Equality Details

# CONFIDENTIAL: PROTECT

This form provides equality details for those applying for jobs. This information is used to review compliance with equality and diversity targets, and planning future workforce requirements. **Fields marked with \* are mandatory.**

# Vacancy Details

## Job title\*

**School Name\***

# Candidate Details

**Employee Name\***

# Sexual Orientation Details

## Provide your sexual orientation

Heterosexual / Straight Gay / Lesbian Bisexual Prefer not to say

# Religion and Belief Details

## Provide the religion or belief that is most suitable?

Buddhist Christian Hindu Jewish Muslim Sikh No Religion Prefer not to say Other (specify here)

# Ethnic Origin Details

## Provide the ethnic origin that is most suitable?

White British White Irish White Gypsy or Irish Traveller White Other (specify here)

White & Black Caribbean White & Black African White & Asian Other Mixed Ethnic Group (specify here)

Indian Pakistani Bangladeshi Chinese Other Asian or Asian British (specify here)

Caribbean African

Other Black or Black British (specify here) Arab Prefer not to say

Any Other Ethnic Group (specify here)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Disability Details** |  |  |  |  |  |
| The Disability Discrimination Act (1995) defines a disabled person as someone with a 'physical or mental impairment which has a substantial and long-term adverse effect on his/her ability to carry out normal day-to-day activities. | | | | |  |
| **Under this definition do you consider yourself to have a disability?** | | | | |  |
| Yes1 | No |  |  |  |  |
| **1If YES, to help identify and better understand the needs of our disabled employees, please indicate the type(s) of impairment which applies to you.** | | | | |  |
| Hearing Impairment | | Learning Difficulties | Learning Disability | Mobility Impairment |  |
| Long standing illness or heart condition | | | Mental Health Condition | Mental Illness |  |
| Neurological Condition | | Physical Coordination Difficulties | | Physical Impairment |  |
| Prefer not to say |  | Reduced Physical Capacity |  | Sensory Impairment |  |
| Speech Impairment |  | Visual Impairment (not corrected by spectacles) | | Other (specify below) |  |
|  |  |  | |  |  |
| If you have a disability that may have an effect upon your work, your health & safety at work or the health & safety of others, you must make your manager aware of this. This is so that any appropriate measures can be identified that would ensure the health & safety of you, your work colleagues or members of the public while you are at work. | | | | |  |
| **Additional Information** | | | | |  |
| Provide any other relevant information as well as using this space to expand on information provided above. | | | | |  |
|  | | | | |  |
|  | | | | |  |
| **Declaration** |  |  |  |  |  |
| I certify that I have the authority to make this request and have provided information that is accurate to the best of my knowledge and belief. I recognise that failure to declare any relevant information or the provision of false or misleading information may result in appropriate action being taken. | | | | |  |
| **Signature\*** |  |  | **Date** | |  |
|  |  |  |  | |  |
| \*a signature is not required if this form is emailed from your given email address. | | | | |  |