**JOB APPLICATION FORM**

**Monitoring Sheet – Confidential**

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| --- |
| This information will be omitted prior to shortlisting. If you prefer not so provide an answer, please indicate this in the box. |
|

|  |  |
| --- | --- |
| Date of Birth (day, month, year) |  |
| Gender |  |
| Cultural / Ethnic Origin |  |
| Equality Act 2010The Equality Act 2010 protects people with disabilities from unlawful discrimination. If you tell us that you have a disability we will make reasonable adjustments to your working environment and to your work arrangements and practices, if it is reasonable for us to do so. |
| Do you consider yourself to have a disability? | NoYes |
| If yes, please describe your disability: |  |
| If you are invited to an interview, and you believe that we should make reasonable adjustments for you, please describe what will be required: |  |
| Name of applicant: |  |
| Signed: |  |
| Date: |  |

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