|  |
| --- |
| **DECLARATION OF HEALTH** |

**Please note**

A disability or health problem does not preclude full consideration for the job. Applications from suitable people with disabilities are welcome.

|  |  |
| --- | --- |
| APPLICATION FOR THE POST OF:**Domestic Abuse Children’s Practitioner** | CLOSING DATE: **Extended to 10.02.23** |

\* **Please delete as applicable**

|  |
| --- |
| Do you have a health problem, or disability that might affect your performance in the job you have applied for? Yes / No\* |
| If yes, please describe it: |

|  |
| --- |
| Do you have any specific requirements that might assist you at work with your health problem or disability? Yes / No\* |
| If yes, please give details: |

|  |
| --- |
| Are you at present under medical treatment? Yes / No\* |

|  |
| --- |
| Are you registered as a disabled person with the Job Centre? Yes / No\* |

Signed: ………………………….. Dated: …………………………..

Printed: …………………………..

|  |
| --- |
| Once completed, please return this form with your application form or via separate email attachment to karen.rutherford@relatecoventry.org |