

Licensed by the Department of Health and Social Services.



Candidate's Self Declaration

Please answer the following declaration by ticking the appropriate columns (if answering yes to any question please fill in details).

How long have you been registered with your GP?	/		/	
Have you attended the doctor / hospital in the past two years?	Yes		No	
If yes please give details below:				
	Yes	No	Dates	Details
Do you have any history of psychological/ physical illness that may affect your suitability to work in a health care setting?				
Do you have any history of back or joint problems Sufficient to limit work or restrict activities?				
Do you have any history of skin disorders especially affecting hands and nails?				
Do you have any health problems that would render you vulnerable to infection (e.g.) Immune incompetence, asthma or chronic respiratory disease)?				
Do you have any other relevant information or are you aware of any other medical problems that may affect your suitability to work in a health care setting?				
Please attach evidence of your vaccination history including evidence of immunity against TB.				
Candidate's Signature:			Date:	

To be completed by applicant's GP

In my opinion I declare the above named candidate fit to work as a provider of health care	Yes	No
Doctor's Signature:	Doctor's Stamp	
Print Name:		
Date:		

This declaration remains the property of the Candidate at all times.

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Dear Doctor

The Nurse/Care Assistant detailed below has applied for a position with Balmoral Healthcare Agency with a view to employment within the NHS and Private Care Sector. It is therefore necessary to establish their current health status.

Please read the following self-declaration completed by the candidate relating to their medical history and if you are satisfied that the details are correct, please countersign the declaration. If there is a fee required for this service payment will be made by the candidate.

We thank you for your co-operation in enabling us to offer this candidate suitable employment.

Yours sincerely

Balmoral Healthcare

Personal Information

(Please complete the following Health Declaration, take it to your GP for confirmation and signature and return it to the Agency with your completed Application Form).

Name of Candidate:	
Address:	
Town:	
County:	
Postcode:	
Date of Birth:	
Position applied for:	<i>Nurse / Care Assistant / Other</i>
Name of G.P:	
Address:	
Town:	
County:	
Postcode:	
Telephone Number:	