

Health declaration form

For early years and social care applications

How to complete this form

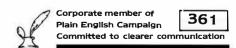
- 1. Complete section A.
- 2. Complete section B1 if your application relates to early years or B2 for social care.
- 3. Complete and sign the statement of declaration on page 7.
- 4. Print the form once you have completed your sections and ask your GP to fill in section C. You do not usually need an 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	Pers	onal details													
	Ofsted l	Jnique Reference N	umber (UF	RN) i	f knc	wn									
	Title	First name	Surname)				Date of birth (dd/mm/yyyy)							
	4 0														
	Surnam	e at birth	Other fir	st na	me(s)			Other surname(s)						
			7												
	Current	full postal address													
								,							
	Postcod			1			1								
		ne number	T			<u> </u>	<u> </u>								
	Email ad	ddress													
	Please tick one of the following:														
	I am applying to register as a childminder														
	I am the manager of childcare provision on domestic premises														
		plying to register as	a manage	er of	a so	cial	care	esta	blis	hme	ent c	or ag	genc	у	Ш
	Other (p	olease explain)													
			r -												
	Provisio	· · · · · · · · · · · · · · · · · · ·													
	Provisio	n address													
													_		
	Postcod			T	,								<u> </u>	<u> </u>	
	Telepho	ne number				<u> </u>									
				. ,											
		give contact details o	of your do	ctors	s sur	gery	<u>': </u>								
	Doctor's														
	Surgery														
	Address														
	D							1							
	Postcod			T	т	т —	Τ						_		
	l elepho	ne number			1						1	l	l		i



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**.

difficulties.

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. Treatment (in the last five years, Yes **Condition** No 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



		y alcoh misuse		r dru	ıg d	eper	nder	ісу									
	An	y menta	al he	alth	disc	orde	r										
	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						
			on name Reason for Dosage How lor been ta medication							en taki	ng	e					
					Т												
					T												
					Т												
	In	the par	o+ fiv	10.116	arc	hav	<i>(</i> 0.) <i>(</i>	011,								Yes	No
	111	the pas	SC IIV	e ye	ai S	, IIa	ve y	ou.								165	NO
	 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? 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. 																
	Da	yes' to	eitii	<u>ei 0</u>	LIR	e au	ove	Deta		ve (ueta	115.					
	υa	נכ	I					שפוני	alib								
\vdash	$\vdash\vdash$			$\vdash\vdash$		\vdash	_										
$\vdash \vdash \vdash$	\vdash			$\vdash\vdash$		\vdash	_										
	\vdash			$\vdash\vdash$			_										
	-			$\vdash\vdash$		\vdash	_										
				ш													
	7.0				/ 1							C 11	 				
	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?		
Are you currently receiving any of the following:	Yes	No
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).		
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. If you answered 'yes' to any of the above, please give full details.		
	Yes	No
Do you smoke? Do you drink alcohol?		
What is your average alcohol intake per week in units? (1 unit = small glass of wine or ½ pint of beer)		

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 the conditions listed below? If 'yes', ple			you in the following ways or any of the l 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?								No		
You do not have to tell us about any minor illnesses that you have not needed medical treatment for, such as flu.										
If	yes'	, ple	ease	e giv	e de	etails	5.			
Da	te							Details		



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	Ī	Ī



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.



Notes for general practitioners on completing section C

- 1. Before completing the form please:
 - check section **B** carefully, compare the information provided against your medical records and check that your patient has signed the statement of declaration at the end of section **B**.
 - note if your patient has asked to see a copy of the information you intend to submit. If necessary, arrange for your patient to see the report.
- 2. No physical examination is required. Ofsted requires only factual information from your patient's records.
- 3. Please charge any fee you make for this service directly to your patient.

Thank you for your help.

Should there be any change to your patient's health that gives you cause for concern about their ability to care for children and/or young people, please do not hesitate to contact the Ofsted helpline on 0300 123 1231.

If the health declaration form omits significant information, please give brief details of

Lu	the omission (use a separate sheet of paper if necessary).



Q	Please provide the details of any significant medical condition(s) that your porthat may recur, and the severity of the condition, including:	oatient	has
	 the insight and awareness of your patient the medical treatment your patient receives your patient's compliance with the treatment the frequency of episodes, if appropriate mental health, stress-related or other emotional issues. 		
	Based on the information above, what is the prognosis and what is the likely Is your patient likely to suffer any complications?	outco	me?
	Please complete this table by placing a tick in the appropriate box to show		
СЗ	if your patient is affected on a functional level: (Only necessary if your patient has completed section B1)	Yes	No
	Vision		
	Hearing		
	Lifting		
	Mobility		
	Carrying		
	Bending		
150			
C4	Are you aware of any illegal drug use or inappropriate alcohol use by your patient?	Yes	No
	If 'yes', please give details (use a separate sheet of paper if necessary).		



C5	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.										
	. ,	31	•								
C6	Please tick yes or no for both questions. Are your patients' records: From birth? Yes No										
C7	For a co	ntinuo	us period?	1							
			state from wh n, for any ga			mmend	ce and	or p	olease gi	ve a	
C8			the name and en referred (p								
	Title	First r		Surname	eparate s	TICCE O	рирс		iccessar	,,.	
	Address										
	Postcode	e					T	П	TI	T	T
	ign belo	w to c	onfirm that their health		s health	decla	ratio	n is	a		
Sig	ned										
Prir	nt name										
	C referen		nber								
	e of sign							Ш	44	11	_
	Telephone number										
Pra	ctice ema	111									
(Th	ectice sta is is mand required date form	atory to									



Þ	For Ofsted use only
	URN



Explanatory note for applicants

Ofsted's powers for registration and inspection are set out in the Childcare Act 2006 for childminders and childcare providers and the Care Standards Act 2000 for social care provision for children and young people.

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

Why does Ofsted need information about my health?

Ofsted must be satisfied that you are able to care for, or be in regular contact with, children and young people 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
- you're applying to register as a social care establishment, agency or manager
- we have asked you for information (for example, if you live with a childminder or if you own a nursery).

This includes us making a judgement about your physical and mental suitability to do so. To help us make a fair and balanced judgement about your medical suitability, we need this health form to be completed by both you and your doctor.

Who will see this information?

We and any qualified medical advisers store all records relating to your medical health securely and look at the information in the strictest confidence. We use the information provided to make a decision about your medical suitability to look after children and/or young people. This may include sharing some medical information about you with your inspector, so that they can make a decision about your registration. We process your personal information in accordance with the General Data Protection Regulation (GDPR) and the Data Protection Act 2018. Details of how Ofsted handle your personal information can be found in our personal information charter, which contains links to our privacy notices.

All applicants should note that your doctor may refuse to let you see any part of the medical report that he or she believes would be likely to cause serious harm to your physical or mental health or that of others. Your doctor may refuse to show you any part of the report that would reveal information about another person or the identity of a person who has supplied the doctor with information about your health, unless the person also consents. In these circumstances your doctor will notify you and you may only see any remaining parts of the report.



What if Ofsted needs more information?

If we need more information, we may:

- telephone or write to you
- ask you to attend an interview or consultation with our medical adviser or a private health specialist
- ask for more information from your doctor or other medical practitioner who
 is treating you now or has done so in the past.

You will not be charged for any additional information that is needed.

What happens next?

Ofsted makes a decision about whether you are suitable to work or be in regular contact with children and/or young people. The medical adviser may give advice to Ofsted about your medical suitability. In some circumstances, they may recommend restrictions to the type of care you can provide. This includes any decision about granting registration, refusing it or, if you are already registered, cancelling it. We may decide to repeat checks on your health if necessary.



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.

If you would like a copy of this document in a different format, such as large print or Braille, please telephone 0300 123 1231, or email enquiries@ofsted.gov.uk.

You may reuse this information (not including logos) free of charge in any format or medium, under the terms of the Open Government Licence. To view this licence, visit www.nationalarchives.gov.uk/doc/open-government-licence, write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk.

This publication is available at www.gov.uk/government/organisations/ofsted.

Interested in our work? You can subscribe to our monthly newsletter for more information and updates: http://eepurl.com/iTrDn.

Piccadilly Gate Store Street Manchester M1 2WD

T: 0300 123 1231

Textphone: 0161 618 8524 E: enquiries@ofsted.gov.uk W: www.gov.uk/ofsted

© Crown copyright 2020