

## DRH SPORTS COACH and ASSISTANT COACH HEALTH DECLARATION

You need to complete and return this form to HR, DRH SPORTS LTD, if you undertake coaching and or assistant coaching of children for and on behalf of DRH SPORTS.

Please ensure that you put your name in the box show on each page of the document.

For Child Protection purposes, this information will be kept confidential by DRH SPORTS for a period of up to 3 years after your last coaching assignment with DRH SPORTS LIMITED.

DRH SPORTS reserves the right to request your consent to contact your GP and or Consultant should DRH SPORTS reasonably consider there to be any matter declared by you on this form that may affect or place at risk the safety and wellbeing of any child you provide coaching and or assistant coaching services to for and on behalf of DRH Sports. If you decline to provide such consent DRH SPORTS may not be able to engage you and or may reasonably have to consider termination of your services/employment as applicable.

Should you fail to declare something on this form that becomes known to DRH SPORTS and was knowingly withheld by you, DRH SPORTS may reasonably have to consider termination of your services/employment as applicable.

## PERSONAL DETAILS

[illegible]

| FIRST NAME | SURNAME |
|------------|---------|
|            |         |

| EMAIL ADDRESS |
|---------------|
|               |

| PLEASE TICK ALL OF THE FOLLOWING THAT APPLY TO YOUR ROLE(S) WITH DRH SPORTS |  |
|---|--|
| DIRECTOR (COMPANIES HOUSE)  |  |
| OFFICE/BUSINESS ADMINISTRATION ONLY   |  |
| SPORT CAMP DESIGNATED LEAD  |  |
| SPORT COACH   |  |
| ASSISTANT SPORT COACH   |  |
| UNPAID VOLUNTEER ASSISTANT SPORT COACH                                      |  |
| SPORT OFFICIAL  |  |
| OTHER (please specify)  |  |

If you have ticked business/office administration, you are not required to complete Health Declaration Part B.

## HEALTH DECLARATION PART A

|   |
|---|
| Please use the space below to make us aware of any medical condition and or medication that you wish us to know about which may affect your ability to undertake the roles and responsibilities you fulfil for and on behalf of DRH SPORTS. |
|   |

| FIRST NAME | SURNAME |
|------------|---------|
|            |         |

Please use the space below to let us know the GP surgery, address and phone number attended by you.

## HEALTH DECLARATION PART B

Do you have any health condition that affects you in the following ways or any of the conditions listed below? If so, please give full details including any treatment you are currently receiving, have recently received (meaning in the last 5 years), or are waiting to receive?

|  |     |  |    |  |  |
|--|-----|--|----|--|--|
| Affects your physical ability e.g. stamina, walking, balance, bending, kneeling and or lifting?            | Yes |  | No |  |  |
| May impair your consciousness, make you black out, lose concentration or become confused or disorientated? | Yes |  | No |  |  |
| Affects your hearing in any way (after correction with a hearing device)?                                  | Yes |  | No |  |  |
| Affects your eyesight in any way (after any lens correction)?  | Yes |  | No |  |  |

#### 4 | CONFIDETNIAL HEALTH DECLARATION

| FIRST NAME | SURNAME |
|------------|---------|
|            |         |

|  |     |  |    |  |  |
|--|-----|--|----|--|--|
| Causes depression, anxiety, panic attacks, mood swings, anger, other stress-related or emotional issues? | Yes |  | No |  |  |
| Causes severe pain?  | Yes |  | No |  |  |
| Causes excessive drowsiness?   | Yes |  | No |  |  |
| Any blackouts, fits, epilepsy or faints?   | Yes |  | No |  |  |
| Any heart problems?  | Yes |  | No |  |  |
| Any form of diabetes?  | Yes |  | No |  |  |
| Any asthma or breathing difficulties?  | Yes |  | No |  |  |
| Any problems with back, legs, arms, neck or joints?  | Yes |  | No |  |  |
| Any alcohol or drug dependency or misuse?  | Yes |  | No |  |  |
| Any significant infectious diseases such as tuberculosis or hepatitis?                                   | Yes |  | No |  |  |

| FIRST NAME | SURNAME |
|------------|---------|
|            |         |

## HEALTH DECLARATION PART C

If your role and or service delivery for DRH SPORTS requires you to be a car owner driver with business insurance cover, please complete the following section:

|  |     |  |    |  |
|--|-----|--|----|--|
| Do you have a current valid driving licence?   | Yes |  | No |  |
| If "Yes" have you ever had restrictions put on it, or had difficulty getting insurance because of health problems? | Yes |  | No |  |
| If "No" is that because it was refused on health grounds?  |     |  |    |  |
| If "yes" please provide details:   |     |  |    |  |
|  |     |  |    |  |

## HEALTH DECLARATION PART D

### Statement of Declaration and consent

We will use the information you give on this form to determine if we need to seek your consent to obtain further information from your GP to determine your medical suitability to look after or be in contact with children and/ or young people.

I understand that my doctor may charge a fee for providing a report and I agree to pay any such fee directly to my doctor.

I declare that to the best of my knowledge the answers given to the questions above are full and correct.

I agree to notify DRH Sports of any significant changes to my health.

|                 |   |   |   |   |   |   |   |   |
|-----------------|---|---|---|---|---|---|---|---|
| SIGNED          |   |   |   |   |   |   |   |   |
| PRINT NAME      |   |   |   |   |   |   |   |   |
| DATE OF SIGNING | D | D | M | M | Y | Y | Y | Y |