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| **ADDITIONAL INFORMATION (CONFIDENTIAL) – This form seeks additional information pertinent to your application. It will be removed before shortlisting and will not be seen by any members of the selection panel. Access to it will be limited to staff involved in administrating the appointment process who need access for equal opportunities monitoring or to take administrative action based upon the information provided e.g. Occupational Health referral** |
| **Position applied for:**  |
| Title:        | First name:        | Surname:            |
|  |  | Any Previous names:            |
| Date of birth:      A |  |  |
|  |  |  |
|  |

Are there any reasonable adjustments you would like us to make to enable you to participate fully and fairly in the recruitment process? **Yes [ ]  No** [ ]

If Yes, please give details:

**EQUAL OPPORTUNITIES MONITORING**

We wish to monitor continuously the progress of our Equal Opportunities Policy.

Please describe your ethnic origin:

I consider myself to be disabled within the meaning of the Disability Discrimination Act 1995 [ ]