



Pure Home care

Pre-Employment Health Declaration

Employment with Pure Home Care is conditional on the applicant being suitable for employment and fully able to perform the inherent requirements for the position.

When completing the health declaration, you as an applicant for employment must do so in the full knowledge of the position as outlined in the relevant advertisement and/or selection process

The primary purpose of this pre-employment health declaration is to assist Pure Home Care 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, illness, or injury. The health declaration is required so that Pure Home Care may take the appropriate and reasonable action to ensure the employee's health, safety and wellbeing

You are required to disclose to Pure Home Care any pre-existing illness, disease, injury, ailment or conditions that you have suffered or 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

Privacy

Pure Home Care takes your privacy seriously. All details provided on this form are treated confidentially. The completed health declaration form will be retained on your personal file, which is always kept secure. Where employment is not taken up, for whatever reason, all documents relating to your application will be retained for six months and then destroyed.

Pure Home Care and its representatives may use the information in your health declaration for the purpose of assessing your suitability for employment. Further Pure Home Care may disclose that information to its legal advisers for the purpose of obtaining legal advice concerning your health declaration, and any legal proceedings in which your health declaration is relevant

Should any circumstances change, that may affect your capacity to perform the inherent requirements of the position that you are undertaking, you are obliged to inform Pure Home Care immediately



Pre- Employment Health Declaration

Section 1- Personal Details

Full Name: _____

Address: _____

Suburb: _____

Postcode: _____

Mobile: _____

Position applied for: _____

Section 2- Status of Health

Q1. Are you aware of any circumstances regarding your health or capacity to work that would interfere with 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, and the taking/consumption of medication/treatment on a regular basis (daily, weekly, monthly)

NO [☐] YES [☐] If yes, please provide details



Q2. Do You have an existing injury or coordination or pre-existing injury or coordination?

Existing is a condition for which treatment is still being received. Pre-existing is where an injury or condition is present but treatment is not required. If yes, please provide details of the injury or conditions

NO [☐] YES [☐] Yes, please provide details

Q3. Have you ever worked with any substances or any conditions which may have been hazardous to your health (e.g., asbestos exposure, toxic chemicals, stressful or noisy environments) and for which you need a modified workplace?

NO [☐] YES [☐] Yes, please provide details



Q4. Have you ever suffered an injury, illness, or disorder of the mind that resulted in a workers compensation claim?

NO [☐]

YES [☐] Yes, please provide details



Section 3 - Declaration

I, _____, of _____
(applicant name) (applicant address)

Hereby declare that:

- The contents of this form are true and correct in every particular and make this solemn declaration conscientiously believing the same to be true and correct and I am aware that rendering of making a false declaration that my employment may be terminated immediately without prejudice
- The information stated is true and complete to the best of my knowledge and no information concerning my past or present state of health has been withheld
- I am aware that I may be required to undergo further health assessment or testing as part of the pre-employment process. I understand that any wilfully incorrect or misleading answer or material omission which relates to any of the questions before mentioned may make me ineligible for employment, or if employed, liable to dismissal.
- I understand that, if employed, the information I have provided above will be retained on my employee file and that my employer reserves the right to access and use the information in the event of an accident, injury, sickness, claim for workers compensation. Or for any other reasonable purpose. If so required by law
- I have read and understood the conditions on this form

Signature of Applicant _____

Date _____