



FITNESS FOR TEMPORARY ELECTORAL & REGISTRATION SERVICES EMPLOYMENT

APPLICANT'S STATEMENT

Equal Opportunities

Hart District Council has developed an Equal Opportunities Policy to ensure those job applicants and employees receive equality of opportunity. The aim of this policy is to ensure that no applicant or employee receives less favourable treatment on the grounds of race, colour, nationality, ethnic or national origins, sex or marital status, disability - or is disadvantaged by conditions or requirements which cannot be shown to be justified.

Candidates for temporary **Electoral & Registration Services** appointments are required to complete this form for the information of Council's Medical Adviser, who will then decide whether a medical examination or further report is necessary before advising on fitness for employment.

This form will initially be vetted by **Human Resources** and all details will be kept confidential for one whole year. We will write each year in order to update our records.

Please ensure you complete all the boxes.

Surname: Forenames:

Address:
.....

Proposed Temporary Appointment

Position:

1. Are you at present in good health and is your vision and hearing good?	
2. State the causes, dates and duration of any periods of sickness, exceeding 14 days in length, from which you have suffered during the past ten years. <u>If treated in hospital please state where.</u> If you have had no such periods of sickness insert "NONE".	
3. Give details and dates of any other disability and illness affecting or medication you take in relationship to: (a) Your chest (b) Your heart (c) Your blood pressure (d) Your ears, nose or throat (e) Your digestive system (f) Your nervous system (including	(a) (b) (c) (d) (e) (f)



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epilepsy or mental illness) (g) Your eyes (h) Your limbs (i) Any other part of your body (If none state "NONE" against each question)	(g) (h) (i)
4. Do you require any special requirements to work in relation to your health and / or are you unable to undertake any specific duties / jobs, e.g. manual handling / confined spaces / VDU operation etc?	
5. Have you retired from employment on ill health grounds? If so, please give details:	

I declare that I have answered the above questions honestly and fully and I am not aware of any other physical or mental disability, which could affect my working capacity. I realise that any false or incomplete statement on my behalf may lead to termination of my Temporary Contract of Employment.

Date: Signature:

Please return this form in a sealed envelope addressed to:

c/o HUMAN RESOURCES DEPARTMENT
 'Electoral Registration'
 Hart District Council
 Civic Offices
 Harlington Way
 Fleet, Hampshire
 GU51 4AE