



DECLARATION OF MEDICAL FITNESS

I declare that, to the best of my knowledge, I know of no reasons, on grounds of mental or physical health, why I should not be able to discharge the responsibilities required by the role.

I understand that the School is legally required to verify my medical fitness for the role and that my employment with the School is therefore conditional upon my being medically fit to carry out the duties required by the role.

I understand that failure to disclose any relevant information now, or giving false information, may result in the termination of my employment or the withdrawal of an offer of employment.

I consent to the School retaining this medical declaration and any other information about my medical fitness on my confidential personnel file for the duration of my employment. I understand and agree that the School may use any medical information held about me to help discharge its obligations towards me as my employer as and when it is necessary, or reasonable, to do so. I further understand and agree that the School may confidentially retain any medical information about me for a period of six months after my employment terminates, following which it will be securely destroyed.

I hereby give my consent to Ashbourne College processing the data supplied above.

Full name

Signature

Date