**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 2010  The 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? | No  Yes | | 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: |  | |