

Confidential Occupational Health Check

Swansea Bay University Health Board



FOR ROLE WITH NO SPECIFIC OCCUPATIONAL REQUIREMENTS (ADMIN & MANAGERS ONLY) & INTERNAL TO HEALTH BOARD STAFF STAYING WITHIN THE SAME ROLE WHICH INVOLVES CONTACT & ACCESS TO PATIENTS (with the exception of food handlers & Exposure Prone Procedure Posts)

[PLEASE NAVIGATE THE FORM ELECTRONICALLY USING THE TAB BUTTON - or complete using black ink]

PART A to be completed by Hiring Manager

Job Ref:	New Department/Ward: NHS Wales Delivery Unit
Appointment to the post of: Statistical Analyst	New Base/Location: Bocam Park/Pencoed
Band/Grade:	New Directorate/Division/Manager: Dr Jennifer Morgan
Expected Start Date:	Manager Contact No: 01656 776927
<input type="checkbox"/> Full time / <input type="checkbox"/> Part time hours/sessions	Managers Email Address: jennifer.morgan@wales.nhs.uk
<input type="checkbox"/> Permanent / <input type="checkbox"/> Temporary / <input checked="" type="checkbox"/> Honorary	E mail clearance to: central.Recruitment@wales.nhs.uk

PART B – To be completed by applicant

Title: Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input checked="" type="checkbox"/> Mx <input type="checkbox"/> Dr <input type="checkbox"/> Professor <input type="checkbox"/>	Male: <input checked="" type="checkbox"/> Female: <input type="checkbox"/> Non Binary/Third Gender <input type="checkbox"/> Prefer to use my own term <input type="checkbox"/> Prefer not to say <input type="checkbox"/>
Surname/Family name: Baber	First name: Mark
Previous names (if applicable):	Date of birth: 31/05/1992
NI No: JR 83 71 58 C	Proposed Job Title: Student Statistical Analyst
Department:	Site:
Home Address: 9 Radnor Drive, Tonteg, Pontypridd	
Post code: CF38 1LA	E mail: Markbabber1992@live.co.uk
Mobile: 07907770390	Tel home: N/A

Your appointment to your new role is subject to an assessment of your fitness for work. The purpose of this assessment is to:

- Identify any health problems or disabilities that may make the proposed job difficult or unsafe for you or others.
- To enable your employer to identify any adjustments to your work that may make life easier for you.

Please return this completed form to your recruitment team when you attend your face to face ID Check appointment.

If you are not required to attend an ID Check appointment, please return to Recruitment:-

By post to:

NHS Wales Shared Services Partnership - Recruitment
Matrix House
Swansea Enterprise Park
Swansea
SA6 8BX

By email (scanned with hand-written signature) to: central.recruitment@wales.nhs.uk

This form will be forwarded to the Occupational Health Department and retained by them. No copies of this form will be retained by Recruitment.

Clearance:	Signature & Print	Date
Self Declaration recruitment aware and no further action required		
<p>Self Declaration recruitment aware however further action required before fitness for post can be confirmed. Please give details:</p> <p> <input type="checkbox"/> Nurse assessment <input type="checkbox"/> Immunisation assessment </p> <p> <input type="checkbox"/> Doctor assessment </p> <p> <input type="checkbox"/> Other (give details): _____ </p>		
<p>Await:</p> <p> <input type="checkbox"/> GP reports </p> <p> <input type="checkbox"/> Occupational Health notes </p> <p> <input type="checkbox"/> Specialist report </p>		
<input type="checkbox"/> A Fit for employment specified		
<input type="checkbox"/> D Fit for employment with adjustment(s):		
<input type="checkbox"/> E Currently unfit for employment review:		

Please read the following three questions carefully. At the end there is a single **YES** or **NO** box to be ticked. To preserve medical confidentiality you are **not** required to identify any conditions/ illnesses you have or have had;

1. Do you have any health conditions or disabilities which might impair your ability to Undertake effectively the duties of the position which you have been offered?
2. Do you have a health condition or disability which might affect your work and which might Require special adjustments to your work or place of work?
3. Have you had in the last 6 months, a cough lasting more than 3 weeks, unexplained weight loss or unexplained fever?

To all of the questions above, I respond **NO** ☒

OR

To one or more of the questions above, I respond **YES** ☐ (Please do not provide any detail, Occupational Health will contact you for further information)

Are you currently or have you ever been employed by this organisation Yes ☐ No ☐

If yes please confirm dates: From: to: (please use dd/mm/yyyy format)

In completing this form, you are certifying that to the best of your knowledge and belief the information given here is true and correct. Please note any deliberate material inaccuracy in this or any subsequent information given may result in your placement being terminated.

Protection of healthcare workers against Measles, Mumps and Rubella is especially important as these infections can be transmitted to vulnerable groups. While you may need MMR vaccination for your own benefit, on the grounds outlined above, you should be immune to measles and rubella for the protection of our patients. If you are unaware or unsure as to whether you have had two MMR vaccinations please contact your Occupational Health Department for further advice.

PLEASE NOTE: WRITTEN SIGNATURE ONLY (typing your name will not be accepted)

Applicant's Signature: MJ Barber

Date: 07/07/2021

This form MUST be signed before submission