Employment with the Department of Premier and Cabinet is conditional on the preferred applicant completing this statutory *Pre-employment Health Declaration form.* This information is to be used for the purposes of planning for any reasonable adjustment of work spaces/tasks and/or to determine if the applicant is capable of fulfilling the inherent requirements of the role.

 **Pre-employment Health Declaration Form**

**Position Title:**

**Group/Branch:**

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| Personal Details |
| **Given Name(s):** |  |
| **Family Name or Surname** |  |
| **If your name has changed please state your previous name(s)** |  |
| **Address for all correspondence:** | Postcode **[ ] [ ] [ ] [ ]**  |
| **Telephone No:** | Work: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Pre-employment Health Declaration

Employment with the Department of Premier and Cabinet (DPC) is conditional on the applicant being 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 duty statement, and selection criteria. Read the documents carefully and discuss any queries that you may have prior to completing the form with the respective manager.

The primary purpose of this pre-employment health declaration is to assist DPC 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 DPC to meet the provisions of Division 3 of the *Workplace Injury Rehabilitation and Compensation Act 2013* and Section 21 of the *Occupational Health and Safety Act 2004*.

Section 41 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, and could be affected by the nature of the proposed employment referred to above.

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.

Failure to make a disclosure, or the making of a false or misleading disclosure, may disentitle you to compensation pursuant to the *Workplace Injury Rehabilitation and Compensation Act 2013* should you suffer any recurrence, aggravation, acceleration, exacerbation or deterioration of a pre-existing injury or disease arising from employment with the Department of Premier and Cabinet. DPC may rely upon any failure to disclose 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, for whatever reason, all documents relating to your application will be retained for six months after the finalisation of any appointment appeal and then destroyed.DPC may disclose some of your personal information, as applicable, to an independent medical examiner, should DPC require an assessment of your suitability for employment and fitness for duty. Your health declaration may be also disclosed to the Department’s WorkCover insurer should you submit a WorkCover claim for 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 1800 039 411 or the Freedom Of Information (FOI) Unit on 9651 5162. |

Health Declaration

**IMPORTANT**

*Sub-sections 41(1) and 41(2) of the Workplace Injury Rehabilitation and Compensation Act 2013* *will apply if you do not disclose all pre-existing injuries and diseases either suffered or that you are aware could reasonably be expected to foresee could be affected by the nature of the employment outlined in the Position Description and the physical requirements appearing on page 2 of this form.*

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| --- |
| **Question 1** |
| Are you aware of any circumstances regarding your health or capacity to work which may impact your ability to perform the duties of the position? *In answering this question Yes or No you are also covering factors such as: existing or exposure to infectious diseases, taking of medication/treatment on a regular basis (daily, weekly, monthly). If yes, what adjustments do you need to perform the inherent requirements of the position (if any)?”*  |
| * No
* Yes
 | **If yes, please provide details** |

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| **Question 2** |
| Do you have an existing injury or medical condition or pre-existing injury or medical condition that could be affected by the nature of the proposed employment? Existing is a medical condition for which treatment is still being received. Pre-existing is where an injury or medical condition/s is present but treatment is not required. If yes please provide details of the injury or medical condition(s). If yes, what workplace adjustments do you need to perform the inherent requirements of the position (if any)?” |
| * No
* Yes
 | **If yes, please provide details** |

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| **Question 3** |
| Have you ever worked with any substances or in any conditions which may have been hazardous to your health (e.g. asbestos exposure, toxic chemicals, stressful or noisy environments) and may impact your ability to perform the duties of the position and for which you need a modified workplace?If yes, what specific workplace adjustments or modifications can be made (if any) to ensure your workplace is safe and without further risk to your health?”  |
| * No
* Yes
 | **If yes, please provide details** |

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| **Question 4** |
| Do you have a current or any previously accepted Workers Compensation Claims? |
| * No
* Yes
 | **If yes, please provide details** |

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| **Question 5** |
| Are you required to take medication which may impact on your ability to perform the duties of the position?  |
| * No
* Yes
 | **If yes, please provide details** |

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| **Question 6** |
| Are there any other workplace adjustments or modifications that you require to perform the inherent requirements of your position?  |
| * No
* Yes
 | **If yes, please provide details** |

### Declaration

I solemnly 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 termination of employment. I understand that I may also be required to undergo medical tests and assessments during employment and on termination.

### Statement Authorisation

I hereby authorise the examining doctor to submit a medical report regarding the above statements, physical findings, audiogram and other appropriate investigations to my employer.

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

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| --- |
| **hr Shared Services Office use only** |
| Processed by: ..........................  | Date: .........../.............../........... |
| Please return to the HR Shared Services Unit:hr.shared.services@edumail.vic.gov.au HR Shared Services, 2 Treasury Place Melbourne 3002Phone: 1800 039 411 |