

Health declaration form

For early years and social care applications

How to complete this form

1. Complete section A.
2. Complete section B1 if your application relates to early years or B2 for social care.
3. Complete and sign the statement of declaration on page 7.
4. Print the form once you have completed your sections and ask your GP to fill in section C. You do not usually need an appointment to do this. If your doctor needs to see you, they will let you know. Your doctor may charge a fee for this service. If you want to see the report before your doctor sends it to Ofsted, please speak to them directly.

You can find information on how Ofsted handles personal information in our [personal information charter](#).

This information remains valid for six months from the date of your doctor's signature. Please send this to Ofsted without delay.

It is an offence to make a statement that you know is false or misleading as part of a registration application. Please answer this form truthfully. We will not necessarily refuse your registration based on current or previous health problems.

If you need any help completing this form, please email enquiries@ofsted.gov.uk

Health form

| | | | | |
|----------|---|------------|---------------------|----------------------------|
| A | Personal details | | | |
| | Ofsted Unique Reference Number (URN) if known | | | |
| | Title | First name | Surname | Date of birth (dd/mm/yyyy) |
| | | | | |
| | Surname at birth | | Other first name(s) | Other surname(s) |
| | | | | |

| | | |
|--|-----------------------------|--|
| | Current full postal address | |
| | | |
| | Postcode | |
| | Telephone number | |
| | Email address | |

| | | |
|--|---|--------------------------|
| | Please tick one of the following: | |
| | I am applying to register as a childminder | <input type="checkbox"/> |
| | I am the manager of childcare provision on domestic premises | <input type="checkbox"/> |
| | I am applying to register as a manager of a social care establishment or agency | <input type="checkbox"/> |
| | Other (please explain) | <input type="checkbox"/> |
| | | |

| | | |
|--|-------------------|--|
| | Provision name | |
| | Provision address | |
| | | |
| | Postcode | |
| | Telephone number | |

| | | |
|--|---|--|
| | Please give contact details of your doctor's surgery: | |
| | Doctor's name | |
| | Surgery name | |
| | Address | |
| | | |
| | Postcode | |
| | Telephone number | |

B1

Health declaration: early years and childcare

Please complete this section if:

- you're applying to register as a childminder on the Early Years Register
- you're registering as the manager of childcare on domestic premises
- Ofsted has asked you to complete it because we need more information (for example, if you live with a childminder or if you own a nursery).

If not, please complete section **B2**.

Please complete your health declaration in full. If you leave out any significant information about your health, we may judge that you are not suitable to care for children and/or young people.

| Do you have any health condition that affects you in the following ways or any of the conditions listed below? If 'yes', please give full details. | | | |
|--|-----|----|--|
| Condition | Yes | No | Treatment (in the last five years, current or planned in the future) |
| Any condition that affects your physical ability to walk, balance, bend, kneel or lift a child or young person. | | | |
| Any condition that might make you become confused or disorientated. | | | |
| Any condition that affects your hearing in any way (after correction with a hearing device). | | | |
| Any condition that affects your eyesight in any way (after any lens correction). | | | |
| Depression, stress-related or emotional issues, or any other condition that causes anxiety, panic attacks, mood swings or anger. | | | |
| Any condition that causes severe pain. | | | |
| Any condition that causes excessive drowsiness. | | | |
| Epilepsy or any other condition that causes blackouts, fits or fainting. | | | |
| Any heart problems. | | | |
| Diabetes. | | | |
| Asthma or any other breathing difficulties. | | | |

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|--|--|--|--|--|
| | Any alcohol or drug dependency or misuse. | | | |
| | Any mental health disorder | | | |
| | Any significant infectious diseases such as tuberculosis or hepatitis, which may pose a risk if not treated. | | | |

| | | | | | |
|--|-----------------|-----------------------|--------|--|----|
| Are you taking any medication which may affect your suitability to care for children? If 'yes', please complete this section below. | | | | Yes | No |
| | Medication name | Reason for medication | Dosage | How long you've been taking medication | |
| | | | | | |
| | | | | | |
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|---|------|--|--|---------|----|
| In the past five years, have you: | | | | Yes | No |
| <ul style="list-style-type: none"> ■ had any other medical problems or degenerative conditions that may affect your suitability to care for children ■ been admitted to hospital or had outpatient treatment for any other reason? <p>We use this information to help us understand any medical conditions that may affect your suitability to care for children. You do not have to tell us about any minor illnesses that you have not needed medical treatment for, such as flu.</p> <p>If 'yes' to either of the above please give details.</p> | | | | | |
| | Date | | | Details | |
| | | | | | |
| | | | | | |
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|--|--------------------------------|--|--|-----|----|
| If you answer 'yes' to any of these, please give full details. | | | | Yes | No |
| | Do you have a driving licence? | | | | |

| | | | |
|--|--|--|--|
| | Have you ever had restrictions put on your licence or had difficulty getting insurance because of health problems? | | |
| | Have you ever had your insurance refused on health grounds? | | |
| | | | |

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|--|--|-----|----|
| | <p>Are you currently receiving any of the following:</p> <ul style="list-style-type: none"> ■ Employment and Support Allowance (ESA) ■ Incapacity Benefit ■ Income Support, paid because of illness or disability ■ Severe Disablement Allowance ■ Personal Independence Payment (specify below whether standard or enhanced rate). <p>We need to consider the reason that you are receiving any of these benefits so that we can assess your suitability to care for children.</p> <p>If you answered 'yes' to any of the above, please give full details.</p> | Yes | No |
| | | | |
| | | | |

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|--|--|-----|----|
| | <p>Do you smoke?</p> <p>Do you drink alcohol?</p> | Yes | No |
| | | | |
| | <p>What is your average alcohol intake per week in units? (1 unit = small glass of wine or ½ pint of beer)</p> | | |

Please sign the statement of declaration after section B2.

B2 Health declaration: social care

Please complete this section if you're applying to register as a social care establishment, agency or manager.

Please complete your health declaration in full. If you leave out any significant information about your health, we may judge that you are not suitable to care for children and/or young people.

| Do you have any health condition that affects you in the following ways or any of the conditions listed below? If 'yes', please give full details. | | | |
|--|-----|----|--|
| Condition | Yes | No | Treatment (in the last five years, current or planned in the future) |
| Any condition that might make you become confused or disorientated. | | | |
| Depression, stress-related or emotional issues, or any other condition that causes anxiety, panic attacks, mood swings or anger. | | | |
| Any condition that causes severe pain. | | | |
| Any condition that causes excessive drowsiness. | | | |
| Any alcohol or drug dependency or misuse. | | | |
| Any mental health disorder. | | | |

| In the past five years, have you had any other medical problems, which may affect your suitability for the position you have applied for? | | Yes | No |
|--|---------|-----|----|
| <p>You do not have to tell us about any minor illnesses that you have not needed medical treatment for, such as flu.</p> <p>If 'yes', please give details.</p> | | | |
| Date | Details | | |
| | | | |
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Statement of declaration

We will use the information that you and your GP give on this form to make a decision about your medical suitability to look after or be in contact with children and/or young people. We may seek further information from your doctor or another doctor by telephone or in writing. Our medical adviser may also ask you to attend an interview or consultation.

I understand Ofsted will obtain and use information about my health in the way set out above. 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 consent to my GP sharing my health information with Ofsted for the purpose of making a decision about my medical suitability to look after or be in regular contact with children and/ or young people.

I declare that to the best of my knowledge the answers given to the questions above are full and correct. I agree to notify Ofsted of any significant changes to my health.

| | | |
|--|-----|----|
| I want to see a copy of the medical report before my GP sends it to Ofsted | Yes | No |
| Signed | | |
| Print name | | |
| Date of signature | | |
| | | |
| | | |

C

Explanatory note for the general practitioner

Your patient is:

- applying to register as a childminder on the Early Years Register
- registering as the manager of childcare on domestic premises
- applying to register as a social care establishment, agency or manager
- required to complete this form because we need more information (for example, they live with a childminder or they own a nursery).

We have a duty to ensure that such people are suitable to look after or be in regular contact with children and/or young people.* Part of this process is to establish the person's physical and mental suitability. We treat all medical information confidentially. We use qualified medical advisers where an assessment of the information is necessary.

Ofsted's medical adviser may use the information in this booklet to provide advice about your patient's medical suitability. If necessary, we seek further information from other medical practitioners treating the patient or form an independent medical examination. It is the role of our inspectors to make a decision about the overall suitability of the person to work with or be in regular contact with children and/or young people. When needed, the inspector considers any necessary information about a person's medical suitability in order to make a fair and balanced judgement.

To help us reach a decision, you are asked to complete the section of this form marked 'GP verification'. Your patient has given consent for you to do this and understands that we will use any information you provide to make a decision about his or her suitability to work with or be in regular contact with children and/or young people. Your patient understands that you may charge a fee for this service and has agreed to pay any costs involved directly to you.

Your patient can ask to see your report and we may disclose it to your patient in its entirety. You should note that access to the information contained in your report can be limited or denied if, in your opinion, it could cause serious harm to the physical or mental health of the individual or any other person (paragraph 5 of Part 1 of Schedule 3 to the Data Protection Act 2018). Please indicate whether any information you are providing falls within this category.

*This duty is set out in:

- the Childcare Act 2006 Section 35 (2) (b) for childminders
- the Childcare Act 2006 Section 36 (2) (b) for childcare providers
- the Care Standards Act 2000 Section 12 (2) (b) for social care providers.

| | |
|----|---|
| G5 | Please include any additional information that will help us to reach a fair and balanced judgement about your patient's ability to look after or be in contact with children and/or young people. |
| | |

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|----|---|-----|----|
| G6 | Do you have your patient's records from birth? | Yes | No |
| | Are your patient's records for a continuous period? | | |
| | If 'no', please state from what date the records commence and/or please give a reason, if known, for any gaps in the records. | | |
| | | | |

| | | | |
|--|--|------------|---------|
| G7 | Please provide the name and address of any consultant/specialist to whom your patient has been referred (please use a separate sheet of paper if necessary). | | |
| | Title | First name | Surname |
| | | | |
| | Address | | |
| | | | |
| | Postcode | | |
| | | | |
| I sign below to confirm that the patient's health declaration is a true reflection of their health. | | | |
| | Signed | | |
| | Print name | | |
| | GMC reference number | | |
| | Date of signature | | |
| | Telephone number | | |
| | Practice email | | |
| | Practice stamp (This is mandatory and required to validate form) | | |

The Office for Standards in Education, Children's Services and Skills (Ofsted) regulates and inspects to achieve excellence in the care of children and young people, and in education and skills for learners of all ages. It regulates and inspects childcare and children's social care, and inspects the Children and Family Court Advisory and Support Service (Cafcass), schools, colleges, initial teacher training, further education and skills, adult and community learning, and education and training in prisons and other secure establishments. It assesses council children's services, and inspects services for children looked after, safeguarding and child protection.

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