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| **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.

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

\* **Please delete as applicable**

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| 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: |

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| 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: |

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

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

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

Printed: …………………………..

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