Health Information Collection Policy

1. **Purpose**

Education Centre of Australia Pty Ltd (‘ECA’) seeks to ensure, so far as is reasonably practicable a safe and fair work environment for all workplace participants.

Collecting medical information about workplace participants has three purposes:

1.1 To assess the workplace participant’s ability to perform the inherent (essential) requirements of the position;

1.2 To be alert to the possible dangers or risks to a workplace participant’s health arising from the performance of particular work; and

1.3 To ensure the health, safety and welfare in the workplace.

2. **Commencement of Policy**

2.1 This Policy will commence from 1/01/2014. It replaces all health information collection policies of ECA (whether written or not).

3. **Application of the Policy**

3.1 This Policy applies to employees, prospective employees, agents and contractors (including temporary contractors) of ECA, collectively referred to in this Policy as ‘workplace participants’. This Policy does not form part of any workplace participant’s contract of employment or contract for services.

4. **Privacy and Confidentiality**

4.1 Information about a workplace participant’s health will be handled in a confidential and secure manner. The information used only for the purposes intended and limited to those who need to know for the purposes of decision making.

5. **Procedure**

5.1 **Job analysis**

To ensure that medical information which is requested from workplace participants relates to the individual’s ability to perform the inherent requirements of the position, the Operations Director will endeavour to analyse the position to determine the requirements of the position.

Such analysis will usually involve consideration of the physical requirements of a position. This normally involves considering whether the physical requirements of the position are such that require the workplace participant to undertake either or both of the following steps prior to the ECA deciding whether to make a job offer:

- a Health Declaration; and/or
- a Pre-employment medical.
5.2 **Health Declaration**

The health declaration must clearly identify the physical requirements for the position. In the health declaration, the workplace participant is required to state that they understand and can comply with the physical requirements for the position. Please refer to ECA’s Health Declaration Form.

5.3 **Pre-Employment Medical Examinations**

A pre-employment medical examination will only examine physical attributes which are required to enable the workplace participant to fulfil the physical requirements of the position.

Pre-employment examinations will be performed by a medical practitioner nominated by ECA and ECA will cover the cost of the medical examination.

The workplace participant is entitled to access to the results of the pre-employment medical examination.

5.4 **Use of Medical Information**

The use of health information will be confined to the purposes outlined in this policy.

6. **Accommodation**

6.1 Where a medical condition exists which may prevent the workplace participant from performing the inherent requirements of the job, the ECA will endeavour to make reasonable adjustments to the position to accommodate the person. If such accommodation can be made, ECA will consider whether doing so would impose an unjustifiable hardship on ECA. If it would impose an unjustifiable hardship on ECA, such accommodation will not be made.

**Variations**

*ECA reserves the right to vary, replace or terminate this policy from time to time.*

**Policy version and revision information**

Policy Authorised by: Operations Director

Original issue: 1/01/2014

Title: David Tulloh

Current version: 1

Policy Maintained by: David Tulloh

Title: Operations Director

Review date: 1/01/2015
Workplace participant acknowledgement

I acknowledge:

- receiving the ECA Policy;
- that I will comply with the Policy; and
- that there may be disciplinary consequences if I fail to comply, which may result in the termination of my employment.

Your name: __________________________________________

Signed: __________________________________________

Date: __________________________________________