

OXPIP
the Oxford Parent Infant Project

DECLARATION OF HEALTH

Please note: A disability or health problem does not preclude full consideration for the job and applications from suitable people with disabilities are welcome.

NAME: _____

POST APPLIED FOR: _____

Do you have a health problem or disability, which is relevant to your job application? YES/NO

If YES, please describe it

Do you have any specific requirements at work to help you overcome your disability? YES/NO

If YES, what are they?

Are you at present under medical treatment? YES/NO

Are you registered at the Job Centre as a disabled person? YES/NO

Signed _____ Date _____

Once you have completed this Health Declaration please return it with your Application Form