

Health Declaration



BumbleBee Education

Personal details

Name:

Irfan Ahmed Qureshi

Date of Birth:

22/04/1991

Gender:

Male

National insurance Number:

JH 71 13 04 A

Full Address:

47 Westbourne Court
Orford Road
South Woodford
E18 1PY

Home Tel:

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Mobile Tel:

07930301063

Email:

iqureshi63@gmail.com

Emergency contact name/number:

07943333062

GP details

GP Name:

Dr R Mughal

GP Address:

63-65 Ethelbert Gardens,
Ilford
IG2 6UP

GPTel:

020 8550 3740

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Health and ability questions

Please tick for each of the following questions providing details where appropriate:

| Questions | Yes | No | Comments |
|---|-------------------------------------|-------------------------------------|----------|
| Do you have, or have you ever had any medical conditions or operations? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Are you receiving any pills/tablets, injections or other treatment, at the moment? (inc: tablets, inhalers, injections, self-medication, physiotherapy etc.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Have you ever suffered a work related illness, or given up work because of ill health? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Have you ever had any physical limitations, which might affect your ability to work? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| If yes, have you had any workplace adjustments for this during previous employment? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Have you ever had any kind of back, joint or muscle problem? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Have you ever had skin problem? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Have you ever had any allergies? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Have you ever had a persistent cough? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Have you ever had any mental illness, which might affect your ability to work? (inc: anxiety, depression, self-harm, eating disorders, psychological or emotional problems) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| If yes, have you had any workplace adjustments for this during previous employment? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Have you ever had a drug or alcohol problem, which has affected your work? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Do you wish to discuss any health issues with a member of the BumbleBee Team? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |

Declaration by Applicant:

I confirm that the information given on this form is correct to the best of my knowledge. I understand that if any information is false or has been deliberately omitted, I may be regarded as ineligible for employment or liable to dismissal. I understand that medical details will not be divulged without my permission to any person outside of the Education sector and agree to a record being kept, recording my health, whilst at work.

Name: Irfan Qureshi

Signature: *Irfan Qureshi*

Date: 04/12/2015