

# Health declaration booklet

December 2012

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This form should be completed by:

- all applicants for registration as a childminder on the Early Years Register
- all childcare applicants who intend to work directly with children as part of the staff ratio
- the manager of the day-to-day running of the childcare provision (childcare on domestic premises only)
- other people specifically asked to complete it by Ofsted (for example, members of a childminder's household where we are unable to make a suitability decision without further medical information)
- all applicants for registration to provide or manage social care establishments or agencies under the Care Standards Act 2000.

## How to complete this booklet

- Write your name at the top of each page.
- Read the explanatory notes and information at the back of this booklet.
- Remove the explanatory notes at the end of the booklet and keep these for reference
- Complete section A: Personal details
- Complete section B: Health declaration. Answer all the questions as fully as possible.
- Sign and date the consent at section B12.
- Take the booklet to your doctor's surgery with a pre-paid envelope and ask your GP to fill in section C. This does not need an appointment. If your doctor needs to see you, he or she will let you know.
- Pay any fee your doctor requires for this service directly to your GP.
- For reports sent directly to Ofsted, make any necessary arrangements with your GP to see the report, if you wish to do so, before your GP sends it to us.

**Please note that it is an offence for a person to make a statement which is knowingly false or misleading as part of an application for registration. We ask you to answer this form truthfully. Current or previous health problems do not necessarily lead to a refusal of registration.**

If you need any help to complete this form please telephone us on **0300 123 1231**.



The Office for Standards in Education, Children's Services and Skills (Ofsted) regulates and inspects to achieve excellence in the care of children and young people, and in education and skills for learners of all ages. It regulates and inspects childcare and children's social care, and inspects the Children and Family Court Advisory Support Service (Cafcass), schools, colleges, initial teacher training, work-based learning and skills training, adult and community learning, and education and training in prisons and other secure establishments. It assesses council children's services, and inspects services for looked after children, safeguarding and child protection.

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Published December 2012  
Reference No: 120382  
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Name:

**A Personal details**

**A1** Title  Mr  Mrs  Miss  Ms  Other (please specify)

**A2** First name(s) (in full)   
**A3** Surname (family name)

**A4** Surname at birth  Any other first name(s) ever used  Other surname(s)

**A5** Date of birth

**A6** Gender  Male  Female

**A7** Current full postal address   
  
  
Postcode          
Telephone numbers

**A8** Home or work (include area code)

**A9** Mobile

**A10** Email address   
If you would like us to communicate with you by email you must provide a secure email address that is not accessed by anyone other than you. This is because we may need to send personal data to you that should not be read by anyone else. By giving us your email below you consent to us sending correspondence to you via email.

**A11** Please tick one of the following:

I am a childminder applicant	<input type="checkbox"/>
I am the manager of the day-to-day running of a childcare provision on domestic premises	<input type="checkbox"/>
I am the manager of the day-to-day running of a social care establishment or agency	<input type="checkbox"/>
Other (please state in what capacity)	<input type="checkbox"/>

**A12** Please specify the age ranges and number of children the provision will care for (Childminding only):

Birth to under 1 year	<input type="text"/>
1 year to the end of the early years age group*	<input type="text"/>

\*Early years age group is birth to 31st August following the child's fifth birthday.

Name:

**A13** Provision name

**A14** Full postal address of provision

  
  
 Postcode          

**A15** Provision contact telephone number (include area code):

                    

**B Health declaration**

Please complete your health declaration fully. If you fail to declare significant information about your health, we may judge that you are not suitable to care for children and/or young people.

**Your current state of health**

**B1** Please give contact details of your doctor's surgery and any hospitals you attend

  
  
  


**B2** Are you taking medication?  Yes  No

If 'yes', what is it called, what is it for and what dose are you taking (see box or bottle label)?  
 How long have you been taking it?

  
  
  


**B3** Do you have any health condition that affects you in the following ways or any of the conditions listed below? If so, please give full details including any treatment that you are currently receiving, have recently received<sup>1</sup>, or are waiting to receive.

A. Affects your physical ability i.e. stamina, walking, balance, bending, kneeling, lifting a child or vulnerable adult?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="text"/>
B. May impair your consciousness, make you black out, lose concentration or become confused or disorientated?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="text"/>
C. Affects your hearing in any way (after correction with any other hearing device)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="text"/>

<sup>1</sup>'Recently received' covers any treatment in the past five years

Name:

D. Affects your eyesight in any way (after any lens correction)?	Yes	No		
E. Causes depression, anxiety, panic attacks, mood swings, anger, other stress-related or emotional issues?	Yes	No		
F. Causes severe pain?	Yes	No		
G. Causes excessive drowsiness?	Yes	No		
H. Any blackouts, fits, epilepsy or faints?	Yes	No		
I. Any heart problems?	Yes	No		
J. Any form of diabetes?	Yes	No		
K. Any asthma or breathing difficulties?	Yes	No		
L. Any problems with back, legs, arms, neck or joints?	Yes	No		
M. Any alcohol or drug dependency or misuse?	Yes	No		
N. Any significant infectious diseases such as tuberculosis or hepatitis <sup>2</sup> ?	Yes	No		

<sup>2</sup>This is because of the possible liability to reinfection in the future

Name:

<b>B4</b>	Do you have a driving licence?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>B5</b>	If 'Yes', have you ever had restrictions put on it, or had difficulty getting insurance because of health problems	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>B6</b>	If 'No', is that because it was refused on health grounds?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If 'Yes', please provide details.					

<b>B7</b>	Are you in receipt of Disability Living Allowance, Incapacity Benefit?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If 'yes', please provide details.					

<b>B8</b>	In the recent <sup>3</sup> past, have you had any medical problems other than minor illnesses such as colds that are not already covered in your response to question B3?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If 'Yes', please provide details.					
Date		Details			

<sup>3</sup>'Recent' in this context covers the last five years

Name:

<b>B9</b>	In the recent <sup>4</sup> past have you had any hospital admissions or outpatient treatment that is not already covered in your response to question B3?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	If 'Yes', please provide details.					
	Date	Details				
	<input type="text"/>	<input type="text"/>				
	<input type="text"/>	<input type="text"/>				
	<input type="text"/>	<input type="text"/>				
	<input type="text"/>	<input type="text"/>				
	<input type="text"/>	<input type="text"/>				
	<input type="text"/>	<input type="text"/>				
	<input type="text"/>	<input type="text"/>				

<b>B10</b>	Do you smoke?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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<b>B11</b>	What is your alcohol intake a week in units? (1 unit = 1 small glass of wine or ½ pint of beer)	<input type="text"/>
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<b>B12</b>	<p><b>Statement of declaration and consent</b></p> <p>We will use the information you give on this form and that given by your GP to make a decision about your medical suitability to look after or be in contact with children and/or young people. We may seek further information from your doctor or another doctor by telephone or in writing. Our medical adviser may also ask you to attend an interview or consultation.</p> <p>I consent to Ofsted obtaining and using information about my health in the way set out above. I have read the information enclosed about medical consent and access to medical reports. I understand that my doctor may charge a fee for providing a report and I agree to pay any such fee directly to my doctor.</p> <p>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.</p> <p><b>For reports sent directly to Ofsted: I do/do not (please delete as appropriate) wish to see a copy of the medical report before my GP sends it to Ofsted.</b></p>					
	Signed	<input type="text"/>				
	Print name	<input type="text"/>				
	Date of signature	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please refer to information on pages 1, 14 and 15 of this form

<sup>4</sup>'Recent' in this context covers the last five year

Name:

## **C Explanatory note for the general practitioner**

Your patient has applied to Ofsted to become:

- a childminder
- a person providing childcare or children's social care
- the manager of a childcare or children's social care setting
- or they are a person associated with a registration and have been specifically asked by Ofsted to complete this booklet

We have a duty to ensure that such people are suitable to look after or be in regular contact with children and/or young people\*. Part of this process is to establish the person's physical and mental suitability. We treat all medical information confidentially. We use qualified medical advisers to assess the information.

The medical adviser will use the information in this booklet to provide advice about your patient's medical suitability. If necessary, we seek further information from other medical practitioners treating the patient or from an independent medical examination. It is the role of our inspectors to make a recommendation about the overall suitability of the person to work with children and/or young people. Where needed, the inspector considers any necessary information about a person's medical suitability in order to make a fair and balanced judgement.

To help us reach a decision, you are asked to complete the section of this form marked 'GP verification'. Your patient has given consent for you to do this and for us to use any information you provide to make a decision about his or her suitability to work with children and/or young people. Your patient understands that you may charge a fee for this service and has agreed to pay any costs involved directly to you.

Your attention is drawn to pages 7, 9, 14 and 15 of this form. Your patient can ask to see your report and that we may disclose it to your patient in its entirety. You should note that under the Data Protection (Subject Access Modification) (Health) Order 2000, access to the information contained in your report can be limited or denied where, in your opinion, it could cause serious harm to the physical or mental health of the individual or any other person, or where access would disclose information relating to or provided by a third person who has not consented to the disclosure. Please indicate whether any information you are providing falls within this category.

\*This duty is set out in:

- the Childcare Act 2006 Section 35 (2) (b) for childminders
- the Childcare Act 2006 Section 36 (2) (b) for childcare providers
- the Care Standards Act 2000 Section 12 (2) (b) for social care providers.



Name:

**Notes for general practitioners on completing section C**

1. Prior to completing the form please:
  - **check** section B carefully, compare the information provided against your medical records and check that your patient has signed the statement of declaration and consent at the end of section B12
  - **note** if your patient has asked to see a copy of the information you intend to submit
  - **read** your patient’s health declaration.
2. Please fully complete the GP verification form. **No physical examination** is required. Ofsted requires only factual information from your patient’s records.
3. Where necessary, arrange for your patient to see the report.
4. Send the booklet back using the prepaid envelope.
5. Charge any fee you make for this service directly to your patient.
6. Please feel free to contact the medical adviser for further discussion by telephoning the Ofsted helpline on 0300 123 1231.

**Thank you for your help.**

**Should there be any change to your patient’s health that gives cause for concern about their ability to care for children and/or young people, or you strongly recommend in the future that time off work is taken, please do not hesitate to contact the Ofsted helpline on 03000 123 1231.**

**C1** Where the health declaration form omits significant information, please give brief details of the omission (use a separate sheet of paper if necessary).


Name:

**C2**

Please provide the details of any significant condition(s) from which your patient is suffering or that may recur, and the severity of the condition, including:

- the insight and awareness of your patient
- medical treatment (including, if known, any paramedical treatment) your patient receives
- your patient's compliance with the treatment
- the frequency of episodes where appropriate
- if your patient has been referred to a specialist or has been hospitalised (please supply the name of the consultant and date).

Based on the information above, what is the prognosis and what is the likely outcome? Is your patient likely to suffer any complications?


**C3**

Please complete this table by placing a tick in the appropriate box to show if your patient is affected on a functional level:

vision	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
hearing	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
lifting	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
mobility	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
carrying	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
bending	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

**C4**

Are you aware of any illegal drug use or inappropriate alcohol use by your patient?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If you have answered 'yes' please provide further information (please use a separate sheet of paper if necessary).


**C5**

Please include any additional information that will help use to reach a fair and balanced judgement about your patient's ability to look after or be in contact with children and/or young people.

**Please give details of any significant past medical history, including mental health, stress-related or other emotional issues.**

(please use a separate sheet of paper if necessary).


Name:

<b>C6</b>	Do you have your patient's records from birth?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Are your patient's records for a continuous period?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If you have answered 'No' please state from what date the records commence and/or please give a reason, if known, for any gaps in the records.					
<input type="text"/>					
<input type="text"/>					
<input type="text"/>					
<input type="text"/>					
<input type="text"/>					

<b>C7</b>	Please provide the name and address of any consultant to whom your patient has been referred (please use a separate sheet of paper if necessary).					
	Name					
	<input type="text"/>					
	Address					
	<input type="text"/>					
<input type="text"/>						
Postcode <input type="text"/>						

<b>C8</b>	<b>I confirm that the patient's health declaration is a true reflection of their health.</b>						Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
	Signed		<input type="text"/>											
	Print name		<input type="text"/>											
	Date of signature						D	D	M	M	Y	Y	Y	Y
	Contact telephone number						<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Email address													
	<input type="text"/>													
	Practice stamp (This is <b>mandatory</b> and is required to validate the form).		<input type="text"/>											



Name:

**D3** Person's name

**D4** Current full postal address  
  
  
Postcode

**D5** Provision name

**D6 Complete one option only**

(a) I recommend, from the information supplied, that this person is medically suitable to be registered as a provider of childcare or social care for children and/or young people, or be employed to work with children and/or young people in a registered provision.

This judgement is based on:

(b) I recommend, from the information supplied, that this person is medically suitable to be registered as a provider of childcare or social care for children and/or young people, or be employed to work with children and/or young people in a registered provision with the following restrictions:

This judgement is based on:

(c) I recommend that this person is not medically suitable at present to be registered as a provider of childcare or social care for children and/or young people, or be employed to work with children and/or young people in a registered provision.

The person's medical suitability may be appropriate to review in:

(d) I recommend that this person is not medically suitable to be registered as a provider of childcare or social care for children and/or young people, or be employed to work with children and/or young people in a registered provision.

(e) This person has not co-operated with the process and I do not hold enough information to make a recommendation.

**D7 This person did/did not knowingly withhold significant information about their medical suitability (delete as applicable)**

Signed

Print name

Date of signature

**All information relating to this person is stored in the secure medical records file. Please contact the medical adviser if you require further information.**

Name:

### **Explanatory note for applicants**

Ofsted's powers for registration and inspection are set out in the Childcare Act 2006 for childminders and childcare providers and the Care Standards Act 2000 for social care provision for children and young people.

### **Why does Ofsted need information about my health?**

All persons who wish to be registered to provide or manage a social care facility, or provide a childcare facility, or who work with a childminder looking after children, must satisfy us that they are suitable to care for or be in regular contact with children and young people. This includes us making a judgement about a person's physical and mental suitability to do so. To help us make a fair and balanced judgement about your medical suitability, we need to obtain a health declaration from you and a medical report from your doctor.

### **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 Data Protection Act 1998. Under the Act you have certain rights regarding access to the personal information we hold about you. You should contact us if you wish to make a request.

### **What if Ofsted needs more information?**

If we need more information, the medical adviser or an inspector may:

- telephone or write to you
- ask you to attend an interview or consultation with the medical adviser or a private health specialist
- ask for more information from your doctor or other medical practitioner who is treating you now or has done so in the past.

You will not normally be charged for any additional information that is needed.

### **What happens next?**

The inspector or regulatory manager makes the decision about whether you are suitable to work or be in regular contact with children and/or young people. The medical adviser may give advice to the inspector/regulatory manager 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 refuse or cancel registration if we consider that you are not suitable to care for children, or that you have knowingly withheld information or made a false declaration. If we refuse or cancel registration you may appeal against our decision. We may decide to repeat checks on your health from time to time.

### **Do you need my consent?**

We ask for your consent to apply to your doctor, or other medical practitioner with knowledge of your state of health, for a report about your medical status. You do not have to give consent to such a request. However, without consent we may not be able to establish your mental and physical suitability to care for children and/or young people.

Name:

**If, having read the above information, you wish to give your consent, please sign the form at section B12.**

Applicants whose report is being sent directly to use may request to see the report first.

If you decide that you would like to see the report first, make arrangements with your doctor to do this before he or she sends it to us. You must make these arrangements yourself within 21 days; we cannot make them for you. The doctor may charge a fee to cover the administrative cost.

If you have seen the report and do not agree with the contents, you can ask your doctor to amend any part of the report that you consider inaccurate or misleading. If your doctor does not agree to amend the report you can attach a written statement to the report giving your views on the content.

You can tell your doctor that you do not wish him or her to send the report to us. Your doctor will not be able to send it without further consent from you. Whether or not you ask to see the report before it is sent to us, your doctor must keep a copy of the report for at least six months after the date it was supplied. You are entitled to have access to that report.

All applicants should note the following: in terms of the Data Protection (Subject Access Modification) (Health) Order 2000 your doctor may refuse to let you see any part of the medical report that he or she believes would be likely to cause serious harm to your physical or mental health or that of others. Your doctor may refuse to show you any part of the report that would reveal information about another person or the identity of a person who has supplied the doctor with information about your health, unless the person also consents. In these circumstances your doctor will notify you and you may only see any remaining parts of the report.

