Organisational Development

APPLICANT DECLARATION FORM

Purpose
To enhance the recruitment and health and safety systems to ensure all employees are placed in suitable employment by matching their assigned duties with their capacity.

Scope
An applicant is required to undergo a Pre-Employment Screening (PES) when the advertised position has a physical labour or manual handling component (estimated at ≥10% of the working day).

A Functional Capacity Evaluation (FCE) is an assessment which may be used during the Return to Work/Rehabilitation process to design a RTW Plan consistent with an employee's physical capacity. The FCE does **not** usually involve Visual Acuity and Audiometric assessment.

References
COS0002 Occupational Rehabilitation and Return to Work
COS0017 Manual Handling Guidelines
Human Resources Recruitment Processes
Human Resources Role Statement Development
Human Resources Performance Development & Planning Guidelines

Background
Pre-employment screening and functional capacity evaluations are used to ensure employees are placed in positions within their physical capacity, and applicants are able to perform the inherent requirements of a task.

Document Review
This document is subject to review and, where necessary, updated biennially or more frequently should changes in plant, equipment, or work practices dictate.

Document reviews will be undertaken by the Risk Management and Health and Safety Unit and adopted by the Occupational Health and Safety Committee.

Pre-Employment Screening
Prior to an offer of employment being made, it may be necessary for an applicant(s) to undertake a pre-employment screening (PES) or functional assessment. A PES is required when a position has a physical labour or manual handling component (estimated at ≥10% of their working day, or whenever the role requires heavy manual handling below that estimation). Visual Acuity and Audiometric assessments may also form part of the PES.
The inherent physical requirements of such positions have been assessed by an Occupational Therapist and documented in a Task Analysis. The Task Analysis will determine whether this assessment is required.

The purpose of the pre-employment screening assessment is to determine an applicant's ability to undertake the position's inherent physical requirements and what modifications, if any, would be required to enable that person to undertake the job safely. Failure to meet one or more of the inherent physical requirements of a position does not automatically preclude an applicant from being offered a job.

Task Analysis
If you cannot find a Task Analysis for the vacant position and you believe the role warrants a Task analysis, please contact a Health & Safety Consultant (x 5276) prior to advertising the position.
Allow at least one week for a Task Analysis to be completed.

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Functional Capacity Evaluation (FCE)
A Functional Capacity Evaluation is an assessment which may be used during the Return to Work/Rehabilitation process to design a RTW Plan consistent with an employee's physical capacity. The FCE does **not** usually involve Visual Acuity and Audiometric assessment.
The referral process and documentation is the same for both PES and FCE. (See Flowchart)

The specialist providers we use to carry out PES and FCE assessments are:

Sonic HealthPlus.

Address: 161 – 163 Princes Highway (Corner Jones Road), Dandenong 3175

Contact Number: 03 9213 2800

Fax: 03 9793 0243

Email: Dandenong@sonichealthplus.com.au

Hours: Mon - Fri: 8:00am – 4:00pm

Please Note: If you are asked for 'client' or 'client ID' please state "City of Greater Dandenong" and ID: 17066

You will be asked what assessment is required. You will need to request;

1. Musculoskeletal Assessment for the physical requirements of the role
2. Visual Acuity (for School Crossing Supervisors only)
3. Audiometric Test (for roles requiring hearing protection – as indicated on the Task Analysis)

Please note: you will need to provide an email address so the report to be returned to you upon completion.

Important Note: As the Manager, **you** choose the provider you wish to use and organise the functional assessments by using the above contacts. People & Procurement Department will meet the associated costs. Please ensure you provide;

- The provider with the applicant/employee with a Position Description including Task Analysis Physical Requirements Matrix via email above.
- The Applicant Medical Questionnaire and Applicant Declaration Form for completion prior to the assessment (the declaration form and questionnaire is available at the back of this document, or in the links of this Webstar section).

No offer of employment is to be made until the results of the functional assessment have been returned to you.

Prior to Recruitment
When advertising a position, a current Position Description must be made available to all applicants.

If the advertised position has a physical labour or manual handling component (estimated at ≥10% of their working day), the Physical Requirements Matrix must be attached to the Position Description. This matrix is found within the Task Analysis for this role.

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The matrix outlines the physical requirements of the job as well as the frequency of the tasks performed. It is this matrix which the provider uses to design an appropriate test and assess the applicant(s) capability to perform the inherent physical requirements of the job.

At Interview
Check the person's application. If they did not apply online via PageUp, they will need to complete an Applicant Declaration form at the time of interview. Return the completed form to Organisational Development.

Inform each applicant that, as part of our normal selection process, they may be required to undergo a functional assessment and that the assessment would be conducted at Sonic HealthPlus in Dandenong.

Following interview
Once you have determined the preferred applicant(s):

- advise the applicant of the need to attend for a functional assessment;
- select the preferred provider (Sonic HealthPlus) and
- arrange a mutually convenient assessment time and venue with the provider.

Following the Functional Assessment
The completed assessment report will be emailed to the organiser of the Functional Assessment or the Health & Safety or Return to Work (RTW) Consultant in the People & Procurement Services Department. The Health & Safety or RTW Consultant will review the report and inform you of the results, and if there are any concerns, discuss these with you. As far as practicable, this will occur the same day as the advice is received from the selected provider.

The Health & Safety or RTW Consultant will then forward you an emailed copy of this report. Please include this report with other paperwork you return to Organisational Development at the conclusion of the recruitment process, so that it may be filed in Objective.

Further information: Contact the Health & Safety Consultant on 8571 5276

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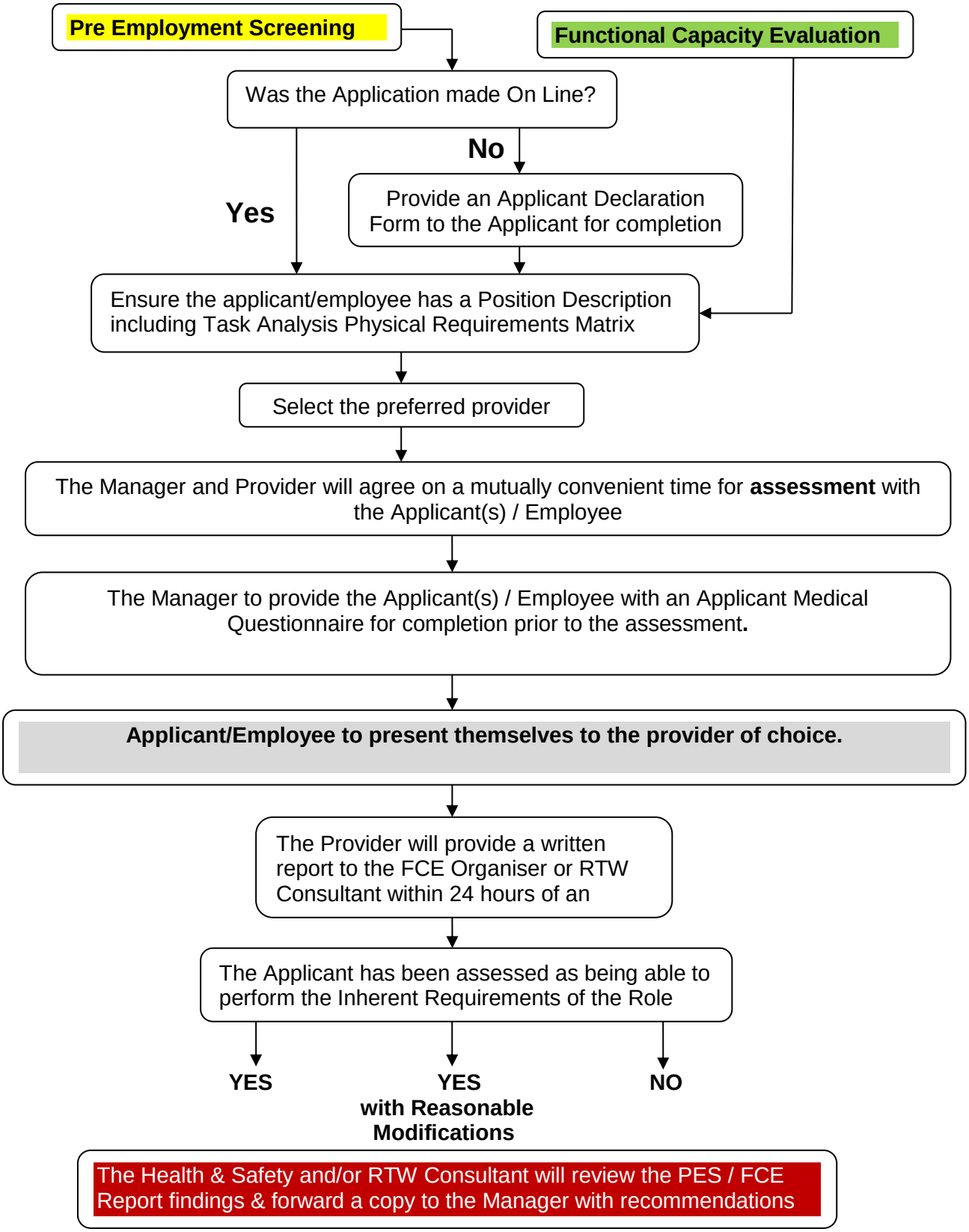
Pre Employment Screening or Functional Capacity Evaluation Process



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Residency Status

Are you currently authorised to work in Australia or New Zealand?

☐ **Yes- Permanent Resident or Citizen**

☐ **Yes – Current work permit/visa** (please provide details about your Visa below)

Country of Origin _____

Visa type (sub class) _____

Visa Number _____

Expiry Date _____

Any other comments about your Visa _____

☐ **No/Require Assistance**

Diversity Management

Greater Dandenong City Council commits to removing barriers to employment, to maximising employment prospects and opportunities for everyone and to providing a safe and healthy workplace.

The information collected in this section is confidential and will be used to improve our management practices, your experience during the recruitment process and to minimise risks to the health, safety and wellbeing of applicants and employees.

Please tick one of the following

☐ **I have the following known pre-existing physical or psychological conditions that could prevent me from carrying out the inherent (necessary) requirements of this role.** *These can be obtained from the Role Statement.*

☐ **I am not aware of, or have no known pre-existing physical or psychological conditions that would prevent me from carrying out the inherent (necessary) requirements of this role.**

Please provide details

**Information is collected in accordance with the Workplace Injury, Rehabilitation & Compensation Act 2013 (and previous Acts) which requires disclosure of any pre-existing injuries or diseases that you have or that you continue to have, of which you are aware and/or could reasonably be expected to foresee, and which could be affected by the nature of the proposed employment.*

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Do you require any reasonable adjustments (environmental or organisational) to be made in order to participate in the recruitment process, or to perform the necessary requirements of this role?

☐ **Yes** ☐ **No**

If yes, what support or adjustment is required by you to participate in the recruitment process or to perform the inherent (necessary) requirements of the role?

Communications

Please advise your preferred method of communication

☐ **Email** (our standard method) ☐ **Phone Call** ☐ **SMS** ☐ **National Relay Service**

☐ **Mail** ☐ **Other** (please indicate)

Checks and Testing

During the recruitment process, we may need to undertake various checks (such as Police Record Checks, Working with Children Checks and/or Referee Checks) or ask that you participate in other testing (such as psychometric or work preference tests, work simulations or functional capacity* testing). A privacy statement is available from our website jobs.greaterdandenong.com or upon request by calling 8571 5136.

We recommend you call or email the contact person named in the job advertisement to discuss queries or concerns you have about the role, these tests or the recruitment process before signing the declaration below.

I have read the Role Statement and agree to undertake all appropriate checks and tests as may be required ☐ **Yes** ☐ **No**

** A functional capacity assessment is carried out when a role requires a reasonable amount of physical activity (greater than or equal to 10% of the working day) and/or visual or audio acuity requirements. The purpose is to assess an applicant's ability to carry out the necessary physical requirements of the role and/or what modifications would be required to enable that person to undertake the job. The test is undertaken by a qualified allied health professional. The Inherent Physical Requirements Matrix will be attached to the Role Statement if relevant.*

Signature

To the best of my knowledge, the information on this form is true

Applicant's Signature _____

Date

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Pre-employment Screening and Functional Capacity Guidelines

***Physical Requirement Summary*: (Position/task)**

Physical Requirement	Task Details	Rare	Occasional 4 – 30 repetitions per day	Frequent 31 – 150 repetitions per day	Constant >150 repetitions per day	Medical Provider Comment / Opinion
Manual Handling – lift, carry, push, pull or hold						
1 - 5kg						
5.1 - 10kg						
10.1 - 15kg						
15.1 - 20kg						
over 20kg						
Lift floor to hip						
Lift waist to shoulder						
Lift overhead						
Pushing/pulling						
Hearing Test Requirement						
Exposure Excessive Noise?	**Yes / No**					
School Crossing Supervisor ?	**Yes / No** **(If Yes Visual Acuity Testing is also required.)**					

	Task Details	Rarely	Occasional 0 -30% of the working day	Frequent 0 -30% of the working day	Constant 0 -30% of the working day	Medical Provider Comment / Opinion
Crawling						
Reaching						
Twisting/trunk rotation						
Repetitive neck movements						
Fine manipulation /pinch grip						
Power/open hand grip						
Wrist/forearm rotation						
Writing / typing						
Climb ladders						
Climb or descend down stairs						
Low level work						
Leg / foot controls						

Cognitive Requirement Summary: **(Position/task)**

Cognitive Demand	**Yes**	**No**
Regular communicating with team/work mates		
Regular communicating with others		
Verbal instruction and supervision of others		
High concentration		
Planning and problem solving		
Job/task organisation		
Short-term memory		
Long-term memory		

Sonic HealthPlus

Pre Placement Medical Assessment

Name:

Date:

Photo ID Sighted ☐ **Yes** ☐ **No**					
Section 1: Your Personal Details					
Surname		**First Name**			
Address				**Post Code**	
Home Phone		**Mobile Phone**			
Date of Birth		**Gender**	☐ **Male** ☐ **Female**		
Employer	**City of Greater Dandenong**	**Role**			

Section 2: Your employment history (Please give details of current and previous work positions)			
Company	**No of Years**	**Job Title**	**Chemical Exposure**
1.			
2.			
3.			
4.			

Section 3: Your health history	**Yes**	**No**		**Yes**	**No**
Q1. Are you currently being treated for any medical condition?	☐	☐	Q8. Have you ever had an x-ray, CT, ultrasound or MRI scan?	☐	☐
Q2. Do you expect to consult a doctor or expect to receive any treatment in the near future?	☐	☐	Q9. Have you ever been refused life/disability insurance, military service or employment for medical reasons?	☐	☐
Q3. Is there any history of serious illness or disease in your family?	☐	☐	Q10. Have you visited a therapist e.g. chiropractor, physiotherapist, osteopath etc. in the last year?	☐	☐
Q4. Have you ever been admitted to hospital?	☐	☐	Q11. Have you taken any medications in the last month?	☐	☐
Q5. Have you had time off work in the last 2 years for illness or injury?	☐	☐	Q12. Have you ever been exposed to toxic substances or environmental hazards?	☐	☐
Q6. Have you ever had a Workers Compensation Claim or any work related illness or injury?	☐	☐	Q13. Have you ever had trouble wearing (PPE) personal protective equipment, safety equipment or breathing apparatus?	☐	☐
Q7. Do you have a current Workers Compensation Claim or any work related illness or injury?	☐	☐	Q14. Is there any other condition that may impact on your ability to safely perform the duties of your job or anything that has changed medically since your last medical?	☐	☐
If you answered '**Yes'** to any of the above please provide details including the date of occurance:					
Dr to provide comments for any 'Yes' responses: (reference Q No.)					

Section 4: Do you have difficulty with any of the following activities?								
	Yes	**No**		**Yes**	**No**		**Yes**	**No**
Q15. Crouching / bending / kneeling	☐	☐	Q20. Standing for 2 hours or more	☐	☐	Q25. Confined spaces or working at heights	☐	☐
Q16. Running 100 metres	☐	☐	Q21. Sitting for 2 hours or more	☐	☐	Q26. Shift work / sleep	☐	☐
Q17. Walking on uneven ground	☐	☐	Q22. Climbing stairs/ladders	☐	☐	Q27. Working in hot/cold extremes	☐	☐
Q18. Turning your head rapidly	☐	☐	Q23. Using hand tools	☐	☐	Q28. Repetitive movement of hands or arms	☐	☐
Q19. Concentrating on a task	☐	☐	Q24. Gripping firmly with both hands	☐	☐	Q29. Understanding English (incl reading signs)	☐	☐
If you answered '**Yes'** to any of the above please provide details:								
Dr to provide comments for any 'Yes' responses: (reference Q No.)								

Sonic HealthPlus

Pre Placement Medical Assessment

Name:

Date:

Section 5: Medical History – Have you ever received treatment or medical advice for any of the following?

	Yes	No		Yes	No		Yes	No
Q30. Lung/Breathing problems	☐	☐	Q40. Blood pressure/Heart problems	☐	☐	Q50. Skin disorders/Dermatitis	☐	☐
Q31. Asthma/Hay fever/Allergies	☐	☐	Q41. Rheumatic Fever	☐	☐	Q51. Hernia	☐	☐
Q32. Arthritis/Rheumatism	☐	☐	Q42. Repetitive Strain/Overuse problems	☐	☐	Q52. Fits/Seizures/Blackouts	☐	☐
Q33. Anxiety/Depression	☐	☐	Q43. Joint problems /Fractures/Broken bones	☐	☐	Q53. Head injury/Concussion	☐	☐
Q34. Other mental health issues	☐	☐	Q44. Persistent headaches/Migraines	☐	☐	Q54. Bruising/Excessive bleeding	☐	☐
Q35. Stomach problems/Ulcers	☐	☐	Q45. Eye troubles (other than glasses)	☐	☐	Q55. Recent weight loss or gain	☐	☐
Q36. Liver problems/Hepatitis	☐	☐	Q46. Back, neck, spinal problems	☐	☐	Q56. Cancer/Other tumour	☐	☐
Q37. Diabetes	☐	☐	Q47. Loss of hearing/Ear infections	☐	☐	Q57. Clots of legs or lungs	☐	☐
Q38. Kidney/Bladder problems	☐	☐	Q48. Injury from motor vehicle accident	☐	☐	Q58. Sleep Disorders	☐	☐
Q39. Malaria/Tropical diseases	☐	☐	Q49. Sporting injuries	☐	☐	Q59. Any other medical condition not listed above	☐	☐

If you answered '**Yes**' to any of the above please provide details:

Dr to provide comments for any 'Yes' responses: (reference Q No.)

Section 6: About your lifestyle	**Yes**	**No**		**Yes**	**No**
Q60. Do you engage in regular exercise? (30 mins at least 3x week)	☐	☐	Q63. Do you smoke? If yes, what age did you start How many packs a year?	☐	☐
Q61. Do you take illicit Drugs?	☐	☐			
Q62. Do you drink more than 2-3 standard drinks of alcohol per day? If yes, how many drinks do you have a day?	☐	☐	Q64. Have you ever smoked? If yes what age did you start? What age did you stop?	☐	☐

If you answered '**Yes**' to any of the above please provide details:

Dr to provide comments for any 'Yes' responses: (reference Q No.)

Declaration

Please read the following and sign where indicated

Declaration - I declare that I have answered the above correctly and completely, to the best of my knowledge. I understand that any false or misleading information may result in disciplinary action, up to and including termination of employment.

Statement authorisation - I hereby authorise Sonic HealthPlus and the examining doctor to release any information acquired, collated or ascertained as a result of the examination and consultation to my employer, prospective employer or their authorised representative. I also acknowledge that the findings of this examination may be used by my employer, prospective employer or their authorized representative in relation to my employment. I further acknowledge that information obtained by Sonic HealthPlus about my medical history and condition from any previous medicals and/or consultations may be used as part of the current assessment.

Did you receive any assistance by another person to complete this form? ☐ Yes ☐No

If Yes: provide details

Candidate Signature: _____

Name:

Date:

Please return this form to reception when completed