

**Pre-Employment Health Assessment
Questionnaire (PEAQ)**

Please complete this form and return it to Debbie Westwood, HR Adviser.

The information you provide on this form will assist us in assessing your fitness for work. If you tick Statement A below, you will be issued with a full Assessment of Fitness for Work Form, which will be reviewed by our Occupational Health Professionals.

All Applicants must fully complete Sections 1, 2 & 3

Section 1: Personal Information

Post Applied For:		
Academy Name:		
Title:		
Forename:		
Surname:		
Address:		
		Postcode:

Section 2: Fitness Information

Please read the questions below and indicate, by ticking Statement A or B whether some or more of these questions apply to you:

1. Do you need any special aids/adaptions to assist you at work, whether or not you have a disability eg specialist seating, voice activated software, look systems, etc?
2. Do you have a medical condition or disability which may affect your ability to carry out your proposed work?
3. In relation to your health, are you waiting for treatment or investigations (excluding routine tests to minor an existing well controlled condition) of any kind at present?
4. Have you ever left a previous employment through ill health or a work related injury or condition?
5. Over the past two years, have you been absent from work/study due to illness for a total of more than 10 days during any calendar year?

A. I would answer YES to one or more of the above:	
B. None of the above applies to me:	



Section 3: Declaration

I confirm that the declaration provided above is correct to the best of my knowledge and I understand that making a false declaration could affect my employment with the organisation.

Name: (Block Capitals please)

Signature: Date:

Section 4: Appointing Manager Action (Office Use Only)

Name of Appointing Manager (Block Capitals please)

Post Title:

Please tick below:

I confirm that this appointment may proceed based on the information provided by the candidate	
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Signature: Date:

If you have approved the appointment of the above candidate based on the information provided above, please e-mail the Appointment Form to the HR Department for processing and attach a copy of this PEAQ form.

If the candidate requires a full Fitness for Work assessment, please e-mail the HR Department for processing so that other pre-employment checks (if applicable) can commence whilst the full Fitness for Work assessment is in progress.





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