**Kirklees Associate List**

**Pre-Inclusion Declaration Questionnaire**

The purpose of this questionnaire is to determine whether you will need to complete an Employee Healthcare Pre-placement Form.

Please answer **YES** or **NO** to each question

**DO NOT** provide any other information on this form.

Name :

|  |  |  |
| --- | --- | --- |
|  | **QUESTION** | **ANSWER**  **Y / N** |
| 1 | Are you at, present, under any medical observation, investigation or treatment? |  |
| 2 | Do you require any adjustments, to any possible offer of work, due to a health problem or disability? |  |
| 3 | Have you ever left teaching/consultancy work or similar roles due to a health problem or disability? |  |

Signature :

Date:

*Please return this form, along with your application and supporting documents to the following address:* ***Kirklees Supply Service, 1st Floor, Kirkgate Buildings, Byram Street, Huddersfield, HD1 1BY***