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| **Health Questionnaire for Practical Courses**  ***(in Adult Social Care Services)***  This form is **required** for **all** learners **before** completing a **Practical Course**. It **must** be completed by the learner and manager **no more than** 1 month **before** the course date and emailed into [**ascleader@eastriding.gov.uk**](mailto:ascleader@eastriding.gov.uk) for processing, **no less than 1 week** before the course date. | A picture containing text, sign  Description automatically generated |

**Part 1 – Learner’s details and course name**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |  | | | |
| Team |  | | | |
| Which course?  *(Select 1 only, separate assessments are required for each course)* | Basic Life Support (Practical) |  | Course Date |  |
| DMI |  | Course Date |  |
| Evac Chair |  | Course Date |  |
| Moving and Handling of People |  | Course Date |  |

**Part 2 – Health Condition/s Screening by the Learner**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Do **any** of the following apply to you:   * I am suffering from back, joint or muscle (muscular-skeletal) pain. * I have suffered with pain, injury or had surgery in the last 6 months. * I am receiving treatment for a health condition. * I have a health condition which may affect my ability to engage in physical activity. * I am pregnant or I am breast feeding. * I have an allergy or intolerance. | | | | |  |  | No |
|  |  | |
|  | | | | | | | |
|  |  | Yes | | | | | |
|  | | | | | | | |
| Does the health condition prevent you from, or change the way, that you carry out BLS, DMI, Evac Chair or Moving and Handling of People tasks or activities within your job role? | | | | |  |  | No |
|  |  | |
|  | | | | | | | |
|  |  | Yes | | | | | |
|  | | | | | | | |
| **You are declaring that** your health condition **impacts** how you carry out BLS, DMI, Evac Chair or Moving and Handling of People tasks or activities within your job role. | | |  | **You are declaring that** you **can** carry out **all** BLS, DMI, Evac Chair or Moving and Handling of People tasks or activities within your job role. | | | |
|  | | | | | | | |
| Now complete Parts **3** and **4** of this form with your Manager. | | |  | Move to, and complete Part **4** on the next page of this form. | | | |
|  | | | | | | | |

**Part 3 – Health Condition Impact Screening by the learner’s Manager.**

**Part 2 -** Has identified that the learner’s health condition/s **impacts** how they carry out BLS, DMI, Evac Chair or Moving and Handling of People tasks or activities within their job role. As part of the Council’s duty of care for employees, **managers** **must** proactively put in place a Health Needs Assessment that:

* **Considers** the employee’s health condition.
* **Determines** the impact it has on the employee being able to carry out handling of people, BLS, DMI or Evac Chair tasks or activities within their job role.
* **States** what adjustments or restrictions that the employee should follow.

A Health Needs Assessment should be in place to support the employee in their job role and not solely for the learner to access a Practical Course. The assessed impact of the health condition and any agreed adjustments / restrictions will be considered when a learner attends any Practical Courses.

Based on the impact of the learner’s health condition and details in their Health Needs Assessment, please provide the following information (we **do not** require sight or a copy of the Health Needs Assessment):

Does the learner have difficulty in the following?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Bending, kneeling, or working at floor level. |  | Yes |  | No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Weight bearing. |  | Yes |  | No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Pushing or pulling objects, people, or equipment. |  | Yes |  | No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Movement in a limb, the torso, or neck. |  | Yes |  | No |

Please use the space below to state the agreed adjustments and / or restrictions that the learner **must** follow when carrying out BLS, DMI, Evac Chair or Moving and Handling of People tasks or activities in their job role. (It is not sufficient to state the ‘person knows their own limits’, ‘they will use professional judgement’, etc. You need to clearly state what adjustments and / or restrictions have been agreed to keep the person safe.)

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The above information will be used to determine **if** and **how** the learner can take part in the Practical Course to ensure they are safe and free from harm. Adjustments and / or restrictions applied **may** impact the ability to assess a learner’s competence in BLS, DMI, Evac Chair or Moving and Handling of People tasks and activities. You will be advised if this is the case.

Please use the following box to provide the details of anything else that needs to be considered to enable the learner to attend/participate in the identified training i.e. any allergies or intolerance.

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|  |

**Part 4 – Review and Action.**

I confirm:

* This form accurately reflects the health screening, and if required, health condition impact.
* The pre-requisite eLearning has been completed **no more than** 3 months before the date of the course.

* Please Insert the date the eLearning was completed.

|  |  |  |  |
| --- | --- | --- | --- |
| Learner’s Name |  | Manager’s Name |  |
| Learner’s Signature |  | Manager’s Signature |  |
| Date |  | Date |  |

**Please email this form to** [**ascleader@eastriding.gov.uk**](mailto:ascleader@eastriding.gov.uk)

***(DO NOT send as a shared document in Microsoft 365)***