

The Appointing Manager ***MUST*** provide the following information in full. (Prior to sending to the successful applicant) If the information is not provided the form cannot be processed.

Occupational Health & Wellbeing
 The Bungalow, Office Block 2
 Crown Business Park
 Govan Road
 Fenton Industrial Estate
 Stoke-on-Trent
 ST4 2RS

TO BE COMPLETED BY APPOINTING MANAGER:-

Employer / Organisation / Trust
 Department / Site
 Managers Name
 Telephone Number Email

Applicant Details

Surname First Names
 Proposed Occupation
 Proposed Start Date
 Location
 Permanent / Temporary / Locum / Full Time / Part Time / Bank / Training / Placement

DOES THIS POST INVOLVE ANY OF THE FOLLOWING?

Regular Patient Contact	Yes	No	Work with hazardous chemicals? (Including cytotoxics, respiratory sensitisers, latex, solvents etc.) Details	Yes	No	
Exposure Prone Procedures	Yes	No		Exposure to Radiation	Yes	No
Moderate/Heavy Manual Handling	Yes	No			Working in Confined Spaces	Yes
Food Handling	Yes	No		Working with vibration transmitting tools		Yes
Clients with challenging behaviour	Yes	No	Exposure to Noise		Yes	No
Driving duties Details (e.g. FLT)	Yes	No		Lone Working	Yes	No
Working at heights	Yes	No	Night Working		Yes	No
Electrical working	Yes	No				
Other						
.....						

TO BE COMPLETED BY EMPLOYEE.

Dr / Mr / Mrs / Miss / Ms / Other

Surname:..... Previous Surname:.....
 First Names:.....
 Address:..... Female / Male
 Date of Birth:
 Post Code..... Home Telephone No:.....
 Email address:..... Mobile Telephone No:.....
 (appointments may be sent via email – please look out for email from an address ending with ...@telfordpct.nhs.uk)

Name and Address of GP.....
 Telephone Number

2. Current or ongoing health conditions:

Do you have any health issues (including allergies, Muscular/skeletal)) that may affect your ability to undertake the duties of your role and may require workplace adjustment or changes to be made?

YES

NO

Do you have any conditions that have arisen as a result of previous work? (e.g. HAVS)

YES

NO

Do you have a chronic condition that requires regular review and/or medication?

YES

NO

If YES, please give details:

(please attach additional sheets of paper if necessary)

You may be contacted and/or an appointment made to discuss this further with a member of the Occupational Health Team.

DECLARATION

I certify, that to the best of my knowledge the information I have given is correct. I understand that any false statement may affect my contract of employment.

Signature of applicant Date

Please print name

You may be asked to attend the
Occupational Health & Wellbeing Department for an appointment.
Appointments are likely to be emailed so please provide an up to date email address if available.