



KOOWEERUP REGIONAL HEALTH SERVICE

PRE-EXISTING INJURY OR DISEASE DISCLOSURE STATEMENT

Kooweerup Regional Health Service is committed to providing a safe working environment for all employees. As part of this it is our objective to ensure potential employees are not required to work in duties that they are not able to perform safely. As part of the application process for employment with Kooweerup Regional Health Service we request you to disclose any pre-existing injury or disease which may be adversely affected by the performance of the inherent requirements of the position you have applied for – as described in the attached Position Description.

Pursuant to S.87(7) and (8) of the Accident Compensation Act, you are required to disclose to Kooweerup Regional Health Service any pre-existing injury or disease that you have suffered of which you are aware and could reasonably be expected to foresee, could be affected by the nature of this proposed employment.

Failure to make a disclosure, or the making of a false or misleading disclosure would disentitle you to compensation pursuant to the Accident Compensation Act should you suffer any recurrence, aggravation, acceleration, exacerbation or deterioration of your pre-existing injury or disease arising out of, or in the course of, or due to the nature of employment with Kooweerup Regional Health Service. Kooweerup Regional Health Service will reply upon any failure to disclose in accordance with the provisions of the Accident Compensation Act as grounds for denying compensation in accordance with S.87(7) and (8).

Should any alteration, change or rearrangement be necessary to enable you to effectively carry out the inherent requirements of the position, we also request that you disclose these requirements. Kooweerup Regional Health Service is an equal opportunity employer and will arrange any reasonable adjustment to enable a person with a disability to perform the inherent requirements of the position and therefore complete equally with other applicants for this position. Please disclose in the space below any pre-existing injuries or diseases that you suffer from, or have suffered from, which could be affected by the nature of your proposed employment with Kooweerup Regional Health Service (attach a separate page if necessary).

DISCLOSURE ADVICE (to be completed by the applicant)

I confirm that I have read and understood the contents of the above information and state that I have disclosed all relevant information in relation to my health and physical ability to carry out the inherent requirements of this position.

Signature of Applicant:

Date: / /

Reviewed: May, 2016

Located: Policies and Procedures/Forms