

How To Complete Occupational Health Questionnaire

Follow the steps below to complete your Occupational Health Pre-Placement Questionnaire. For the purpose of this example, Mickey Mouse will be the Employee.

1. After you have logged into Cohort you will see the “Employment Plus Questionnaire – Registration Form”. Complete as much of the form as you can (Some fields marked * are mandatory) then press the ‘Next’ button as shown below.

COHORT HELP LOG OFF

Employment Plus Questionnaire - Registration Form

Please complete all relevant and mandatory questions. You can save your questionnaire at any time by clicking the save button. Once complete, please submit your questionnaire.

REGISTRATION DETAILS

Title *	Mr	NI Number	
First Name *	Mickey	Surname at Birth	
Last Name *	Mouse	Gender *	Male
DOB *	01/01/1977		1234567

CONTACT DETAILS

Address 1 *	123 Fairytale Street	Home Tel	
Address 2 *	Fairy Land	Mobile Tel	
Address 3 *	Disney	SMS	
Address 4 *		Day Tel *	01256 524900
Address 5 *		Email	craig.alexander5@nhs.net
Address 6 *			
Postcode *	ZZ9 9ZZ		

EMPLOYMENT

Department	431 A & E Admin	Role / Post Title	Clinical Worker
		Employment Type	Part Time

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Version: 1.0.0.0 Modified: 11/11/2011

2. The next screen is the “Employment Plus Questionnaire – Questions”. Complete each question adding additional information to your answer where prompted. Every question is mandatory, and you will not be able to continue until you have answered every question. The last question is to read the declaration and type your name and add today's date. Once complete, press ‘Next’ as shown below.

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Employment Plus Questionnaire - Questions

Please complete the relevant questions. You can save your application at any time by clicking the save button. Once complete, please submit your application.

Questionnaire:

Contact Preference

I am happy to be contacted by (tick all that apply):

- ☐ Mobile No.
- ☐ Home No.
- ☐ Work No.
- ☐ Email

* I consent to messages being left on my voicemail / answerphone

* I consent to receiving appointment reminders by text message.

Health Declaration – ALL applicants to complete this section

- * Do you have a health condition illness or disability / impairment [physical or psychological] which may affect your ability to do the job?
- * Have you ever had a health condition illness or disability/impairment which may have been caused or made worse by your work?
- * Do you think you may need any adjustments, assistance or support because of a health condition illness or disability/ impairment to enable you to do the job?
- * Are you having or awaiting treatment (including medication) or investigations at present?
- * Have you ever had Tuberculosis (TB), or is there any history of TB in your family, or are you currently experiencing unexplained symptoms of: persistent cough lasting 3 weeks or more, loss of weight for no obvious reason, fever and heavy night sweats, a general and unusual sense of tiredness and being unwell, loss of appetite, and/or coughing up blood in the last 2 years?

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3. The “Employment Plus Questionnaire – File Attachment” is for you to upload any supporting evidence that you need to send us.

To upload documents: Press the ‘Add Files’ Button as shown below by the Green Arrow, select your document from the dialogue that opens and press OK.

Press the Upload button as shown below by the Orange Arrow to upload the document. Repeat the steps to add another document.

If you would like a copy of your questionnaire sent to your email, you need to add a password that Cohort will use to encrypt the file.

Enter a password (At least 8 characters containing at least one UPPER CASE one number and one symbol i.e. ! or # or £) then Confirm the password and press ‘Send’ as shown by the black arrows.

You will receive a password protected PDF to the email account that you used in step 1. You may want to make a note of the password that you used as if you forget you will not be able to open the PDF. Please Note that we are unable to assist you with the password if you forget it.

When finished press the Next button as shown below.

The screenshot shows the 'Employment Plus Questionnaire - File Attachment' page in the Cohort system. The page has a dark header with the 'COHORT' logo and 'HELP' and 'LOG OFF' links. Below the header, the title 'Employment Plus Questionnaire - File Attachment' is displayed. A large grey area contains a 'Drag files here.' instruction. Below this, there are two buttons: 'Add Files' (highlighted by a green arrow) and 'Start Upload' (highlighted by an orange arrow). A table titled 'FILE ATTACHMENTS' is visible, with columns for 'Uploaded', 'Attached', and 'Description'. Below the table, there is a blue section with a 'PRINT your questionnaire' button. Underneath, a message says 'Can't print it right now? Send yourself a copy via email'. This section contains two input fields: 'Set a password' and 'Confirm your password', both highlighted by black arrows pointing to them. A 'SEND' button is located below these fields, also highlighted by a black arrow. At the bottom right, a yellow arrow points to the 'NEXT' button in the navigation bar, which also includes 'SAVE', 'PREVIOUS', and 'SUBMIT' buttons.

>>> continues on next page >>>

4. Employment Plus Questionnaire – Declaration. Read the declaration shown on your screen and if your happy to continue, type “I AGREE” (without quotes) in the field bellow the declaration as shown by the Orange arrow.

To complete the questionnaire and submit your answers to Occupational Health you must press the SUBMIT button as shown below.

COHORT HELP LOG OFF

Employment Plus Questionnaire - Declaration

Please review your answers below before submitting the questionnaire

Before signing this declaration, please ensure that you have answered all questions as instructed providing further details as required.

Please type 'I Agree' below, to the following:

1. I hereby agree to inform the Occupational Health & wellbeing Service of any changes in my health which may affect my ability to work.
2. If I am an EPP worker, I understand that it is my responsibility to inform Occupational Health if I have HIV, Hep B and/or Hep C.
3. I acknowledge that my personal details will be stored both electronically and manually by the Occupational Health & wellbeing Service in accordance with the GDPR 2018. This information will be retained during my period of employment and for a specified period of time in line with the NHS records guidance Code of Practice and GDPR.
4. If I have any concerns about how this information is handled I will contact the Occupational Health Service.
5. I declare that the information provided by me in this entire form is true and complete to the best of my knowledge. I understand that any deliberate omission, falsification or misrepresentation in this record may result in disciplinary action by my employer.
6. I confirm that I have attached any supporting evidence as required to the file attachment section of the previous screen, and understand that failure to do so may incur a delay in clearance.

Please type "I AGREE"

This step allows you to submit your referral form. If you are sure you wish to submit your referral click the submit button below.

Questionnaire: MSE GroupPPQ

Contact Preference

I am happy to be contacted by (tick all that apply):

- ☒ Mobile No.
- ☒ Home No.
- ☒ Work No.
- ☒ Email

SAVE PREVIOUS NEXT SUBMIT

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You will see the screen as shown below to confirm that your questionnaire has been submitted. It is important that you SUBMIT your questionnaire as we can not process your Health Clearance until this is done. If you have any problems submitting your questionnaire please email the department for support to mse.ohwb@nhs.net

COHORT HELP LOG OFF

Employment Plus Questionnaire - Completed

✓ Thank you for submitting your application

PRINT your questionnaire

Can't print it right now? Send yourself a copy via email

Set a password

Confirm your password

SEND

LOG OFF

SAVE PREVIOUS NEXT SUBMIT

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