

You are seeking employment with RSPCA ACT. We attach the role's job description.

The role would require, amongst other things for you to:

- Sit or stand for lengthy periods
- Use a work computer; and
- Effectively communicate to people on the phone or in person.
- Be in contact with a variety of different species of animals that may expose you to infectious disease, bites and scratches.

Before completing this declaration, please read the job description and contact us if you have any queries about the role and its requirements

The purpose of this declaration is to ensure that you are fully able to perform the inherent requirements of the role (with reasonable adjustments if required) and that you are not placed in an environment or given tasks that would result in risks to your safety.

Under the worker's compensation legislation applicable in the ACT, if you fail to disclose or make false or misleading disclosure in relation to a pre-existing injury or disease of which you are aware, you or your dependants may not be entitled to compensation for any recurrence, aggravation, acceleration, exacerbation or deterioration of the pre-existing injury or disease arising out of or in the course of or due to the nature of employment with RSPCA ACT. RSPCA ACT will rely on any failure to disclose as grounds for denying compensation.

If you give any wilfully incorrect or misleading answers or material omission you may be ineligible for employment or if employed, liable for dismissal.

You are required to disclose:

- all injuries, disease or medical conditions that could be affected by the nature of the proposed employment
- any circumstances regarding your health or capacity to work that could interfere with your ability to perform the requirements of the role.

All details on this form will be treated confidentially. If you gain employment with RSPCA ACT the completed Pre-Employment Health Declaration will be retained on your personnel file, which will be kept secure. If you do not take up employment with RSPCA ACT it will be securely destroyed.

**To be completed by employment applicant**

1. I have read and understood this form, including the above explanatory information.
2. I have read the job description and understood what the role requires.
3. I am aware of the following circumstances regarding my health or capacity to work that may interfere with my ability to perform the requirements of the role:

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(Please attach additional sheets if more space is required)

4. I am aware that reasonable adjustments to the workplace can be made to assist employees with disabilities in carrying out the inherent requirements of their role. (NB: any adjustments need to have been discussed with RSPCA ACT prior to completing this declaration).
5. I have the following injuries, diseases or medical conditions that could be affected by the nature of the proposed employment:

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(Please attach additional sheets if more space is required)

To the best of my knowledge the information provided in this declaration is true and correct.

Print Name of Applicant.....

Signature.....Date...../...../.....