

Declaration of Health

Confidential

Please return in the envelope provided to:

(TO BE COMPLETED BY APPLICANT)

Course applied for
(Please circle)

PGCE Primary	PGCE Secondary	School Direct Primary	School Direct Secondary	BA Primary Education	Clearing
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Surname GADSBY

First name(s) MARK RICHARD

Previous or alternative names N/A

Title (Mr/Mrs/Ms/Miss) Mr Date of Birth: 28 10 1963

Address 55 WORCESTER VILLAS

HOVE

EAST SUSSEX BN3 5TA

Home telephone number 01273 423817

Mobile telephone number 07501 853542

Email Address mark.r.gadsby@gmail.com

Home GP's Name Dr Anne Miners

Home GP's Address Portslade Health Centre Medical Practice

Home GP's Postcode Church Road, Portslade, Brighton, BN41 1LX

Home GP's telephone number 01273 431031

	Yes	No
I give consent for you to write to my GP and/or Specialist for further information with regards to my health and I agree to meet any costs associated with this.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I understand that information supplied on this form may be shared with carefully selected University departments and relevant outside organisations such as the onsite Medical Centre or an Occupational Health Team.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I declare that the information I have given is to the best of my knowledge and belief true and complete	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I understand that should my circumstances change before or during my programme, I have a duty to inform the University.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I understand that failure to disclose information or giving false information may result in withdrawal of my place on my programme.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Signature of applicant: Mark Gadsby Date: 25/06/2019

Please answer the questions below fully and honestly.

Failure to answer any questions will unnecessarily delay your application.

		Yes	No	Comments
1	Have you ever had any illness, medical problem or disability that may currently affect your ability to work safely as a teacher? If yes, please specify	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2	Have you been treated in hospital in the last 2 years? If yes, please give reason(s) and dates.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	December 2017, Cycle Accident.
3	Have you seen a doctor in the last year for any kind of health problem? If yes please give reason(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4	Have you ever had an illness or health related problem that may have been caused or made worse by your work? If so, please specify	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5	Have you ever been medically retired from any job, or left any job or education establishment due of ill health? If yes, please specify	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
6	Have you had any days off sick in the last two years from school, college or employment? If yes, please give number of days and reasons to the best of your recollection.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	One following cycle accident.
7	Have you ever had any back problem? If yes, please specify	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
8	Have you ever had any problem with your joints including pain, swelling or stiffness? If yes, please specify	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
9	Have you ever suffered from any mental health difficulties, psychological problems, including depression, anxiety, schizophrenia or eating disorders? If yes, please specify	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10	Have you ever had a drug or alcohol problem? If yes, please specify	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11	Have you ever experienced seizures, blackouts or fainting? If yes, please specify	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
12	Have you ever had any skin problems? If yes, please specify	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
13	Have you ever had heart or blood pressure problems? If yes, please specify	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
14	Have you ever suffered from asthma, bronchitis or chest problems? If yes, please specify	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
15	Have you had a cough for more than three weeks, coughed up blood or had any unexplained weight loss or fever in the last year? If yes, please specify	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
16	Have you ever had hepatitis or jaundice? If yes, please specify	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

		Yes	No	Comments
17	Are you on any medication at present? If yes, please specify	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
18	Are you allergic to anything? If yes, what?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
19	Are you having treatment or investigations of any kind at the moment? If yes, please specify	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
20	Are you waiting for any treatment, operation or investigation? If yes, please specify	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
21	Do you have any difficulties standing, bending, lifting or any other movements? If yes, please specify	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
22	Do you have any eyesight problems not corrected with glasses? If yes, please specify	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
23	Do you have any hearing, speech or communication problems? If yes, please specify	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
24	Do you have any other medical conditions? If yes, please specify	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
25	Do you have a registered disability? If yes, please specify	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
26	Do you have a diagnosed specific learning difference, such as dyslexia, dyspraxia, dyscalculia or ADHD? If yes, please specify	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
27	Do you need or would it assist you to have any special provision made to enable you to fulfil your training and or subsequent employment? If yes, please specify	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Comments:

To be completed by the Student Medical Centre

☐ Fit/Suitable on information given. Fit to teach - Result: A Date result emailed to Admissions: / /

Full name of Student Medical Centre staff member:

Signature:

☐ Sent to The Student Medical Centre for assessment (Result pending) Date sent to SMC: / /

☐ Letter sent to applicants GP for further information (Result pending) Date letter sent: / /

☐ Reply received from applicants GP – Fit to teach – Result: B Date emailed Student Experience: / /

☐ Reply received from applicants GP – Occupational Health assessment required Date of Occ Health appointment: / /

☐ Post Occupational Health Appointment – Fit to teach – Result: C Date emailed Student Experience: / /

☐ Post Occupational Health Appointment – Fit to teach – Result: D Date emailed Student Experience: / /

☐ Post Occupational Health Appointment – Not enough evidence Date emailed Student Experience: / /

Full name of Doctor:

Result:

Signature:

Date:

Suitability declaration

Title: Forename(s):
Surname:
Date of birth: Gender:
UCAS/GTTR number:

Please answer all questions.

Please tick either the Yes or No box. For every Yes answer please complete the box overleaf with a detailed, legible account of the circumstances that include the sanction, date, reason and full identification of the authority, police force or court concerned.

1. Have you ever been the subject of a bar, partial bar, warning or other action by the Secretary of State or the Disclosure & Barring Service (formally Independent Safeguarding Authority) in relation to working with children or misconduct?

Yes ☐

No ☒

2. Have you ever been convicted of a criminal offence including motoring offences or do you have any criminal charges/proceedings pending against you? (Note: you should include details of any police caution, reprimand, warning or penalty and bind over, but do not include fixed penalty traffic offences and parking fines.)

Yes ☐

No ☒

3. Have you ever been subject to any disciplinary sanction by any other professional or regulatory body in this country or abroad or are you currently the subject of investigation by such a body?

Yes ☐

No ☒

4. Is there a current employment disciplinary finding against you and/or are you currently the subject of an employer's disciplinary investigation?

Yes ☐

No ☒

5. Is there any other information the University should know about which may have a bearing upon your suitability?

Yes ☐

No ☒

6. Have you lived overseas for 12 months or more (whether continuous or in total), in the last 10 years while aged 18 or over?

Yes ☐

No ☒

Circumstances for Yes replies to questions 1 to 5 overleaf

For each Yes answer, please provide a detailed, legible account of the circumstances that includes the sanction, date, reason and full identification of the authority, police force or court concerned.

If you need more space, please attach and sign an additional sheet.

Question 1

Question 2

Question 3

Question 4

Question 5

Question 6

Declaration

I declare that:

- all of the information I have provided on this form is complete and correct to the best of my knowledge and belief.
- I understand that the University can refuse to register me if I have given false information or have withheld relevant details.
- I understand that the University may contact me about the information in my application and seek further information from any relevant authority, police force or court.
- I understand that the University will investigate allegations of misconduct against me that could call into question my registration.
- I agree to tell the University as soon as reasonably practical about any changes to my personal details.

I understand that if I fail to tell the University about any changes to the information in my application, the University may consider this to be misconduct.

Name:

MARK GADSBY

Signature:

Mark Gadsby

Date of signature:

25 06 2019