| **Team:** |  |
| **Telephone No:** | Work: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Pre-employment Health Declaration

Employment with the Department of Treasury and Finance (DTF) is conditional on the applicant being fit and fully able to perform the inherent requirements of the position. When completing the pre-employment health declaration it must be in full knowledge of the position as outlined in the position description. Read the document carefully and discuss any queries that you may have prior to completing the form with your manager.

The primary purpose of this pre-employment health declaration is to assist DTF to ensure that no person is placed in an environment or given tasks that will result in physical or mental harm. It is not the intention of the pre-employment health declaration to deny a person employment solely because of disability or illness.

The pre-employment health declaration does enable, where applicable, appropriate and reasonable action to be taken by DTF to meet the provisions of *Section 21* of the *Occupational Health and Safety Act 2004* and *Section 41(1)* and *Sub-section 41(2)* of the *Workplace Injury Rehabilitation and Compensation Act 2013.*

*Section 21* of the *Occupational Health and Safety Act 2004*, states that an employer shall provide and maintain, so far as practicable, for employees a working environment that is safe and without risks.

*Section 41(1)* of the *Workplace Injury Rehabilitation and Compensation Act 2013*, requires disclosure to your employer of any pre-existing injuries or disease that you have suffered, or existing injuries or disease that you continue to suffer of which you are aware and could reasonably be expected to foresee could be affected by the nature of the proposed employment as outlined in the position description for your proposed employment.

S*ub-section 41(2) of the Workplace Injury Rehabilitation and Compensation Act 2013* will apply if you fail to make a disclosure as per *Section 41(1)* of the *Workplace Injury Rehabilitation and Compensation Act 2013*, or the making of a false or misleading disclosure.

If *Sub-section 41(2) of the Workplace Injury Rehabilitation and Compensation Act 2013* applies, any recurrence, acceleration, exacerbation or deterioration of the pre-existing injury or disease arising out of or in the course of or due to the nature of employment with the employer does not entitle the worker to compensation under this Act.

DTF may rely on any failure to disclose or the making of a false or misleading disclosure, in accordance with the provisions of the *Workplace Injury Rehabilitation and Compensation Act 2013,* as grounds for denying compensation.

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| **Privacy Notice:** The collection and processing of this information is in accordance with the *Occupational Health and Safety Act 2004* and the *Workplace Injury Rehabilitation and Compensation Act 2013*.The completed pre-employment health declaration form will be retained on your personal file. Where employment is not taken up, all documents relating to your application will be retained for six months after the finalisation of any appointment appeal and then destroyed.DTF may disclose some of your personal information, as applicable, to an independent medical examiner, should an assessment of your suitability for employment and fitness for duty be required. Under certain circumstances your health declaration may be also disclosed to the Department’s Workers Compensation Insurer should you submit a claim for workers compensation. You are able to request access to the personal information that we hold about you, and request that it be corrected by contacting HR Shared Services on 9651 1000. |

Employee Health History

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| **EMPLOYEE TO COMPLETE: (please circle your answer, these may be discussed further)** |
| Are you aware of any circumstances regarding your health or capacity to work that could interfere with your ability to perform the duties of the proposed employment?*If answering yes, when providing further detail please include any reasonable adjustment which could be considered to accommodate you in performing these duties.* |  Yes | No |
| If yes, please provide details: |
| Have you had an existing or pre-existing injury or disease which could be affected by the nature of proposed employment or you could reasonably be expected to foresee could be affected by the nature of the proposed employment?*Existing is a condition for which treatment is still being received, pre-existing is where an injury or condition is present but treatment is not required.* | Yes | No |
| If yes, please provide details: |
| Are you required to take medication which may affect your ability to perform the duties of the proposed employment, attendance at work or provide risk to your health and safety or the health and safety of others in the workplace? *If answering yes, when providing further detail please include any reasonable adjustment which could be considered to accommodate you in the workplace*. | Yes | No |
| If yes, please provide details: |
| Do you have any known allergies to medications, foods or other substances? | Yes | No |
| If yes, please provide details: |  |  |

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| **Place an X beside each activity with which you have difficulty:** |
|  Walking 500 metres Crouching Standing for two hours Gripping firmly with both hands |  Lifting or bending Using hand tools Reading ordinary print Hearing a normal conversation |  Sitting for two hours Turning your head rapidly Repetitive movements of the hands or arms Concentrating on what you are doing |
| Please comment on those marked with an X: |

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| **Have you had any exposure to the following in your past jobs?**  | **(please circle)** | **If Yes, please give details:** |
| Loud noise/explosives/gunfire | Yes | No |  |
| Asbestos | Yes | No |  |
| Chemicals | Yes | No |  |
| Radiation | Yes | No |  |
| Dust | Yes | No |  |

### Declaration

I declare that each and every answer above is true to the best of my knowledge and belief. I understand that any false or misleading information may result in disciplinary action under the *Victorian Public Sector Workplace Determination 2012*, which may include termination of employment.

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| **APPLICANT SIGNATURE:** |
|  | Date: .........../.............../........... |