

## FUNCTIONAL REQUIREMENTS OF ROLE (Work Health Assessment Form – Section A)

This document is designed to inform the Occupational Health Department and prospective employees of standard requirements for job roles.

<b>Details of Position: To be completed in full by the Recruiting Manager</b>	
<b>Post Title:</b> Highley Specialist Podiatrist	<b>Company / Organisation:</b> Bury Cary Organisation (NCA)
<b>Department / Ward:</b> Podiatry	<b>Site / Location:</b> Bury Community
<b>Appointing Manager &amp; Job Title:</b> Paula Yates Operational and professional lead podiatrist-Bury	
<b>Appointing Manager Telephone Number:</b> 07980948055	<b>Appointing Manager Email Address:</b> Paula.yates@nca.nhs.uk

**Does the Job involve:**

*(Tick all boxes applicable)*

Regular Clinical Contact with Patients	<input checked="" type="checkbox"/>	Exposure to Noise (above 80dB)	<input type="checkbox"/>
Exposure Prone Procedures	<input checked="" type="checkbox"/>	Use of Vibrating Equipment	<input type="checkbox"/>
Patient Moving and Handling	<input checked="" type="checkbox"/>	Night Working	<input type="checkbox"/>
Non-Patient Moving & Handling	<input checked="" type="checkbox"/>	Work in Confined Spaces	<input checked="" type="checkbox"/>
Exposure to Biological Agents	<input checked="" type="checkbox"/>	Food Handling (Catering)	<input type="checkbox"/>
Exposure to Respiratory Sensitisers	<input type="checkbox"/>	Working at Heights	<input type="checkbox"/>
Exposure to Skin Sensitisers	<input checked="" type="checkbox"/>	Regular VDU Work	<input checked="" type="checkbox"/>
Exposure to Ionising Radiation	<input type="checkbox"/>	Driving, including patient transport and where a group 2 license is required.	<input type="checkbox"/>
Electrical wiring	<input type="checkbox"/>	Visiting patients and/or working in a care home setting	<input checked="" type="checkbox"/>