



FITNESS TO WORK DECLARATION

FULL NAME:

DOB

POSITION

Do you have any health or medical issues that you consider would impact your ability to undertake the position offered and/or do you require any additional adjustments or support?

<input type="checkbox"/> Yes	<i>If you answer YES, please request a confidential Essex County Council Pre-employment Health Assessment form.</i>
<input type="checkbox"/> No	

**I understand that if I withhold information, or give misleading answers, my employment may be at risk.
I authorise the disclosure of this information to Essex County Council for the purposes of my recruitment.**

Signature:

Name printed: **Date:**