# Health Questionnaire

At Calico we are committed to ensuring the health, safety and wellbeing of our employees at work. As such, we include this Health Questionnaire in our new starter pack to help us to capture information about your health and any conditions so that we are able to support you appropriately in the workplace.

**Please be assured, we are committed to promoting inclusivity in the workplace and we are a Disability Confident Employer. Our priority is to offer support wherever possible with any conditions disclosed to us.**

Please note completion of this form is entirely optional except for those working in CQC regulated services. As a rule of thumb, if you are required to have a DBS check and work in a Syncora service (Delphi, Acorn, Enterprise, Syncora Care) then this form is mandatory to satisfy regulatory requirements.

For those who are not required to complete this form, please be aware that if we have no knowledge of your condition then the Company is not equipped to consider whether reasonable adjustments can be made to help you in the workplace.

Therefore, if you have a health condition that may affect you in your job role, or consider yourself to have a disability, we strongly encourage you to make us aware. This will allow your Line Manager to have a discussion with you about how your condition may affect you and discuss any reasonable adjustments and support we may be able to put in place to help you carry out your role. Therefore, please answer the questions honestly.

Completed forms should be returned, along with your new starter documents to [hrteam@calico.org.uk](mailto:hrteam@calico.org.uk).

Information disclosed will be treated in the strictest of confidence. However please be aware that where appropriate we may need to disclose this information to your Line Manager to ensure that you are fully supported where necessary, and by completing and signing this form you provide consent to Calico to do this If you have any questions or concerns about this, please contact our HR Team at [hrteam@calico.org.uk](mailto:hrteam@calico.org.uk) or 01282 686466.

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| --- | --- |
| **NAME** |  |
| **POSITION** |  |
| **SERVICE AREA** |  |

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| **Please read the statement below and tick YES or NO in the relevant box**  Do you need any special aids/adaptations to assist you at work, whether or not you have a disability?    Do you have a medical condition or disability (physical and/or mental) which may affect your ability to carry out your proposed work?  Are you having, or waiting for, treatment or investigation of any kind at present?  Have you ever left a previous employment through ill-health or a work-related injury or condition?  Do you have any back, neck or joint problems causing difficulty with standing, sitting for long periods, walking, bending, lifting or stair climbing?  Do you consider yourself to have a disability? | **YES** | **NO** |

If you have answered yes to any of the statements above, please use the box below to provide more detailed information including;

* Name of the illness(s)/medical condition(s), dates of any treatments
* How it affects you now or may affect your ability to do the role
* Any adaptations you need to undertake the role

This information will help us to determine whether any reasonable adjustments or further actions are required, to fully support you in your role.

Please be aware that based on the information you provide we may ask you to attend an appointment with our occupational health provider, in such instances we will contact you to discuss this further before any arrangements are made and request your consent to attend such an appointment

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**Declaration**

I declare that all statements, including medical details are true and to the best of my knowledge. I understand that a referral to Calico’s occupational health provider may be made dependant on the answers given. I understand that for certain jobs a risk assessment may need to be carried out by my Line Manager to understand any potential risks and to ensure that necessary control measures are put in place.

**Signed………………………………………………… Date………………………………………**