

Health declaration form for childcare applicants

This form is for people applying to be associated with or currently associated with a registered childcare provision. We use this form to record your declaration regarding your health and any relevant medical conditions. We may also ask you to complete this form to help us determine whether you are suitable to continue in post if there are any significant changes in your health while registered.

It is important that you complete and send this form to Ofsted as soon as possible. We will not accept forms received more than 6 months after the date of signature.

We have a [separate health declaration form for social care applicants](#).

Who must complete this form

You must complete sections **A**, **B** and **C** if you are:

- applying to register as a childminder on the Early Years Register
- applying to register as the manager of childcare on domestic premises
- a childminding assistant, nominated individual, home childcarer or other role and Ofsted has asked you to complete this form.

Your GP will be required to complete sections **D** and **E**. They may charge a fee for this service. It is your responsibility to pay this fee.

Why it is needed

Under the [Childcare Act 2006](#), Ofsted is responsible for regulating childcare in England. Part of our role is to assess whether certain [people connected](#) to a childcare registration are suitable to care for or be in regular contact with children. The Act permits us to ask for any other information we reasonably require as part of an application for registration. Relevant health information falls under this category.

We will always ask for health information from childminders and managers of childcare on domestic premises because certain health conditions can contribute towards people being unsuitable for this role. For other people, we will ask for health information where we consider it is necessary to be able to make a suitability decision about them in their roles.

We collect your health information to assess your mental and, where relevant, physical fitness to care for or be in regular contact with children. The information you provide helps us make a fair and balanced judgement when making an overall suitability decision. This includes any decision about granting registration, refusing registration or (if an applicant is already registered) your ongoing registration and/or association with the childcare provision.

If you do not provide consent for information about your health to be shared with Ofsted, we may not be able to complete our assessment. Therefore [we may refuse the application or cancel the registration\(s\)](#) your health check is associated with, depending on all the information available to us.

How we use the information you provide

Processing your data allows us to:

- record your health declaration and your consent to your GP completing the health declaration form
- use the information provided to inform our overall suitability decision about whether you can be registered as or associated with a childcare provider
- get accurate and up-to-date health information where this is required to determine your continued suitability
- keep a record of health information as evidence and audit of the suitability decisions we have made
- carry out our legal obligations or exercise rights in connection with your being a registered childcare provider.

We may also process health information where it is needed in relation to legal claims.

We will keep your health information for at least as long as you are associated with registered childcare. We may keep it for a longer period of time, depending on whether any compliance issues or concerns were raised during registration, withdrawal of an application or refusal.

Decisions about your health information are not based on automated decision-making.

Who the information is shared with

We will share the health information that you provide internally with Ofsted staff. This allows our inspectors and regulatory teams to read the health form and ask any questions they have about your suitability to care for or be in regular contact with children.

We may also share your data with third parties where required to do so by law, or where we have another legitimate interest in doing so. For example, we have a [duty to share relevant information with other statutory agencies](#) if we have concerns about the welfare of children and young people.

Contacting your GP

You are required to take the health declaration form to your GP for them to complete sections D and E. Your GP should then return the form to you.

You have the right to access the information your GP provides about you. However, it's important to note that GPs may refuse access to certain parts of the health declaration form if:

- they believe it is likely to cause serious harm to your physical or mental health, or that of others (paragraph 5 of Part 1 of Schedule 3 to the Data Protection Act 2018)
- the report would reveal the identity of a person who has supplied the GP with medical information, unless the person also consents.

In these circumstances, your GP will share the information directly with Ofsted and notify you. Your GP may allow you to see extracts from the information shared with Ofsted.

How we protect your data

We have internal policies in place to protect your data from misuse, loss or accidental destruction. The electronic data stored on our IT systems conforms to industry standards, meeting all relevant requirements.

We have established protocols to address any suspected breaches in data security. We will promptly inform you and any relevant regulatory authorities of any suspected breaches where we are legally obliged.

When we enlist third parties to handle personal data on our behalf, they operate according to written directives, maintain confidentiality, and are mandated to enforce suitable technical and organisational safeguards to protect your data's security.

You can find details of how Ofsted handles personal information in our [childcare privacy notice](#).

Right to withdraw consent

You have the right to withdraw your consent for the processing of your health information at any time. Once we have received notification that you have withdrawn your consent, we will no longer process your information for the purpose or purposes you originally agreed to, unless we have another legitimate basis for doing so in law or to comply with childcare regulations.

As the processing of your health information is linked to suitability decisions, if you decide to withdraw your consent we may not be able to complete our assessment. Therefore [we may refuse the application or cancel the registration\(s\)](#) your health check is associated with, depending on all the information available to us.

If you would like to exercise any of these rights, please contact regulatoryteam@ofsted.gov.uk.

If you believe that we have not complied with your data protection rights, we hope that we can resolve any query or concern you have. If not, you can complain to the [Information Commissioner](#).

If we need more information or advice

If we need more information after we receive your completed health declaration form, we will contact you to discuss the next steps.

We may ask you to:

- provide more details about your health information
- meet with one of our inspectors.

If we have queries and need more medical advice, we will ask for your permission to approach our medical advisers. They may contact you, your GP or other relevant medical practitioners to explore the information further and advise us about your medical fitness for your role.

We may also ask you to attend a consultation with our medical adviser or a private health specialist. Our medical adviser will request your consent to contact your GP or medical practitioners using their own consent form (form HM40) if this step is required.

How to complete this form

You must:

- complete sections **A**, **B** and **C**
- print the form and sign the declaration to confirm the information that you have provided and to give your consent for Ofsted to handle the information as described
- ask your GP to fill in sections **D** and **E**. You do not usually need an appointment to do this, nor do they necessarily need to see you. **Your GP may charge a fee for this service**
- return the completed form, including the GP sections, to Ofsted by sending a scanned or photographed copy of the form to regulatoryteam@ofsted.gov.uk.

It is an [offence](#) to make a statement that you know is false or misleading as part of an application for registration. This form must not be amended after it has been completed by the doctor.

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

Health form

| A | Personal details | |
|---|--|--|
| | Title | |
| | First name | |
| | Surname | |
| | Date of birth (dd/mm/yyyy) | |
| | Current full postal address | |
| | Postcode | |
| | Telephone number | |
| | Email address | |
| | Provision details (if different from above), for example nursery, before- and after-school club | |
| | Provision name | |
| | Ofsted unique reference number (URN), if known | |
| | Provision address | |
| | Postcode | |
| | Telephone number | |

| | | |
|-----------|---|--------------------------|
| B | Role details | |
| | Please select the relevant role(s) this health check is required for and read the health considerations provided. | |
| B1 | I am applying for a health check and will be caring for children as a... (Select the relevant role). | |
| a) | Childminder | <input type="checkbox"/> |
| b) | Home childcarer | <input type="checkbox"/> |
| c) | Childminding assistant | <input type="checkbox"/> |
| d) | Manager of childcare on domestic premises | <input type="checkbox"/> |
| e) | Provider, nominated individual, or associated individual of childcare on non-domestic premises and part of the adult:child ratio | <input type="checkbox"/> |
| | <p>To care for children, you will be required to provide details of medical conditions that may:</p> <ul style="list-style-type: none"> ■ affect consciousness, mobility, cognitive function and ability to communicate (vision, hearing, speech) ■ restrict your ability to react quickly in the case of emergency, for example running after a child or completing CPR ■ restrict your ability to kneel, bend or lift young children ■ impact sound decision-making and resilience in situations that can sometimes be stressful and pressured. | |

| | | |
|---|--|--------------------------|
| B2 | I will not be caring for children. I am applying for a health check for the role of a provider, nominated individual or associated individual of childcare. | <input type="checkbox"/> |
| <p>As you are not working directly with children, for example as part of the adult:child ratio, we do not need to assess your physical health. However, you will be required to provide details of medical conditions that may impact sound decision-making and resilience in situations that can sometimes be stressful and pressured.</p> <p>This is because, as part of the legal entity registered to provide childcare, you are responsible for the overall leadership and management of the childcare setting. You are also responsible for safeguarding children and are in a position of authority over staff.</p> | | |

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| c Health declaration | | | |
| Please refer to the health considerations in section B | | | |
| C1 | Do you have any previous or current medical conditions, for example significant mental health, neurological or physical conditions, that may have an impact on your ability to work in the role selected? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If 'yes', please give details, including treatment, dosage of medication where relevant and how you manage the condition/issue. | | | |

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| C2 | If you intend to work directly with children, have you ever had restrictions put on your driving licence or had difficulty getting vehicle or other insurance because of health problems? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | If 'yes', please give details. | | |

Statement of declaration

I understand Ofsted will use the information about my health in the way set out above. I understand that my GP may charge a fee for providing a report and I agree to pay any such fee directly to my GP.

I consent to my GP sharing my health information with Ofsted for the purpose of making a decision about my medical suitability to care for or work with children.

I declare that, to the best of my knowledge, the answers given to the questions in this form are full and correct. I agree to notify Ofsted of any significant changes to my health that may affect my ability to care for or be in regular contact with children.

| | |
|-------------------|--|
| Signed | |
| Print name | |
| Date of signature | |

Form and guidance for GPs

Before completing the form, check what role the person is submitting this form in relation to as part of section **B**.

Complete sections **D** and **E**.

Use 'further information' section, E4, if you need to continue any of your answers.

Return the completed form to the applicant.

No physical examination is required. Ofsted requires only factual information from the applicant's records.

Please ensure that any fee for this service is charged directly to the applicant.

If necessary, we may seek further information from other medical practitioners treating the applicant or from an independent medical examination.

Information contained in your section of this form 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.¹ Please email regulatoryteam@ofsted.gov.uk should you wish to discuss any issues arising.

¹ Paragraph 5 of Part 1 of Schedule 3 to the Data Protection Act 2018.

| D Health declaration to be completed by GP | | | |
|---|--|--|---|
| D1 | <p>Does the applicant have a history of any significant mental health condition(s) affecting physical and/or cognitive functions?</p> <p>This may include, but is not limited to: agitation, behavioural disturbance, psychosis, suicidal thoughts, social avoidance, confusion, or difficulty concentrating and/or making decisions.</p> | <p>Yes</p> <input type="checkbox"/> | <p>No</p> <input type="checkbox"/> |
| <p>If 'yes', please give details, including when the condition developed, dates of any significant incidences relating to the condition, how it is treated, medication currently prescribed and applicant's compliance with treatment (if known).</p> | | | |
| D2 | <p>Does the applicant have any ongoing alcohol or drug dependency issues, or history of drug/alcohol misuse in the last 5 years?</p> | <p>Yes</p> <input type="checkbox"/> | <p>No</p> <input type="checkbox"/> |
| <p>If 'yes', please provide details, including date(s), treatment and current health.</p> | | | |

If the applicant has selected 'not caring for children' (B2), please go to section E. The following questions are only for those caring for children.

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| D3 | Is there a history or evidence of any neurological disorder in the last 5 years impacting physical and/or cognitive functions? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <p>If 'yes', please provide details, including date of first and last episode, diagnosis, treatment/medication prescribed, and management of health issue (if known).</p> | | | |
| D4 | Has the applicant had a seizure, blackout, loss of consciousness or an impaired awareness within the last 5 years, including those relating to cardiac conditions, blood pressure or endocrine issues? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <p>If 'yes', please provide details, including date of first and last episode, diagnosis, treatment/medication prescribed, liability to reoccur, and management of condition/health issue (if known).</p> | | | |

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| D5 | Does the applicant have an infectious disease (current and significant) that may pose a risk if untreated, such as hepatitis C, hepatitis B or TB? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If 'yes', please provide details, including treatment and compliance (if known). | | | |
| D6 | Does the applicant have any impairment or condition that affects their physical ability in any of the following ways? | | |
| a) | Mobility, for example walking, using stairs, balance | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b) | Agility, for example bending, reaching up, kneeling, reacting quickly | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c) | Physical exertion, for example lifting, carrying, running, stamina | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d) | Communication, for example speech, hearing (after device correction) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e) | Vision, for example visual impairment, blindness, tunnel vision (after lens correction) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| f) | Severe pain or weakness | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

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| | <p>If 'yes' to any of the above, please provide details, including impairment/condition, latest information recorded about impact on day-to-day activities (including date), whether the health issue is chronic, treatment or medication prescribed and compliance, if known.</p> |
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| E | Health declaration to be completed by GP | | |
| E1 | <p>Are there any other matters, for example safeguarding concerns as defined in 'Working together to safeguard children', that you are aware of and that might impact the applicant's capacity to be in regular contact with a child?</p> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | <p>If 'yes', please provide details.</p> | | |
| E2 | <p>If your patient's medical records are not continuous from birth, please provide relevant dates and reasons for any gaps.</p> | | |
| | | | |

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| E3 | Please provide the name and address of any consultant/specialist directly relevant to the conditions you have declared. | |
| | Title | |
| | First name | |
| | Surname | |
| | Address | |
| | Postcode | |
| | Email | |
| E4 | Further information | |
| | | |

GP signature

I confirm that this report was filled in by me and I have taken the applicant's history into account. I also confirm that I am currently GMC registered and licensed to practise in the UK.

| | |
|----------------------|--|
| Signed | |
| Print name | |
| GMC reference number | |
| Date of signature | |
| Telephone number | |
| Practice address | |
| Postcode | |
| Practice email | |

Please return the completed form to the applicant.

If you need to discuss sharing information with Ofsted directly, please email regulatoryteam@ofsted.gov.uk or contact the Ofsted helpline on 0300 123 123. Should there be any change to your patient's health that gives you cause for concern about their ability to care for children, please contact the Ofsted helpline on 0300 123 1231.