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**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**

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| Job Ref:  Appointment to the post of: Statistical Analyst  Band/Grade:  Expected Start Date:  Full time /  Part time       hours/sessions  Permanent /  Temporary /  Honorary | New Department/Ward: NHS Wales Delivery Unit  New Base/Location: Bocam Park/Pencoed  New Directorate/Division/Manager: Dr Jennifer Morgan  Manager Contact No: 01656 776927  Managers Email Address: jennifer.morgan@wales.nhs.uk  E mail clearance to: [central.Recruitment@wales.nhs.uk](mailto:central.Recruitment@wales.nhs.uk) | |
| **PART B – To be completed by applicant** | | |
| Title: Ms  Miss  Mrs Mr Mx  Dr  Professor | | Male:  Female:  Non Binary/Third Gender  Prefer to use my own term  Prefer not to say |
| 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: Markbaber1992@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**](mailto: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. | | |
| 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 organisationYes  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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    **This form MUST be signed before submission** | | |

**OH OFFICE USE ONLY**

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