

# Pre-Existing Injury/Disease Declaration – for Students on placement

The Department of Families, Fairness and Housing (DFFH) is committed to protecting the health, safety and well being of all students on placement. To achieve this, the Department strives to ensure that students are not required or permitted to undertake work for which they are not suited and to take appropriate measures to allow work to be done in a manner which will not put at risk any person's health and safety.

To assist the Department in achieving this objective, the following information on key activities is provided about the placement for which you have applied. On the second page of this document information is requested from you as to any pre-existing injury, illness, disease, or condition, which may be affected by the nature of the key placement activities. **This form is only to be completed by students when** accepting an offer for a placement in the Department of Families, Fairness and Housing.

This job involves a number of essential activities, some of them are listed below:

Element	Key Activity	Frequency
<b>Work Environment</b>	Manage demanding and changing workloads and competing priorities	Daily
	Work office hours with the possibility of extended hours and 'on call' duties.	Daily/ Occasionally
	Work in open plan office.	Daily
	Work in buildings, which may be multi storey.	Daily
	Sit at computer or in meetings for extended periods.	Daily
	Work in a team environment and at times independently.	Daily/Regular
	Wear personal protective equipment (eg: rubber gloves) to provide protection from potential infectious and hazardous substances.	Daily
	Work in locations geographically separated from management.	Occasionally
	Be exposed to all outdoor weather conditions.	Occasionally
<b>Manual Handling</b>	Undertake manual handling (eg: lifting, pulling, pushing, moving, transferring, twisting, supporting) of equipment.	Daily
<b>People Contact</b>	Interact with clients who may have an intellectual, physical, sensory disability.	Daily/ Occasionally
	Interact with clients/members of the public who could display verbal or physically challenging behaviour and/or the full range of emotional expressions.	Regular
	Undertake supervisory activities.	Daily
<b>Administrative Tasks</b>	Undertake administrative tasks including intensive computer/keyboarding work, filing, writing, participating in meetings, and concentrating for long periods of time.	Daily
	Use technology including photocopier, telephones including mobiles, fax, overhead projectors, televisions, video, electronic whiteboards, drill presses and guillotines.	
<b>Transport</b>	Drive vehicles (cars and mini buses) possibly over long distances and in all traffic and weather conditions.	Regular
	Use public transport including trains, buses, trams and taxis.	Regular

If you have been offered a student placement, you are required to disclose any (all) pre-existing injuries or diseases suffered by you of which you could reasonably be expected to foresee could be affected by you undertaking this the placement (Section 41[1] Workplace Injury Rehabilitation and Compensation Act 2013), the details of which are set out above.

If you fail to disclose this information or if you provide false or misleading information you may not be entitled to WorkCover benefits in the event of any recurrence aggravation, acceleration, exacerbation or deterioration of a pre-existing injury or disease, arising out of, or in the course, or due to the nature of this employment with the Department.

The Department has a Reasonable Adjustment Policy that outlines support that can be provided to assist employees and students with special needs in the workplace. Where you have a pre-existing injury or disease the Department will consult with you regarding reasonable support and work modifications.

## Employee Declaration

### The following declaration is made for the purposes of sections 41(1) and (2) of the Workplace Injury Rehabilitation and Compensation Act 2013

I, ..... declare that:  
(name of applicant)

I have read and understood this form, including the information above.

I acknowledge that I am required to disclose all pre-existing injuries or diseases, which I could reasonably be expected to foresee could be affected by the nature of the proposed job of  
.....  
(job title)

**AND** *(Strike out whichever is not applicable)*

I do not believe that any injury or disease that I have is likely to be affected by the key activities required to be undertaken which impact on health and safety as listed above.

OR

b) I have suffered the following injuries and/or diseases that may be affected by the duties described above.

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***I acknowledge that any non-disclosure or false or misleading information on my part may result in section 41(2) of the Workplace Injury Rehabilitation and Compensation Act 2013 being applied. This reads "... if this sub-section applies, any recurrence, aggravation, acceleration, exacerbation or deterioration of any pre-existing injury or disease arising out of or in the course of or due to the nature of employment with the employer does not entitle the worker to compensation under this Act."***

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

DATED: .....

.....  
(Print Name of Applicant)

.....  
(Signature of Applicant)

.....  
(Print Name of Witness)

.....  
(Signature of Witness)