

**Health Assessment Questionnaire**

Staffordshire University Academies Trust (SUAT) is committed to protecting the privacy and rights of anyone who chooses to share their personal data with us. Under data protection law, individuals have a right to be informed about how we use any personal data we hold about them. We comply with this right by providing ‘privacy notices’ to individuals where we are processing their personal data. Please find a copy of our Employee Privacy Notice enclosed; this can also be accessed via the SUAT website [www.suatrust.co.uk](http://www.suatrust.co.uk).

The data we collect about you will be utilised in accordance with SUAT’s Privacy Notices and data protection policies. The data we collect aids us in our ability to fulfil our obligations both legally and as a public organisation in the delivery of education and supporting the welfare of our employees. The data collected in this form will also be transferred onto electronic systems and stored in accordance with SUAT’s defined retention periods, according to the nature of the data.

Upon completing this form, you will be providing SUAT with data which is specified under the UK General Data Protection Regulation as Special Category Data, which is data that could be considered particularly sensitive to an individual. This means that, under data protection law, we must have a lawful basis for processing this data and have obligations to keep this data secure. We collect special category data in order to fulfil our legitimate interests as a public organisation in ensuring that that we maintain a safe working environment, where we have a legal obligation to process this data or where we have consent. Special categories of data are classified as: race, ethnicity, religious beliefs, physical health and mental health information and biometric data. Where we require your consent for collecting data, this will be specified within our form.

This questionnaire is designed for the purpose of supporting staff in the workplace in ensuing that appropriate health, safety and wellbeing considerations are made according to the nature of their role. The completion of this form will help to determine whether employees have any health problems which could affect their ability to undertake the duties of the post or place them at risk in the workplace and determine what support can be offered, for example, occupational health referrals.

If you have any queries or concerns in relation to the protection of data, please contact the Trust Data Protection Officer via 01782 987120 / hkirkham@suatrust.co.uk.

**Section 1: Personal Information**

|  |  |
| --- | --- |
| Job Title: |       |
| Academy Name: |       |
| Surname: |       | Title: |       | Forename: |       |
| Address: |       |
|  |       |
|  |       | Postcode: |       |
| Date of Completion: |       |
| Date of Employment Commencement: |       |

**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. I Would Answer 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 …     ………..

Please tick below:

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

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