CM/SFDC/R1

South Eastern Health and Social Care Trust

Childminding and Day Care Registration Children (NI) Order 1995

HEALTH DECLARATION / MEDICAL REFERENCE

on health of prospective childminder (or partner) or person working in Registered day care facility

The declaration of a disability, previous or current health condition will not prevent an applicant from working with children, unless indicated otherwise by a GP or Medical Adviser. It is an employer's responsibility to ensure reasonable adjustments are made under Disability Discrimination Act 95 to enable an applicant to work in a childcare setting.

To be completed by the applicant and each person employed or to be employed in caring for children (also to be completed by the partner of a childminding applicant or adult connected with the application as requested by the Registering Trust).

1. Surname:	**First Name(s):**
Previous Name(s):	**Name usually known by:**
Date of Birth	
Address: **Postcode:**	
Phone No:	

2. Are you in good health? **Yes** ☐ **No** ☐

3. Please give details of any current treatment (including any regular contact with your GP), any hospital admissions during the last 2 years and any serious illness in the last 5 years.

Current treatment: **(including medication)**	**Hospital Admissions:** **(with dates)**
Serious Illnesses: (specify)	

4. Do you have any of the following:

	YES	NO		YES	NO
Poor Eyesight	☐	☐	Loss of Hearing or Deafness	☐	☐
Speech Impediment	☐	☐	Difficulty with moving around	☐	☐

If YES, please give details

5. General Health

(a) Have you ever suffered from any of the following:

	YES	NO
Fits	☐	☐
Fainting Attacks	☐	☐
Epilepsy	☐	☐

If YES, please give details

(b) Do you have any difficulties in bending or lifting? YES ☐ NO ☐

If YES, please give details

(c) Have you ever had any mental health problems, eg depression, anxiety, or other psychiatric difficulty or addiction problems (alcohol, drugs, other) YES ☐ NO ☐

If YES, please give details

(d) Have you ever suffered from any of the following:

	YES	NO
Tuberculosis	☐	☐
Typhoid	☐	☐
Paratyphoid	☐	☐
Dysentery	☐	☐
Any other serious infectious disease	☐	☐

If YES, please give details

If your application is to work in **group daycare**, please go to Declaration Section on page 3

(e) Is everyone else living in your household (including lodgers) in good health, as far as you are aware. YES ☐ NO ☐

If NOT, please give details

(f) Has any present member of your household ever had any mental health problems, including depression or anxiety, or addiction problems? YES ☐ NO ☐

If YES, please give details

(g) Are you responsible for caring for any member of your household because of his/her ill health or disability? YES ☐ NO ☐

If YES, please give details

DECLARATION

I declare that the information given in this Health Declaration is, to the best of my knowledge and belief, complete and correct.

I understand that any information disclosed will be dealt with sensitively and in compliance with the Data Protection Act 1998.

Any information to be shared with a third party will be done with my prior knowledge and written consent.

I undertake to notify the Trust of any ill health which subsequently occurs to those included in this declaration.

I give permission for my GP to complete the following page and to provide the Trust with any relevant information.

My GP is: _____ Telephone No: _____

Address: _____

Date: _____

_____Postcode_____

Signed _____(Applicant)

This form should be returned on completion, to the Trust Early Years Team, in respect of childminding, daycare owners and committee chairpersons. All other applicants should return the form to their employer.

It is the responsibility of the applicant to meet any cost in completing this form.

FOR USE BY THE APPLICANT'S GP (please delete as appropriate)

Applicant's Name:

	YES	NO
From the records available to me I confirm that the information provided in this declaration is accurate, complete and up-to-date.	☐	☐
Are you aware of any reason connected with the present state of health and/or medical history of the applicant which would affect his/her ability to adequately care for child/children under 12 years?	☐	☐

If Yes, please comment _____

_____

_____

Other relevant comments:

_____

_____

_____

Signature and Stamp

Of applicant's General Practitioner: _____
(Doctor)

DATE: _____

PRACTICE ADDRESS: _____

_____