

## Appendix B

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### Declaration Form

#### Restricted Movement Group

The Declaration Form must be completed by the employee who has been advised to restrict his/her movements. The completed form must be accompanied by HSE/medical certification, to include date of fitness to return to work.

#### Part 1 - Employee Details

Employee's Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

Home Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

PPSN: \_\_\_\_\_

Business Unit: \_\_\_\_\_

Start Date (DD/MM/YYYY): \_\_\_\_\_ End Date (DD/MM/YYYY): \_\_\_\_\_

#### Part 2 – Declaration

I have been medically advised to restrict my movements and cannot attend the workplace.

The completed application is accompanied by medical/HSE certification.

In accordance with Circular 0051/2020 titled '*Coronavirus (COVID-19): Arrangements for staff employed in approved posts funded by monies provided by the Oireachtas*', I am available for work in accordance with the terms of this Circular.

I confirm that the information provided in the application is true and accurate.

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Part 3 – Employer Record

HSE/Medical Confirmation provided ☐

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Employer)

***Application Form/Supporting Documentation should NOT be submitted to the Department of Education and Skills and/or the Department of Further and Higher Education, Research, Innovation and Science. They should be retained by the employer with any other relevant documentation for record and audit purposes with the relevant personnel records.***

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