Pre Employment Health Assessment Questionnaire (PEAQ)

Please complete this form and place in the attached confidential envelope. Please seal the envelope and put your name on it. This form will not be reviewed prior to your interview; it will only be read if you are the preferred candidate for the post.

The information you provide on this form will assist us in assessing your fitness for work. If you tick Statement A below, you will be issued with a full Assessment of Fitness for Work Form, which will be reviewed by our Occupational Health Professionals, or, if your school has opted out of the OH SLA, you will be referred to an Alternative Service Provider for a full Fitness For Work assessment.

All Applicants must fully complete Sections 1, 2 & 3

Section 1: Personal Information

Post Applied For:					
Service Area:	Societas Trust				
Unit/ School Name:	Ellison Primary Academy				
Surname:		Title:		Forename:	
Address:					
			Postcode:		

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 ……

If you have approved the appointment of the above candidate based on the information provided above, please e-mail an Appointment Form to the Shared Service Centre for processing and attach a copy of this PEAQ form.

If you have referred the candidate for a full Fitness For Work assessment, please e-mail an Appointment Form to the Shared Service Centre for processing and so that other pre employment checks (if applicable) can commence whilst the full Fitness For Work assessment is in progress. For schools this is not applicable.

Once you have received a fitness certificate from OHU (or your Alternative Service Provider (ASP) – only for schools that have opted out of the OHU SLA), please e-mail a copy of the AFFW/ASP fitness certificate to the relevant SSC mailbox. Schools should e-mail an Appointment Form together with a copy of the AFFW/ASP certificate.