Social care applications: health self-declaration form

Please complete this form if you are applying to register as a social care establishment, agency or manager.

# How to complete this form

1. Complete section A.
2. Complete section B.

Complete and sign the statement of self-declaration on page 4.

You can find information on how Ofsted handles personal information in our [personal information charter](https://www.gov.uk/government/organisations/ofsted/about/personal-information-charter).

This information remains valid for six months from the date of your signature. Please send this to us 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](mailto:enquiries@ofsted.gov.uk).

# Health self-declaration form

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| **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) | | | | | | | | | | | | | |
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|  | Current full postal address | | | |  | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | Postcode | | | | | | | | |  |  |  | |  | |  | |  | |  | | |  | |
|  | Telephone number | | | | |  |  |  |  |  |  |  | |  | |  | |  | |  | | |  | |
|  | Email address | | | |  | | | | | | | | | | | | | | | | | | | |
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|  | Please tick one of the following: | | | | | | | | | | | | | | | | | | | | | | | |
|  | I am applying to register as a manager of a social care establishment or agency | | | | | | | | | | | | | | | | | | | | |  | | |
|  | Other (please explain) | | | | | | | | | | | | | | | | | | | | |  | | |
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|  | Provision name | | |  | | | | | | | | | | | | | | | | | | | | |
|  | Provision address | | |  | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | Postcode | | | | | | | | |  |  |  | |  | |  | |  | |  | | |  | |
|  | Telephone number | | | | |  |  |  |  |  |  |  | |  | |  | |  | |  | | |  | |
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|  | Please give contact details of your doctor’s surgery: | | | | | | | | | | | | | | | | | | | | | | | |
|  | Doctor’s name | |  | | | | | | | | | | | | | | | | | | | | | |
|  | Surgery name | |  | | | | | | | | | | | | | | | | | | | | | |
|  | Address | |  | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | Postcode | | | | | | | | |  |  |  | |  | |  | |  | |  | | |  | |
|  | Telephone number | | | | |  |  |  |  |  |  |  | |  | |  | |  | |  | | |  | |

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| **B** | Health self-declaration | | | | | | | | | | | | | | | | | | | | | | |
|  | Please complete your health self-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. | | | | | | | | | | | | | | | | | | | | | | |
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|  | 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. | | | | | | | | | |  |  |  | | | | | | | | | | |
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|  | In the past five years, have you had any other medical problems that may affect your suitability for the position you have applied for?  You do not have to tell us about any minor illnesses that you have not needed medical treatment for, such as flu.  If ‘yes’, please give details. | | | | | | | | | | | | | | | | | | | Yes | | No | |
|  | |  | |
|  | Date | | | | | | | | | Details | | | | | | | | | | | | | |
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| Statement of self-declaration I understand that Ofsted will use the information above to make a decision about my suitability to look after or be in contact with children and/or young people. I understand that this decision may change if information received afterwards from my GP raises serious concerns about my suitability. Action may include cancellation of my registration.  I declare that I know of no health reason why I should not be considered suitable to look after or be in 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 understand that Ofsted may seek further information from my doctor or another doctor by telephone or in writing and that Ofsted’s medical adviser may also ask me to attend an interview or consultation. | | | | | | | | | | | | | | | | | | | | | | | |
| Signed | | | | |  | | | | | | | | | | | | | | | | | | |
| Print name | | | | |  | | | | | | | | | | | | | | | | | | |
| Date of signature | | | | | | | | | | | | | |  |  |  |  |  |  | |  | |  |

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| **C** | **For Ofsted use only** | |
|  | URN |  |
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| Explanatory note for applicants |
| Ofsted’s powers for registration and inspection are set out in 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 signature. **Please send this to Ofsted without delay.** |
| Why does Ofsted need this self-declaration about my health? |
| If you are applying to register as a social care establishment, agency or manager, Ofsted must be satisfied that you are able to care for, or be in regular contact with, children and young people.  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 needthis health self-declaration form to be completed by you |
| 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. You can find details of how Ofsted handles your personal information in our [personal information charter](https://www.gov.uk/government/organisations/ofsted/about/personal-information-charter), which contains links to our privacy notices. |

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| **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 GP 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 using the information you have provided on this form, and subsequent information that your GP provides on the health declaration form. 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. |

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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](http://www.gov.uk/ofsted)

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