**Pre-Employment Health Assessment**

**Questionnaire (PEAQ)**

Please complete this form and return with your Application of Employment.

The information you provide on this form will assist us in assessing your fitness for work. If you tick Statement A below, you will be issued with a full Assessment of Fitness for Work Form, which will be reviewed by our Occupational Health Professionals or you will be referred to an Alternative Service Provider for a full Fitness For Work assessment.

**All Applicants must fully complete Sections 1, 2 & 3**

**Section 1: Personal Information**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Post Applied For: |  | | | | | | |
| Academy Name: |  | | | | | | |
| Surname: |  | Title: |  | Forename: |  | | |
| Address: |  | | | | | | |
|  |  | | | | | | |
|  |  | | | | | Postcode: |  |

**Section 2: Fitness Information**

Please read the questions below and indicate, by ticking Statement A or B whether some or none of these questions apply to you:

1. Do you need any special aids/adaptations to assist you at work, whether or not you have a disability e.g. specialist seating, voice activated software, loop systems etc?
2. Do you have a medical condition or disability, which may affect your ability to carry out your proposed work?
3. In relation to your health, are you waiting for treatment or investigations (excluding routine tests to monitor an existing well controlled condition) of any kind at present?
4. Have you ever left a previous employment through ill health or a work related injury or condition?
5. Over the past two years, have you been absent from work/study due to illness for a total of more than 10 days during any calendar year?

|  |  |
| --- | --- |
| A. Yes To One Or More Of The Above: |  |
| B. None Of The Above Applies To Me: |  |

**Section 3: Declaration**

I confirm that the declaration provided above is correct to the best of my knowledge and I understand that making a false declaration could affect my employment with the organisation.

Name……………………………………………………………………… (Block Capitals Please)

Signature …………………………………………………..Date…………………..……………….

**Section 4: Appointing Manager Action (Office Use Only)**

Name of Appointing Manager …………………………………………… (Block Capitals Please)

Post Title …………………………………………………………Extension Number ………………….

|  |
| --- |
| I confirm that this appointment may proceed based on the information provided by the candidate |

Signed ………………………………………………………………………………………………

If you have approved the appointment of the above candidate ensure a copy of this form is saved in their employee file.

Where applicable, ensure documentation is received from Occupational Health and reviewed by the appointing manager.