

Declaration Form

**Very High Risk Group/High Risk Group (advised
to cocoon by the OHS)**

The Declaration Form must be completed by the employee where the Occupational Health Service (OHS) Risk Assessment Report has stated that he/she is at a very high risk or high risk of serious illness from contracting COVID-19 and is advised to cocoon. The completed form accompanied by the OHS 'COVID-19 Risk Assessment Report' must be submitted to the employer as soon as possible.

Part 1 - Employee Details

Employee's Name: _____ Contact No: _____

Home Address: _____

E-mail Address: _____

PPSN: _____

Business Unit: _____: _____

Part 2 – Declaration

Based on the attached OHS COVID-19 Risk Assessment Report, I am considered at a very high risk of serious illness from contracting COVID-19 and am required to cocoon.

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.

Signature of Employee: _____ Date: _____

Part 3 – Employer Record

OHS Covid-19 Risk Assessment Report 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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