

# General Practitioner Health Declaration form

Please complete this form if:

- You're applying to register as a childminder with tiney
- tiney have asked you to complete it because we need more information (for example, if you live with a tiney home nursery owner).

## How to complete this form

- Please complete sections 1, 2, 3 and 4
- Make sure you have signed section 4
- Print the form
- Ask your GP to fill in section 5 and return the form directly to you. Please make sure your GP does not send this directly to us, it needs to come via you.
- Once all sections have been completed by you and your GP, please scan or take photos of each page and email it to [onboarding@tiney.co](mailto:onboarding@tiney.co)

**Please note: You do not usually need an appointment to get this form completed. If your doctor needs to see you, they will tell you.** Your doctor may charge a fee for this service.

Information on how tiney handles personal information can be found in our [privacy policy](#).

Information in this form remains valid for six months from the date of your doctor's signature. **Please send this to tiney without delay.**

It is an offence to make a statement that you know is false or misleading as part of a registration application. Please answer this form fully and truthfully. We will not necessarily refuse your registration based on current or previous health problems.

If you need any help completing this form, please chat with us in the tiney app

# Health form

1. Your details	
Tiney reference number (if known)	
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other:
First name(s)	
Surname	
Other first name(s)	
Other surname(s)	
Please tick one of the following:	<input checked="" type="checkbox"/> I am applying to be a Tiney Home Nursery Leader <input type="checkbox"/> Other (please explain in below):

## 2. Your tiney home nursery details

Tiney Home Nursery Name	
Tiney Home Nursery Address (if different from above)	
Postcode	
Telephone number	

## 3. Your doctor's details

Doctor's name	
Surgery name	
Surgery address	
Postcode	
Telephone number	

## 4. Health declaration

Please complete your health declaration in full. If you leave out any important information, we may decide that you are not suitable to care for children or register with tiney.

**Are you taking any medication?**  
If 'yes', please complete this section below.

Yes

Medication name	Reason for medication	Dosage	How long you've been taking

**Do you have any health condition that affects you in the following ways or any of the conditions listed below? If 'yes', please give full details.**

Condition	Yes	No	Treatment (in the last 5 years, current or planned in the future)
Any condition that affects your physical ability to walk, balance, bend, kneel or lift a child or young person.			
Any condition that might make you become confused or disorientated.			
Any condition that affects your hearing in any way (after correction with a hearing device).			

	Any condition that affects your eyesight in any way (after any lens correction).			
	Depression, stress-related or emotional issues, or any other condition that causes anxiety, panic attacks, mood swings or anger.			
	Any condition that causes severe pain.			
	Any condition that causes excessive drowsiness.			
	Epilepsy or any other condition that causes blackouts, fits or fainting.			
	Any heart problems.			
	Diabetes.			
	Asthma or any other breathing difficulties.			
	Any alcohol or drug dependency or misuse.			
	Any significant infectious diseases such as tuberculosis or hepatitis.			

<b>In the past 5 years, have you:</b>		Yes	No
<p>Note: You do not have to tell us about any minor illnesses that you have not needed medical treatment for. No</p> <p>If 'yes' to either of the above, please give details.</p>			
had any other medical problems			
been admitted to hospital or had outpatient treatment for any other reason?			
Date		Details	


	<b>If you answer 'yes' to any of these, please give full details.</b>	<b>Yes</b>	<b>No</b>
	Do you have a driving licence?		
	Have you ever had restrictions put on your licence or had difficulty getting insurance because of health problems?		
	Have you ever had your insurance refused on health grounds?		
	If you answered 'yes' to any of the above, please give full details.		

	<b>Are you currently receiving any of the following:</b>	<b>Yes</b>	<b>No</b>
	Employment and Support Allowance (ESA)		
	Incapacity Benefit		
	Income Support, paid because of illness or disability		
	Severe Disablement Allowance		
	Personal Independence Payment (specify below whether standard or enhanced rate).		
	If you answered 'yes' to any of the above, please give full details.		

	Do you smoke?		
	What is your average alcohol intake per week in units? (1 unit = small glass of wine or ½ pint of beer)		

## Declaration

We will use the information that you and your GP give on this form to make a decision about your medical suitability to look after or be in contact with children. We may seek further information from your doctor or another doctor by telephone or in writing. Our medical adviser may also ask you to attend an interview or consultation.

Please ensure that you include all information regarding your health from the past five years. Failure to do so could result in withdrawal of your application/implications on your ongoing registration with tiney

I understand tiney will obtain and use information about my health in the way set out above. I understand that my doctor may charge a fee for providing a report and I agree to pay any such fee directly to my doctor.

I consent to my GP sharing my health information with tiney for the purpose of making a decision about my medical suitability to look after or be in regular contact with children and to tiney using that health information as set out above.

I declare that to the best of my knowledge the answers given to the questions above are full and correct. I agree to notify tiney of any significant changes to my health.

I want to see a copy of the medical report before my GP sends it to Tiney	Yes	

Signed	
Print name	
Date of signature	

## 5. Note for the General Practitioner

Your patient is:

- applying to register as a childminder on the Early Years Register with tiney a registered childminder agency
- required to complete this form because we need more information (for example, they live with a childminder/tiney home nursery owner).

We have a duty to ensure that such people are suitable to look after or be in regular contact with children or young people\*. This means we must be satisfied as to the person's physical and mental suitability. All medical information is treated confidentially. We may use qualified medical advisers to assess the information.

Tiney and / or our medical adviser will use the information in this booklet to provide advice about your patient's medical suitability. If necessary, we seek further information from other medical practitioners treating the patient or from an independent medical examination. tiney will make a decision about the overall suitability of the person to work with or be in regular contact with children. When needed, tiney considers any necessary information about a person's medical suitability in order to come to a fair and balanced decision about whether we will work with them.

To help us reach a decision, you are asked to complete the section of this form marked 'GP verification'. Your patient has given consent for you to do this and understands that we will use any information you provide to make a decision about his or her suitability to work with or be in regular contact with children and set up their own tiney home nursery. Your patient understands that you may charge a fee for this service.

Your patient can ask to see your report and we may disclose it to your patient in its entirety. You should note that access to the information contained in your report can be limited or denied if, in your opinion, it could cause serious harm to the physical or mental health of the individual or any other person (paragraph 5 of Part 1 of Schedule 3 to the Data Protection Act 2018). Please indicate whether any information you are providing falls within this category.

\*This duty is set out in:

- the Childcare Act 2006 Section 35 (2) (b) for childminders
- the Childcare Act 2006 Section 36 (2) (b) for childcare providers
- the Childcare (Childminder Agency) (Registration, Inspection and Supply and Disclosure of Information) Regulations 2014

# Notes for general practitioners on completing section 5

## 1. Before completing the form please:

- check section 4 carefully, compare the information provided against your medical records and check that your patient has signed the statement of declaration at the end of section 4.
- note if your patient has asked to see a copy of the information you intend to submit. If necessary, arrange for your patient to see the report.

2. No physical examination is required. Tiney requires only factual information from your patient's records.

3. Please charge any fee you make for this service directly to your patient.

4. Please send this form back to the patient, NOT tiney.

Thank you for your help.

If you have any cause for concern about your patients ability to care for children and/or young people, or if you feel that any notes you provide in this form may cause distress to the patient, then please do not hesitate to contact tiney on 02038860297 or [safeguarding@tiney.co](mailto:safeguarding@tiney.co)

1	<b>If the health declaration form omits significant information, please give brief details of the omission (use a separate sheet of paper if necessary).</b>
2	<b>Please provide the details of any significant medical condition(s) that your patient has or that may recur, and the severity of the condition, including:</b> <ul style="list-style-type: none"><li>● the insight and awareness of your patient</li><li>● the medical treatment your patient receives</li><li>● your patient's compliance with the treatment</li><li>● the frequency of episodes, if appropriate</li><li>● mental health, stress-related or other emotional issues.</li></ul> <p>Based on the information above, what is the prognosis and what is the likely outcome? Is your patient likely to suffer any complications?</p>

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3	Please complete this table by placing a tick in the appropriate box to show if your patient is affected on a functional level: (Only necessary if your patient has completed section B1)	Yes	No
	Vision		
	Hearing		
	Lifting		
	Mobility		
	Carrying		
	Bending		

4	Are you aware of any illegal drug use or inappropriate alcohol use by your patient?	Yes	No
	If 'yes', please give details (use a separate sheet of paper if necessary).		

5	Please include any additional information that will help us to reach a fair and balanced judgement about your patient's ability to look after or be in contact with children and/or young people.

6	Do you have your patient's records from birth?	Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>

	Are your patient's records for a continuous period?		
	If 'no', please state from what date the records commence and/or please give a reason, if known, for any gaps in the records.		

7	Please provide the name and address of any consultant/specialist to whom your patient has been referred (please use a separate sheet of paper if necessary).		
	Title	First name	Surname
	Address		
	Postcode		
I confirm that the patient's health declaration is a true reflection of their health.		Yes	No
Signed			
Print name			
Date of signature			

GMC reference number	
Telephone number	
Practice email	
Practice stamp (This is mandatory and required to validate form)	

# Explanatory notes for applicants

Tiney's registration and operational requirements as an Ofsted Registered Childminder Agency are set out in the Childcare Act 2006 for childminders and childcare providers and the Care Standards Act 2000 for social care provision for children and young people.

This information remains valid for six months from the date of your doctor's signature. Please send this to tiney without delay.

## Why does tiney need information about my health?

tiney must be satisfied that you are able to care for, or be in regular contact with, children and young people if:

- you're applying to register as a childminder on the Early Years Register
- we have asked you for information (for example, if you live with a childminder or if you own a nursery).

This includes us making a judgement about your physical and mental suitability to do so. To help us make a fair and balanced judgement about your medical suitability, we need this health form to be completed by both you and your doctor. The legal bases under data protection law for our processing of this information are: i) that it is necessary for performance of rights and obligations in connection with employment, in particular our right to check that you meet a condition on which employment may be offered to you; and ii) your consent. You can read tiney's Privacy Policy [here for further information](#).

## Who will see this information?

We and any qualified medical advisers store all records relating to your medical health securely and look at the information in the strictest confidence. We use the information provided to make a decision about your medical suitability to look after children and/or young people. This may include sharing some medical information about you with our tiney community managers, so that they can make a decision about your registration. We process your personal information in accordance with the General Data Protection Regulation (GDPR) and the Data Protection Act 2018, and in accordance

with our Privacy Policy, which sets out further information about how and why we process your personal information. You can find tiney's Privacy Policy [here](#)

## What if tiney needs more information?

If we need more information, we may:

- Contact you by telephone, email or write to you
- ask you to attend an interview or consultation with our medical adviser or a private health specialist
- ask for more information from your doctor or other medical practitioner who is treating you now or has done so in the past.

There will be no charge for any information that is requested.

## What happens next?

tiney makes a decision about whether you are suitable to work or be in regular contact with children. Our medical adviser may give advice to tiney about your medical suitability. In some circumstances, they may recommend restrictions to the type of care you can provide. This includes granting registration with tiney, refusing it or, if you are already registered with us, cancelling it. We may decide to repeat checks on your health if needed.