

Applicant Name:

Childcare and Early Years Service



## Health Declaration Form

Last Update: September 2019

### Who needs to complete this form and why?

This form must be completed by any person who is or wishes to become registered to provide childcare, manage a childcare facility, work as a childminder or as a practitioner in a registered childcare setting. This forms part of the process to ensure that they are suitable to care for or be in regular contact with children and / or young people.

### How to complete this form:

- Make sure you put your name at the top of each page
- Complete section A, B and C
- Take the completed form to your General Practitioner (GP) / Medical Practitioner to complete section D and E
- You may need to pay a fee for this but a maximum of £40 has been agreed with the Primary Care Body (PCB)
- No medical examination is required unless requested by your GP / Medical Practitioner
- On return, take your form to your employer or in the case of a Registered Childminder / Manager / Registered Person send it to CEYS, Highlands Campus, PO Box 142, St Saviour, Jersey, JE4 8QJ.

### Next Steps:

- Your employer or CEYS will notify you of the outcome of this declaration

### Notes:

The CEYS team on behalf of the Minister of Education may refuse or cancel your application if it is considered that you are unsuitable or have knowingly withheld information, or made a false declaration – Day Care of Jersey (Children) Law 2002, Article 2 (4) b.

If you consider any of the information provided by your GP / Medical Practitioner to be inaccurate, you may provide a written statement giving your views.

Under the Data Protection (Subject Access Modification) (Health) order 2000, applicants' GP / Medical Practitioner may refuse to let applicants see parts of the medical report they believe would be likely to cause serious harm to the applicant's physical or mental health or that of others. They may refuse to show applicants parts of the report that would reveal information about another person or the identity of a person who has supplied the GP / Medical Practitioner with information about the applicant's health, unless the person also consents. In these circumstances, GP / Medical Practitioner will notify applicants and applicants may only see remaining parts of the report.

**Privacy Notice:** As a 'controller' under the Data Protection (Jersey) Law 2018, Childcare and Early Years Service (CEYS) process and hold information in order to provide public services and meet our statutory obligations. The information applicants provide will be used for the purposes of compliance and registration under the Day Care of Children (Jersey) Law, 2002. Information we collect may be used for statistical and reporting purposes and may be shared with other relevant agencies for the purposes of safeguarding and to plan the provision of services. We will only use the information that we collect about applicants lawfully, in accordance with the Data Protection (Jersey) Law, 2018. For more information regarding data held by CEYS visit [www.gov.je](http://www.gov.je).

Applicant Name:

## Section A – Applicant’s Personal Details

**A1** Title:

**A2** First name(s):

**A3** Last name:

**A4** Last name at birth or any other given last name(s):

**A5** Date of birth:

D

D

M

M

Y

Y

Y

Y

**A6** Current address

Post code

**A7** Contact number(s)

Home:

Mobile:

Work:

**A8** Email address:

**A9** Please tick one of the following which best describes your role and provide details where required

An applicant / registered childminder

Household member of an applicant / registered childminder

(Specify relationship to the childminder)

Current / applicant member of staff working directly with children as part of the ratio (including volunteers) at a registered setting

(Specify role at the setting)

Current / applicant member of other staff who will be working unsupervised in an administration or service capacity (i.e. driver, chef, administrator, caretaker) at a registered setting

(Specify role at the setting)

Manager at a registered setting

Registered person at a registered setting

Owner of a registered setting

Committee member of a registered setting

Other

(Specify role here)

**A10** Registered setting name (if applicable)

**A11** Setting full postal address (if applicable)

Postcode

Applicant Name:	
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## Section B – Applicant’s Health Declaration

To be completed as fully as possible.

<b>B1</b>	Contact details of your GP / Medical Practitioner including name, address and any hospital departments’ you may attend.
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<b>B2</b>	Are you taking any medication?	Yes	No
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If ‘Yes’, provide product name, the purpose, dosage taken, frequency at which the medication is taken, how long since this has been taken.

<b>B3</b>	Do you suffer any side-effects as a result of taking the medication listed above?	Yes	No
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If ‘Yes’ how do these display themselves and affect you?

<b>B4</b>	Do you hold a driving license?	Yes	No
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	If ‘No’ (to B4), was it because it was refused on health grounds?	Yes	No
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	If ‘Yes’ (to B4), have you ever had restrictions put on it or had difficulty getting insurance because of health problems?	Yes	No
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If ‘Yes’ to any of the above, provide details.

Applicant Name:

**B7** Do you have OR are you affected by any of the health conditions listed below? If so, full details are to be provided in the right column, including any treatments that are currently, have recently been or will be received.

a) Asthma or breathing difficulties	Yes	No	
b) Any form of diabetes	Yes	No	
c) Blackouts, fits, epilepsy, faints or instances where levels of consciousness, concentration or orientation is affected	Yes	No	
d) Heart problems	Yes	No	
e) Depression, anxiety, panic attacks, mood swings, anger or other stress-related and / or emotional issues	Yes	No	
f) Alcohol or drug dependency or misuse	Yes	No	
g) Excessive drowsiness	Yes	No	
h) Significant infectious diseases such as tuberculosis or hepatitis	Yes	No	
i) Eyesight impairment (after lens correction)	Yes	No	
j) Hearing impairment (after hearing aid correction)	Yes	No	
k) Problems with back, legs, arms, neck or joints	Yes	No	
l) A disorder which may affect physical / mental abilities to either stand, walk, kneel, bend or lift whilst holding a child	Yes	No	
m) Severe physical pain	Yes	No	

**B8** In the last 5 years, have you had any medical problems other than minor illnesses (such as colds), hospital admissions or outpatient treatments that are not covered in the questions above?

Yes

No

If 'Yes', provide details.

Date	Details

Applicant Name:

## Section C – Applicant’s Declaration and Consent

I (applicant’s name) \_\_\_\_\_ declare that I have read the information enclosed about medical consent and access to medical reports. I therefore authorise my employer, and CEYS, to obtain and use information about my health in the way set out above and in accordance with the Data Protection (Jersey) law 2018.

I understand that my GP / Medical Practitioner may charge a fee for providing a health report and I agree to settle any such fees directly with my GP / Medical Practitioner.

I declare that the answers given to the questions above are full and correct and have been answered to the best of my knowledge.

I agree to notify my employer and / or CEYS of any changes to my health.

Applicant’s Signature

Print Name

Date of signature

D	D	M	M	Y	Y	Y	Y
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Applicant Name:

## Section D – General Practitioner (GP) / Medical Practitioner Verification

This section is to be completed the applicant's GP / Medical Practitioner

The applicant is, or wishes to be, registered to provide childcare, manage a childcare facility or work as a childminder. Childcare and Early Years Service (CEYS) have a duty to ensure that people working in childcare are suitable to look after or be in regular contact with children and /or young people. Part of this process is to establish the person's physical and mental suitability. To help CEYS make a fair and balanced judgement about applicants' suitability, this Health Declaration is to be completed by applicants (Section A, B and C) and their GP / Medical Practitioner (Section D and E).

### How to complete the form:

- Ensure that section A, B and C have been completed by the applicant
- Check the information provided, compare it against your own records and complete Section D and E. If the space provided is insufficient, a separate sheet of paper can be used
- Once Section D and E are completed the form is to be returned to the applicant
- No physical examination is required unless judged necessary
- Fees related to this check will need to be settled directly with the applicant
- The information given will be treated with confidentiality and in accordance with the Data Protection (Jersey) Law 2018.

**Any questions regarding this form can be directed to CEYS ([ceys@gov.je](mailto:ceys@gov.je) or 01534 449387) or the applicant's employer.**

<b>D1</b>			
Do you hold the applicant's records from birth?	Yes	No	
Are your records for a continuous period?	Yes	No	
If you have answered 'No' to any of the above, state from what date the records commence and give a reason, if known, for any gaps.			

Applicant Name:

**D2** Where the health declaration form from the applicant omits significant information, please give brief details of the omission.

**D3** Provide details of any significant condition(s) from which the applicant is suffering, or that may recur, and the severity of the condition, including:

- Insight and awareness
- Medical treatment(s) (including, any paramedical treatment(s))
- Compliance with those treatment(s)
- Frequency of episodes, where appropriate
- Whether the applicant has been referred to a specialist or has been hospitalised. If so, supply the name of the consultant and date.

**D4** Based on the information detailed at D3 above, what is the prognosis and what is the likely outcome? Is the applicant likely to suffer any complications?

Applicant Name:	
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<b>D5</b>	Is the applicant affected on a functional level by any of the following? <b>THIS QUESTION DOES NOT REQUIRE TO BE COMPLETED SHOULD THE APPLICANT HAVE ANSWER 'COMMITTEE MEMBER OF A REGISTERED SETTING' UNDER QUESTION A9.</b>
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Vision	Yes	No
Hearing	Yes	No
Lifting	Yes	No
Mobility	Yes	No
Carrying	Yes	No
Bending	Yes	No

<b>D6</b>	Any additional information about the applicant's health, including details of any significant past medical history, mental health, stress-related or other emotional issues.
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<b>D7</b>	Provide details of any consultant to whom the applicant has been referred.
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Name
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Address
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Postcode							
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Applicant Name:

## Section E – General Practitioner (GP) / Medical Practitioner Recommendation

This section is to be completed by the applicant's GP / Medical Practitioner

<b>E1</b>	Select <b>one option</b> from the statements below:  Applicant's notes to date suggest that he / she is medically...	
a)	... <b>suitable to work</b> in the position specified.	
b)	... <b>currently unsuitable to work</b> in the position specified.	
c)	... <b>unsuitable to work</b> in the position specified.	
d)	The applicant has not co-operated with the process or knowingly withheld significant information about his / her medical suitability and therefore <b>not enough information is presently held to make a recommendation.</b>	
This recommendation is based on:		
The applicant's medical suitability may be appropriate to review in:		
I confirm that the applicant's health declaration is a true reflection of their health.		Yes No

<b>E2</b>	
Signature	
Print name	
Date of signature	D D M M Y Y Y Y
Phone number	
Email address	
Practice stamp (Mandatory to validate the form)	