

PRE-EMPLOYMENT  
HEALTH DECLARATION



It is a precondition of your employment with Chisholm Institute that you complete this Pre-Employment Health Declaration (**Declaration**) and it with your offer of employment before your commencement date. A failure to do so may result in the Institute withdrawing your offer of employment.

In making this Declaration you must disclose all pre-existing injuries and diseases suffered by you which you reasonably believe could be affected by you undertaking this position, the details of which are set out in the position description.

If you provide false or misleading information, you and your dependents may not be entitled to WorkCover benefits in the event of 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 your employment with Chisholm Institute.

Please discuss any queries you may have regarding the duties and tasks of the position with the Manager Work Health & Safety before you complete this Declaration.

All details provided on this Declaration are treated confidentially. The completed Declaration will be retained on your personnel file. Where employment is not taken up, for whatever reason, all documents relating to the employment offer will be retained for twelve months.

**PERSONAL DETAILS**

Given name(s)	Heather Lynette		
Family name or surname	Sheppard		
If your name has changed please state your previous name(s)			
Position applied for	Education Support		
Business area	Foundation College		
Date of birth	11/5/61		
Gender	Female		
Address for correspondence	Street:	9 Wendy Crt	
	Suburb/Town:	Hampton Park	
	Post Code:	3976	
Telephone	Mobile:	0413 829 390	
	Home:	9799 3925	

Initial: KS

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HEALTH DECLARATION

Chisholm

The following declaration is made for the purposes of section 41 of the *Workplace Injury Rehabilitation and Compensation Act 2013* (Vic).

I, Heather Lynette Sheppard declare that:  
[Full name of Employee]

1. I have read and understood the purpose of this declaration, including the information sheet provided above.
2. I acknowledge I am required to disclose all pre-existing injuries or diseases which I believe may be affected by my undertaking the duties in the position description provided to me.  
and [*strike out whichever is not applicable.*]
  - (a) I do not believe that any injury or disease that I have is likely to be affected by the duties described in the job description.  
or
  - (b) ~~I have suffered the following injuries and/or diseases that may be affected by the duties described in the position description. [List injuries and diseases.]~~

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I acknowledge that any non-disclosure or false or misleading information on my part may result in section 41(2) of the *Workplace Injury and Rehabilitation Compensation Act 2013* (Vic) being applied which would disentitle me or my dependents from receiving benefits relating to any recurrence, aggravation, acceleration, exacerbation or deterioration of any pre-existing injury or disease which I may have.

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

Dated: 1st day of February 2019  
2018

Heather Sheppard  
[Print Name: Applicant]

Daniel Krastek  
[Print Name: Witness]

Heather Sheppard  
[Signature: Applicant]

Daniel Krastek  
[Signature: Witness]

Completed form is to be returned with your Contract of Employment or to the Office of the Executive Director People Culture & Safety. This document will be maintained on your personnel file.

Initial: HS