

PRE-EMPLOYMENT ASSESSMENT INFORMATION CONSENT FORM

The pre-employment assessment is performed to determine whether the duties required by your proposed position represent a health risk to yourself, or whether in performing these duties, you would pose a safety risk to other employees. Whilst participating in this pre-employment assessment is entirely voluntary, and you are not required to participate in this process, failure to answer key questions may cause your application to not be considered by a proposed employer.

The pre-employment assessment is being undertaken as your proposed employer (also encompassing your current employer or host employer, whichever is relevant) has a duty of care not to expose you or others to a risk of injury in the workplace.

Following the assessment, an opinion will be provided to your proposed employer as to your suitability for the proposed position. It will also be necessary to advise your proposed employer as to whether any modifications or limitations to your occupation / duties need to be made in order for you to safely perform those duties. The opinion will include a consideration of whether there might be a future risk that you will sustain, or exacerbate, an illness or injury.

The questions that you will answer as part of the assessment aim to ensure that you will not be exposed to injury by the examination process, that you would be able to fulfil the inherent requirements of the position you are applying for, and that you would not pose a safety risk to yourself or others in the workplace. Therefore, should the Assessor determine that your proposed occupation represents a health risk to yourself or a safety risk to others then they will inform your proposed employer of this finding. If this risk is determined to be significant it will mean you will not be considered suitable for employment in the proposed position. If it is determined that a risk can be reduced or managed by placing limitations or restrictions upon the type and nature of the work that you would perform, then the proposed employer will be advised of the limitations or restrictions. If these proposed limitations or restrictions are considered reasonable and practical by the proposed employer then employment may be offered to you with these appropriate limitations or restrictions in place. However, all decisions about whether you will or will not be employed will be made by the proposed employer, not by Konekt.

The answers that you have provided in the questionnaire and the results of the examination will be disclosed to the following persons or entities:

- Assessment staff at Konekt;
- Medical service providers who complete the assessment or a component of the assessment at Konekt's request;
- Konekt's Nominated Medical Advisors; and
- Your proposed employer's HR /Recruitment Department.

Konekt will hold, use and disclose your personal information collected as part of the pre-employment assessment in compliance with the Australian Privacy Principles and the *Privacy Act 1988*. Should your treating doctor wish to access these records he or she may forward a written request to Konekt or Konekt's Nominated Medical Advisor, with your written and signed consent. Should you personally require a copy of these records, Konekt reserves the right to charge a reasonable fee, in accordance with the *Privacy Act 1988*, for the provision of such records.

Neither Konekt nor the Nominated Medical Advisor will be responsible for any advice regarding management of any health issues found on this assessment.

This examination is important for your own safety and the safety of others at work. If you refuse to provide required information or if you provide false information, either on the questionnaire or during the physical assessment, your proposed employer may decide that your job application is unsuccessful.

If you work in Queensland and you knowingly make a false or misleading disclosure, then you will not be entitled to compensation or to seek damages for any event that aggravates the pre-existing injury or medical condition

Generally the questionnaire will take about 30 minutes to complete.

SUMMARY - Please read this carefully

- If you complete the questionnaire online, each question needs to be answered in order to progress to the next question.
- Providing false information or omitting required information may result in you not being considered for employment, or in the future this may result in you being terminated from employment.
- The assessment is designed to prevent you from being placed in a position that might put you or others at risk of injury, or might cause the work to aggravate an injury you already have.

I acknowledge that:

1. I have read and understood this consent form.
2. I have had the opportunity to ask questions and these have been answered in a way I understand by a representative of Konekt.
3. I consent to Konekt and the Nominated Medical Advisor conducting an assessment of my pre-employment status, including any medical conditions that may impact upon my employment, and providing my proposed employer with this assessment, including my personal (and in particular) health information, an opinion as to my suitability for the position, advice as to job modifications or limitations required to perform the job safely, and an assessment of any possible future risks.
4. I agree I am responsible for payment of fees involved in the copying of requested medical information.
5. I agree to hold harmless the examining practitioner conducting the assessment, Konekt, the Nominated Medical Advisor and my proposed employer, should there be a failure to inform me of any matter that has any relevance to my health arising from the assessment.
6. Neither the examining practitioner conducting the assessment, Konekt, or the Nominated Medical Advisor are responsible for providing me with any medical advice, management or treatment of any issues identified in this medical assessment.
7. If I am unable to read or write, I confirm that this document has been read and explained to me by person of my own choosing.
8. I consent to the Nominated Medical Advisor communicating with my treating medical practitioner/s in order to obtain further health information as required to complete the assessment.
9. In the event that a drug screen is part of my pre-employment assessment, I give my consent to Konekt and to the testing agency acting on behalf of Konekt to complete a drug screen for Marijuana, Amphetamines, Methamphetamines, Cocaine, Benzodiazepines & Opiates, and to release the results to my proposed employer.

10. I am able to withdraw this consent at any time prior to the commencement of the assessment.
11. I understand and acknowledge that if I test non-negative on the preliminary pre-employment drug screen, I give my consent to undertake a confirmatory test with a nominated laboratory.
12. I do not take illegal drugs.

Name:

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Signature:

Date:

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