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| **PERSONNEL/CONFIDENTIAL** |  | Ref. #C  [Date] |

Dear #C

I am pleased to offer you the post of #C subject to contract.

This offer letter sets out the terms relating to proposed start date, hours of work and salary for this post, and sets out the contract type and any conditions which you will need to meet before taking up employment. Full terms and conditions governing this appointment will be set out in the contract of employment which will follow once these terms are agreed. In the meantime, further information for University staff is available from <https://hr.admin.ox.ac.uk/information-for-staff>

We have agreed a starting date of #C.

OR

We hope that you will be able to start work as soon as possible and no later than #C.

This appointment is #C [permanent / open-ended initially funded by #C / fixed-term until [date]/]. It is offered on #C [a full-time basis/ a part-time basis (#C% of full-time hours)/ a part-time, term-time only basis (#C% of full-time hours)/ a full-time, term-time only basis (#C% of full-time hours)/ an ‘as required’ basis which means that you do not have any regular weekly hours of work.]. Your working hours will be #C hours per week/ hours per week, #C weeks per year/ agreed with you in advance as required and you will be paid on submission of a time-sheet for the agreed hours, at an hourly rate pro-rata to #C per annum (standard grade #C, scale point #C)]).

IF FULL-TIME: The starting salary offered is £#C per annum (standard grade #C, scale point #C).

IF PART-TIME: The starting salary offered is pro-rata to £#C per annum (standard grade #C, scale point #C), which is £#C per annum.

This appointment is subject to the following conditions, which must be fulfilled before your employment can commence:

1. The provision in person of original documentation which is acceptable for the purposes of establishing your right to work in the UK, **before you start work**. The list of acceptable documents can be found on the Home Office website at [www.gov.uk/government/publications/right-to-work-checklist](http://www.gov.uk/government/publications/right-to-work-checklist). We recommend that you arrange to visit Oxford before your intended start date to present the original documentation. If this may not be possible, please send copies of the relevant documents, which will allow us to check that they meet the Home Office requirements. You **must** still present the original documentation **on** **your first day,** **before** you start work. If you do not present an acceptable document you will not be permitted to start work with the University
2. [If references have not already been obtained] Receipt of satisfactory references (one of which must be from your current or most recent employer/supervisor, and if you have previously worked for the University we will also check basic employment details with your previous department). We will now contact your referees to ask them to provide references as soon as possible.
3. A completed and returned New Starter Health Declaration form and, where applicable, clearance by the University Occupational Health Service and the ability of the department to accommodate any identified reasonable workplace adjustments to enable you to do the job.
4. [If applicable] A completed and returned New Starter Health Questionnaire and clearance by the University Occupational Health Services that you are fit to undertake the duties of the post you have been offered.
5. Provision of documentary evidence of your current address (eg a utility bill or bank statement in your name).
6. #C As this post specified that #C [eg degree or other qualification] is essential, before you start work you must provide the original certificate or a transcript for this qualification, which will be verified and copied.
7. #C As this post specified that #C [eg GMC/NMC registration] is essential for the role, before you start work we will check the relevant register.
8. #C Owing to the nature of this work this post requires a satisfactory report from the Disclosure and Barring Service. Please complete the enclosed application form.
9. #C This work will require you to hold a research passport from the Oxford University Hospitals NHS Trust. We will assist you with the application process for this once the other pre-employment checks have been completed.

Your appointment will be subject to satisfactory completion of a probationary period of #C months/years.

Please note that the terms set out in this letter override anything previously communicated or offered to you.

If you are unable to fulfil the conditions set out above it may be necessary to withdraw this offer.

If you wish to accept this position, please sign one copy of this letter in the box below, and return it to me, together with the New Starter Health Declaration form and any other documents listed above. We will then prepare a full contract of employment for you.

FOR NEW HIRES/REHIRES

You will receive an e-mail in relation to applying for your University Card.

The card enables us to set up your access to relevant buildings and IT systems. Please follow the instructions in the e-mail to provide your details and photo.

Yours sincerely

**[Departmental Administrator/Head of Department]**

*cc: #C[line manager for this post]*

*Encs:*

* *Copy of this letter*
* *Enclosure document on additional information for new starters*
* *New starter health declaration form (to be returned directly to the department)*
* *New starter health questionnaire (to be returned to Occupational Health Services)*
* *DBS check application*

I accept this offer of employment on the terms and conditions contained in this letter.

Signed:……………………………………………. Date………………………………………

**Welcome to your new role at the University of Oxford**

People are the foundation of the University’s success and whether you are new to Oxford, to the University, the sector or just to this role we want to ensure you can access the information and resources you need to settle in quickly and thrive in your role.

The New **to the University webpages (**<https://staff.admin.ox.ac.uk/working-at-oxford/new-to-the-university>)are for anyone beginning a new role in the University. You will find University welcome videos as well as information about induction programmes and events for new starters.

**Our Researcher Hub** has a dedicated pre-arrival welcome page for new Research staff at <https://www.ox.ac.uk/research/support-researchers/researcher-hub/welcome-oxford>. The Hub website includes further resources for researchers to support their career development while at Oxford**:** <https://www.ox.ac.uk/research/support-researchers/researcher-hub>.

*Please note that some of the resources listed below are only available once you have started work and been issued a ‘single sign-on’ (SSO) account. For more information about the SSO go to* <https://www.it.ox.ac.uk/getting-started>

## Welcome Service for those relocating from overseas or another part of the UK

If you are relocating to Oxfordshire from overseas, or elsewhere in the UK, the University's Welcome Service website includes practical information related to moving to, and settling in, Oxford. It includes advice on immigration, relocation, accommodation, or registering with a doctor. See <https://welcome.ox.ac.uk/>

**Staff benefits**

Read about the University’s staff benefits at <https://hr.admin.ox.ac.uk/information-for-staff>. These include some that you may want to explore before you start work including:

* **Transport schemes** - University staff are eligible for a range of travel discounts and schemes. Visit <https://travel.admin.ox.ac.uk/> for information
* **Pensions** - if you are eligible you will automatically be enrolled into an appropriate pension scheme. Find out more at <https://finance.admin.ox.ac.uk/pensions>
* **Childcare Services** - we have five University nurseries, as well as University-supported places at many other private nurseries. [https://childcare.admin.ox.ac.uk/home](https://childcare.admin.ox.ac.uk/home%20)
* **Family-friendly benefits** - we offer sector-leading paid family leave schemes. Find out more at <https://hr.admin.ox.ac.uk/family-leave>
* **Wellbeing** – find out about our in-house Wellbeing programme “Thriving at Oxford” including our Employee Assistance Programme at <https://staff.admin.ox.ac.uk/thriving-at-oxford>.

## Training and development

The University offers many opportunities for training and career development. From dedicated programmes in teaching in Higher Education, to language courses, to safety and IT training, or leadership and management. Find out more at <https://staff.admin.ox.ac.uk/training-and-development-providers-staff>

**Equality and Diversity**

We are committed to fostering an inclusive culture which promotes equality, values diversity and maintains a working, learning and social environment in which the rights and dignity of all our staff and students are respected. Find out more about Equality and Diversity at the University, including training, events, networks and role models at <https://edu.admin.ox.ac.uk/home>

New starters are strongly recommended to take the Equality and Diversity online briefing (<https://edu.admin.ox.ac.uk/training#collapse1182876> ) which is designed to help staff reflect on equality and diversity issues in their role, and explains the University’s expectations of its staff in this important area.

## Data privacy

We are committed to protecting the privacy and security of your personal information. The University’s privacy policy for staff is available at <https://compliance.admin.ox.ac.uk/how-we-use-your-data>.

## The University of Oxford Newcomers' Club

The University of Oxford Newcomers' Club is run by volunteers and aims is to help the partners of new staff to settle in and to give them the opportunity to meet people in Oxford. See [www.newcomers.ox.ac.uk/](http://www.newcomers.ox.ac.uk/)

## Disabled staff

We are committed to supporting members of staff with disabilities or long-term health conditions. Please visit <https://edu.admin.ox.ac.uk/disability-support> for further details including information about how to make contact, in confidence, with the University’s Staff Disability Advisor.

## Staff networks

The University has a number of staff networks with particular focuses including for BME staff, LGBT+ staff, disabled staff, a menopause support network, carers and working parents. You can find more information <https://edu.admin.ox.ac.uk/networks>

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| **Purpose** |
| The purpose of this New Starter Health Declaration is to allow those candidates who have been offered a role with the University an opportunity to discuss any concerns they may have around their health and the effect it and any pre-existing conditions may have on their capability to perform their proposed role. It is equally an opportunity to seek advice on working at the University with a disability, and advice for all around potential work aids, adaptations and adjustments to aid them in their role. |
| **Health in the Workplace** |
| Occupational Health Services (OHS) manage the relationship between an employee’s health and their work; both can have a profound effect on the other and OHS works with individual employees and the University as a whole to provide advice and support to keep employees healthy at work.  As part of the employment process, employees have the opportunity to discuss with OHS any concerns they may have regarding a health condition and the effect it may have on their capability to perform their role. Any personal medical information supplied during this process will be treated as confidential. The University will be provided with a report of any consultations with OHS which, without disclosing any medical conditions, will provide a summary of fitness to work recommendations based on these discussions between the employee and OHS. |
| **Disability in the Workplace** |
| The University of Oxford is committed to promoting an inclusive working environment for all staff, including those with disabilities or long-term health conditions. The Equality & Diversity Unit can provide advice and support to employees on working at the University with a disability, as well as advice on aids, adaptations and adjustments to assist employees in their roles.  You can find resources and information on support available to you on the Equality & Diversity Unit website: <https://edu.admin.ox.ac.uk/disability-0>  For more information, please contact staffdisability@admin.ox.ac.uk or 01865 280687 |
| **Confidentiality** |
| This declaration will form part of your medical records and personnel file.  All OHS and Equality & Diversity Unit staff work to a strict code of ethics concerning the confidentiality of consultations and medical records. All staff, both clinical and non-clinical, cannot and will not disclose medical information of employees in their charge without the prior consent of those employees.  OHS will provide advice to the University and its departments without breaching medical confidentiality by disclosing any medical conditions. This advice should be treated by the recipients as sensitive personal data in respect of the GDPR and related UK data protection legislation. |

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| **Employee Declaration** | | | | | |
| I have read the information on this form and understand the health-related services and support available to me.  I will notify OHS if my health status changes prior to commencing work. | | | | | |
| By ticking ‘Yes’ to the question below, your contact details will be passed to Occupational Health Services to arrange an opportunity to discuss your capability to perform the proposed role: | | | | | |
| I currently have a health condition or disability that may impact my capability to perform the proposed role. | | Yes |  | No |  |
| By ticking ‘Yes’ to the question below, your contact details will be passed to the Equality & Diversity Unit to arrange an opportunity to discuss assistive aids, adaptations or adjustments in the proposed role: | | | | | |
| I have a specific need of reasonable aids, adaptations or adjustments in the workplace that will assist me in performing my role. | | Yes |  | No |  |
| **Print Name:** |  | | | | |
| **Signed:** |  | | | | |
| **Date:** |  | | | | |
| **Please return the completed declaration to your recruiting officer.** | | | | | |

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| **Purpose** |
| The information provided on this form will be used to establish whether you currently have any health conditions that could affect your ability to undertake the duties of the post you have been offered or that might place you, or others around you, at risk in the workplace. It may also be used for identifying workplace adjustments or assistance to enable you to do the job.  Any personal medical information supplied during this process will be treated as confidential, but is used as the basis on which Occupational Health Services (OHS) advise the University on your medical fitness in relation to this post. In some cases, OHS may need to contact you to discuss your responses or gain further information. |
| **Confidentiality** |
| This questionnaire will form part of your medical records.  All OHS staff work to a strict code of ethics concerning the confidentiality of consultations and medical records. All staff, both clinical and non-clinical, cannot and will not disclose medical information of employees in their charge without the prior consent of those employees.  OHS will provide advice to the University and its departments without breaching medical confidentiality by disclosing any medical conditions. This advice should be treated by the recipients as sensitive personal data in respect of the GDPR and related UK data protection legislation. |
| **Disability in the Workplace** |
| The University of Oxford is committed to promoting an inclusive working environment for all staff, including those with disabilities or long-term health conditions.  You can find resources and information on support available to you on the Equality & Diversity Unit website: <https://edu.admin.ox.ac.uk/support-for-disabled-staff>  For more information, please contact staffdisability@admin.ox.ac.uk or 01865 280687. |

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| **Instructions to completing this Questionnaire** | | | | | | | | | | |
| **Section 1** **– Personal Information** | | | | To be completed by the **department**  To be verified by the employee | | | | | | |
| **Section 2** **– Role Hazard Identification** | | | | To be completed by the **department** | | | | | | |
| **Section 3** **– Questions** | | | | Questions 1 & 2 to be completed by all **employees**  Additional Questions to be completed by **employees** based on the instructions in **Section 2 – Role Hazard Identification** | | | | | | |
| **Please return the completed questionnaire to enquiries@uohs.ox.ac.uk, or by post to Occupational Health Service, 10 Parks Road, Oxford, OX1 3PD** | | | | | | | | | | |
| **Section 1 - Personal Information -** To be completed by the department. | | | | | | | | | | |
| Do not make any changes to incorrect information in this section. | | | | | | | | | | |
| Title: |  | | Name: | |  | Surname: | | |  | |
| Personnel No: |  | | Date of Birth: | |  | Gender: | | |  | |
| Current address: | | | | | | | | | | |
|  | | | | | | | | | | |
| Daytime tel. no: | |  | | | Mobile no: | | |  | | |
| Email: | |  | | | National Insurance  number: | | |  | | |
| **Role Details** | | | | | | | | | | |
| Department: | |  | | | Job title: | | |  | | |
| Proposed start date: | |  | | | End date (if fixed contract): | | |  | | |
| Manager name: | |  | | | Department tel. no: | | |  | | |
| Recruiting officer email: | |  | | | | | | | | |
| Date form issued: | |  | | | | | | | | |
| **Detail Verification** – To be completed by the applicant | | | | | | | | | | |
| Is the above information correct? | | | | | | | Yes/No | | |  |
| If No, please provide details of changes to be made: | | | | | | | | | | |

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| **Section 2 – Role Hazard Identification –** To be completed by the department | | | | | | | | | | | | |
| Employees to answer questions in **Section 3 – Questions** based on the instructions in the table below.  Please specify the exact Hazardous Substance(s) below where appropriate. | | | | | | | | | | | | |
| **Activity** | **Activity Being Undertaken in Role**  (If Yes, please mark with an X) | **Specify the Hazardous Substance(s) involved:** | **Fitness to Work Assessment Decision**  (Prior to start of work with hazard provided by OHS) | | | | **Enrolment on a Health Screening Programme**  (Post start of work with hazard with ‘*HS1 Form*’) | | | **Employee Action**  (Complete the following questions in Section 3) | | |
| Working at Heights  *(See guidance document for details)* |  | N/A | Image result for tick | | | | Image result for tick | | | Complete questions 1, 2, 4-6, 9 & 11 | | |
| Night Working  *(See guidance document for details)* |  | N/A | Image result for tick | | | | Image result for tick | | | Complete questions 1, 2, 4-6, 9 & 11 | | |
| Lone Working  *(See guidance document for details)* |  | N/A | Image result for tick | | | | Image result for tick | | | Complete questions 1, 2, 4-6, 9 & 11 | | |
| Work in Hot or Cold Environments  *(See guidance document for details)* |  | N/A | Image result for tick | | | | Image result for tick | | | Complete questions 1, 2, 4-6, 9 & 11 | | |
| Noise at Work  *(See guidance document for details)* |  | N/A | Not currently available | | | | | | | | | |
| Work with Vibrating Equipment  *(See guidance document for details)* |  | N/A | Not currently available | | | | | | | | | |
| Driving a University Vehicle  *(See guidance document for details)* |  | N/A | Image result for tick | | | Image result for tick | | | | Complete questions 1, 2, 5, 6, 9 & 11 | | |
| Working with Ionising Radiation  *(See guidance document for details)* |  | N/A | Image result for tick | | | Registration with Radiation Protection Officer | | | | Complete questions 1, 2, 4-6, 8 & 9 | | |
| Open Food Handling  *(See guidance document for details)* |  | N/A | Image result for tick | | | Image result for wrong cross | | | | Complete questions 1-8 | | |
| Working with Category 3B or 4 Lasers  *(See guidance document for details)* |  | N/A | Image result for tick | | | Image result for wrong cross | | | | Complete questions 1,2 & 9 | | |
| Working with Infectious Pathogens (Hazard Group 2/3)  *(See guidance document for details)* |  |  | Image result for tick | | | Image result for tick | | | | Complete questions 1-4, 8, 10 &11 | | |
| Working with blood, human products and human tissues  *(See guidance document for details)* |  | N/A | Image result for wrong cross | | | Image result for tick | | | | Complete questions 1, 2 & 10 | | |
| Work in clinical areas with direct contact with patients  **NOT** administrative roles  *(See guidance document for details)* |  | N/A | Image result for tick | | | Image result for tick | | | | Complete questions 1, 2 & 10 | | |
| Work with Allergens  E.g. laboratory animals, pollen, dust, insects etc.  *(See guidance document for details)* |  |  | Image result for tick | | | Image result for tick | | | | Complete questions 1-4 & 8 | | |
| Work with any substance which has any of the following pictograms on their MSDS:  http://www.hse.gov.uk/chemical-classification/images/pictogram-gallery/irritant.gif Corrosive  Health hazard Toxic  *(See guidance document for details)* |  |  | Image result for tick | | | Image result for tick | | | | Complete questions 1-4 & 8 | | |
| Manual Handling  *(See guidance document for details)* |  | N/A | Image result for tick | | | Image result for wrong cross | | | | Complete questions 1, 2, 5 & 6 | | |
| Travel outside of UK on University Business  *(See guidance document for details)* |  | N/A | Image result for wrong cross | | | Image result for tick | | | | Complete questions 1, 2 & 10 | | |
|  | | |  | | | | | | |  | | |
| **Section 3 – Questions** – Questions 1 & 2 to be completed by all employees | | | | | | | | | | | | |
| **Question1** – Do you have any long-standing recurrent or temporary health condition which affects your current fitness or may be relevant to your ability to perform the proposed activities? Please include mental or physical conditions, recent surgery, injury or any ongoing treatment.  *If Yes, please provide details including any medication taken below:* | | | | Yes |  | | | No | | |  | |
|  | | | | | | | | | | | | |
| **Question 2** – Do you think you might need any accommodations, special equipment/aids or adjustments, which would assist you in performing the proposed work activities?  *If Yes, please provide details below:* | | | | Yes |  | | | No | | |  | |
|  | | | | | | | | | | | | |
| Questions 3-9 to be completed by the employee based on the information indicated in Section 2 | | | | | | | | | | | | |
| **Question 3** – Do you have any known allergies to medicines, chemicals or other substances e.g. animals, plants, pollen, specific foods etc.?  *If Yes, please indicate what you are allergic to, and to what degree this affects you. Also detail any medication you use to control your symptoms below:* | | | | Yes |  | | | | No | | |  |
|  | | | | | | | | | | | | |
| **Question 4** - Do you have, either on a permanent or intermittent basis, any skin (e.g. eczema, psoriasis, rash) or respiratory (e.g. asthma, chronic bronchitis, emphysema) diseases?  *If Yes, please indicate how and to what degree this affects you, including any medication you use to control your symptoms below:* | | | | Yes |  | | | | No | | |  |
|  | | | | | | | | | | | | |
| **Question 5** - Do you currently have, or have you ever had, any condition that causes you loss of or reduced consciousness (e.g. epilepsy, blackouts, seizures, faints etc.) or loss of balance? Do you take any medication according to a strict timetable (e.g. treatment for diabetes, high blood pressure etc)?  *If Yes, please provide details of the condition, how it affects you and what medication you take to manage it. below:* | | | | Yes |  | | | No | | | |  |
|  | | | | | | | | | | | | |
| **Question 6** - Do you currently have, or have you ever had, any condition affecting your bones, joints, (e.g. fracture, arthritis, frozen shoulder) muscles, ligaments, tendons or other soft tissue (e.g. lower back pain, tennis elbow, bursitis, carpal tunnel syndrome; or any condition that causes weakness or numbness in the limbs)?  *If Yes, please provide details, including any treatment and medication, and to what degree this condition affects you, below:* | | | | Yes |  | | | No | | |  | |
|  | | | | | | | | | | | | |
| **Question 7** – Are you currently experiencing any symptoms of the digestive system (e.g. diarrhoea, vomiting etc) or any illness of the digestive system (e.g. enteritis, typhoid, paratyphoid, dysentery?)  *If Yes, please provide details, including any treatment and medication, and to what degree this affects you, below:* | | | | Yes |  | | | No | | |  | |
|  | | | | | | | | | | | | |
| **Question 8** - Do you have, or have you ever experienced any infections/conditions of your hands, fingers or face (e.g. eczema, psoriasis, acne, impetigo) or your eyes, mouth, ears or throat (e.g. conjunctivitis, otitis externa, rhinitis)?  *If Yes, please provide details, including any treatment and medication, and to what degree this affects you, below:* | | | | Yes |  | | | No | | |  | |
|  | | | | | | | | | | | | |
| **Question 9** – Do you have, or have you ever had, any condition that affects your vision, either in one or both eyes (e.g. blindness, lazy eye, cataracts) or have you had any accidents involving laser damage to your eyes (e.g. retinal burn)?  *If Yes, please provide details, including the extent to which they affect you, below:* | | | | Yes |  | | | No | | |  | |
|  | | | | | | | | | | | | |
| **Question 10** – Do you have, or have you ever had, an increased vulnerability to infections?  *If Yes, please provide details, including the extent to which you are affected and any medication taken, below:* | | | | Yes |  | | | No | | |  | |
|  | | | | | | | | | | | | |
| **Question 11** – Do you have a history of heart or circulation problems?  *If Yes, please provide details, including the extent to which you are affected and any medication taken, below:* | | | | Yes |  | | | No | | |  | |
|  | | | | | | | | | | | | |

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| **Employee Declaration** | |
| I have read the information on this form and answered all questions honestly, accurately and in full. I understand that if I have concealed relevant information or deliberately provided misleading information about my health or ability to carry out the duties and requirements of the post as described either on this form or at a health interview, the offer of employment may be withdrawn, or my employment may be terminated.  I will notify OHS if my health status changes prior to commencing work. | |
| **Print Name:** |  |
| **Signed:** |  |
| **Date:** |  |