**DECLARATION OF HEALTH MEDICAL QUESTIONNAIRE**

**Notes for Guidance**

**PLEASE COMPLETE AND SUBMIT WITH YOUR ONLINE APPLICATION**

The assessment of your suitability to teach is a statutory entry requirement for teacher training set by the Department for Education. The Maria Montessori Institute as a Teacher training provider has a responsibility to ensure that trainees have the health and physical capacity to teach and will not put children and young people at risk or harm.

It is recognised that people with disabilities or chronic illnesses may have the capacity to teach and make a very valuable contribution to teaching. However, another purpose of the questionnaire is to inform the Institute of the personal needs of trainees, so that reasonable adjustments can be made where possible.

Therefore, the questionnaire provides the necessary information to assess:

* if applicants have the health and physical capacity to teach, and
* if applicants will require reasonable adjustments to be able to train to teach.

It may be necessary in exceptional cases to ask candidates to provide additional information from a medical adviser.

## **PLEASE READ THE FOLLOWING NOTES CAREFULLY**

1. The attached questionnaire is intended to remove the need for a medical examination for candidates applying for teacher training courses except in a minority of cases.
2. **All candidates must complete the questionnaire in full**. Section 1 asks for general information about candidates. Section 2 relates to specific health matters. The questions in this section should be answered by selecting ‘Yes’ or ‘No’. If you answer yes please give further details, including any relevant dates, in the right hand column.
3. **All candidates must sign the statement of consent and declaration** in Section 3.
4. If a full medical examination or specialist consultation and report are required, the candidate is responsible for meeting any cost incurred.
5. Candidates should declare any physical or mental health condition. The Institute will determine whether the condition(s) affect the candidate’s ability to carry out the role of a teacher safely. This means any condition that might affect their judgement or performance in a way that may pose a risk to others.
6. Failure to declare any details, which are subsequently discovered to be relevant for assessing your ‘fitness to teach’ may lead to termination of training.
7. **Candidates are advised to enclose relevant supporting medical evidence with the questionnaire**. Examples might include a psychologist's or teacher's report in the case of a Specific Learning Difficulty such as dyslexia.

**DECLARATION OF HEALTH – IN CONFIDENCE**

Please complete all sections of the form in block letters

**SECTION 1: GENERAL INFORMATION**

Personal Details

|  |  |
| --- | --- |
| Surname/Family Name |  |
| Forename(s) |  |
| Title (Mr/Mrs/Miss/Ms) |  | Date of Birth (dd/mm/yy) |  |
| Home Address(including Postcode) |  |
| Home Tel No. |  | Mobile |  |
| Email |  |
| Please tick here to confirm that you are happy to be contacted by: | Letter to home address |  | Email |  | Telephone |  |

General Practitioner Details

|  |  |
| --- | --- |
| GP Name | Dr  |
| Address(including Postcode) |  |
| Tel No. |  |

|  |  |
| --- | --- |
| How much time have you lost from work or study due to illness in the last 2 years? |  |
| What were the reasons for absence? |  |

**SECTION 2**

Please answer all of the following questions by ticking 'Yes' or 'No'. If you answer yes, please give further details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | Have you ever had any illness or medical problem that may currently affect your ability to work safely as a teacher?(Please include dates) | Yes[ ]  | No[ ]  | Details: |
| 2 | Have you been treated in hospital within the last 5 years?(Please include dates) | Yes[ ]  | No[ ]  | Details: |
| 3 | Are you having any treatment or investigations of any kind at the moment? | Yes[ ]  | No[ ]  | Details: |
| 4 | Do you have any visual impairment not corrected with glasses or contact lenses? | Yes[ ]  | No[ ]  | Details: |
| 5 | Do you have any hearing impairment? | Yes[ ]  | No[ ]  | Details: |
| 6 | Do you have any speech or communication impairment? | Yes[ ]  | No[ ]  | Details: |
| 7 | Have you been diagnosed with a learning difficulty such as dyslexia? | Yes[ ]  | No[ ]  | Details: |
| 8 | Have you been diagnosed with a developmental disorder such as Autism or Asperger Syndrome? | Yes[ ]  | No[ ]  | Details: |
| 9 | Have you ever had back problems?(Please include dates) | Yes[ ]  | No[ ]  | Details: |
| 10 | Have you ever had any problem with your joints including pain, swelling or stiffness?(Please include dates) | Yes[ ]  | No[ ]  | Details: |
| 11 | Have you ever suffered from any mental illness, psychological or psychiatric problem, including depression, anxiety, nervous debility, nervous breakdown, schizophrenia, or eating disorder (anorexia or bulimia)?(Please include dates) | Yes[ ]  | No[ ]  | Details: |
| 12 | Have you ever had a drug or alcohol problem?(Please include dates) | Yes[ ]  | No[ ]  | Details: |
| 13 | Have you ever had fits, blackouts or epilepsy?(Please include dates) | Yes[ ]  | No[ ]  | Details: |
| 14 | Are you on any medication at present? | Yes[ ]  | No[ ]  | Details: |
| 15 | Are you allergic to anything? If so what?If you need to carry medication for this please specify | Yes[ ]  | No[ ]  | Details: |
| 16 | Do you need or would it assist you to have any special provision made to enable you to fulfil your training and/or subsequent employment? | Yes[ ]  | No[ ]  | Details: |

SECTION 3

**Statement of Consent and Declaration**

**You are asked to consent to personal information about your health/medical needs being shared with the Institute’s staff and appropriate individuals when it is appropriate to do so.**

The information you give in your declaration of health form and in any supporting medical documents will be used to make a decision about your fitness to teach and also to assess whether any additional support will be required from the Institute during your period of studies and training.

Your information may be passed to other relevant staff involved with your studies such as study advisors and the Director of Training. The purpose of sharing information is to enable to help you successfully complete the programme. It will also avoid you having to provide repeat information.

**Please tick the following box to confirm your consent:**

|  |
| --- |
|  |
| I give my consent for information about my health to be shared with relevant staff in order to assess my fitness to teach and to help me receive appropriate support from the Institute. |
| [ ] Yes [ ] No  |

**Please read the declaration below and then sign and date the form:**

* I declare that the information I have given is true and complete to the best of my knowledge.
* I understand that I may be responsible for the expenses of any medical examination or report that may be required.
* I understand that I may be required to attend a medical examination.
* I understand that failure to disclose information or giving false information may result in termination of my programme and/or of my employment.

**Signed:**

**Print name:**

**Date of Signature:**

**PLEASE COMPLETE AND SUBMIT WITH YOUR ONLINE APPLICATION**

Please upload the completed form as part of your online application. If you are unable to do this, please email the form to: course@mariamontessori.org