HEALTH DECLARATION

ALL QUESTIONS MUST BE ANSWERED. IF THE ANSWER TO A QUESTION IS YES, FULL DETAILS MUST BE SUPPLIED.

DETAILS REQUIRED INCLUDE THE NATURE OF THE CONDITION, PAST AND/OR PRESENT TREATMENT, AND FULL NAME OF THE DOCTOR OR SPECIALIST CONSULTED.

IF THE SPACE AVAILABLE IS INSUFFICIENT, PLEASE ATTACH A SEPARATE SHEET.

The information required to complete this form is necessary in order to assess eligibility to qualify for employment as an instructor. This information is confidential and will only be viewed by personnel involved in processing the application.

Applicants are asked to complete all sections of the Health Declaration form, and submit it with their *Application for Employment as an Instructor/Assistant Instructor* along with any supporting or explanatory material. You can place the Health Declaration in an envelope to maintain confidentiality if you wish.

Do not post the Health Declaration separately. Photocopies will not be accepted.

Title	Mr.	Mrs.	Miss.	Ms.	Dr.					
Family name	-			Given name(s)						
Postal address	S			Post code						
Home phone				Mobile phone						
Work phone				Email address						
Date of birth				EDU ID no.						
UNDERSTAND THAT IF FURTHER MEDICAL INFORMATION IS REQUIRED I MAY BE ASKED TO GIVE WRITTEN AUTHORISATION FOR THE DEPARTMENT'S OCCUPATIONAL HEALTH AND SAFETY MANAGER TO SEEK RELEVANT MEDICAL INFORMATION.										
			decla	are that the force	oing particulars to the best of my knowledge are					
					ue and by virtue of the Oaths Act, 1936 as					
Declared at:			on	//.	(Date)					
Before me:		Justice of the Peace signature								
Justice of the F	Peace:	(Prir	nt name)		Number					
Applicant's sig	nature:									
Full name:										

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1.	DO YOU HAVE ANY MEDICAL CONDITIONS OR RESTRICTIONS PHYSICALY OR OTHERWISE WHICH MAY AFFECTYOUR ABILITY TO UNDERTAKE INSTRUCTIONAL DUTIES? IF YES, PROVIDE DETAILS
2.	DO YOU REQUIRE ANY SPECIAL SERVICES OR FACILITIES TO UNDERTAKE INSTRUCTIONAL DUTIES? IF YES, PROVIDE DETAILS
	ARE YOU TAKING REGULAR MEDICATION PRESCRIBED BY A MEDICAL PRACTITIONER THAT MAY AFFECT YOU ABILITY TO UNDERTAKE INSTRUCTIONAL DUTIES? IF YES, SPECIFY MEDICATION AND REASON FOR USAGE
	HAVE YOU EVER SUFFERED FROM ANY MENTAL OR EMOTIONAL DISORDERS, INCLUDING AN ANXIETY OR DEPRESSIVE STATE THAT REQUIRE MEDICAL SUPPORT? If YES, PROVIDE DETAILS (INCLUDE DATES)

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LIF	6. HAVE YOU EVER BEEN REJECTED OR DEFERRED AS MEDICALLY UNFIT FOR SERVICE IN THE A LIFE INSURANCE, FOR PERMANENT APPOINTMENT TO A GOVERNMENT DEPARTMENT, OR TO E SUPERANNUATION SCHEME?							
	IF YES, PROVIDE DETAILS (INCLUDE DATES) YES		NO					
7.	T. HAVE YOU EVER HAD ANY SURGICAL OPERATION, A SERIOUS ACCIDENT, OR ANY SERIOUS MED NOT OTHERWISE MENTIONED THAT MAY AFFECT YOUR ABILITY TO UNDERTAKE INSTRUCTIONA		S?	 				
	If YES, PROVIDE DETAILS (INCLUDE DATES)		NO 					
8.	B. HAVE YOU EVER BEEN IN RECEIPT OF WORKERS COMPENSATION?							
	IF YES, PROVIDE DETAILS (INCLUDE YEAR AND STATE)		NO					