



Candidate Personal Details Form

CONFIDENTIAL

The information provided on this form will be processed in accordance with the Data Protection Act 2018

Please return the completed form to the address in the advert

Complete the form electronically or in BLACK ink

Please ensure you also complete the LwLAT Application Form

Winning Hearts, Inspiring Minds.

For Office Use Only

To be completed prior to removal of personal information and before submitting to the recruitment panel

Candidate ID Number	
Post Title	

Confidential

Equality Monitoring

In order to help the Trust monitor the effectiveness of the Equal Opportunities Policy you are asked to complete this information, however completion is voluntary.

Title Mr / Mrs / Ms / Miss / Other (Please state)			
Forename(s)			
Surname			
Any Previous Name(s) including maiden name if applicable			
Postal Address			
Postcode			
Home Telephone			
Mobile Telephone			
Work Telephone			
Email			
Date of Birth		(DD/MM/YYYY)	
Nationality			

Please continue to the equality monitoring section

For Office Use Only - For completion after appointment made

Short listed		Not Short listed	
Appointed		Not Appointed	

Equality monitoring section

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Disability

The Equality Act 2010 defines a person as disabled if they have a physical or mental impairment, which has a substantial and long term effect (i.e. has lasted or is expected to last at least 12 months) and has an adverse effect on the person's ability to carry out normal day to day activities.

Do you consider yourself to have a disability, or a long term illness, physical or mental health condition?

Yes

No

Prefer Not to Say

Gender

Male

Female

Prefer Not to Say

Other:

Sexual Orientation how would you describe yourself?

Bi-sexual

Gay woman

Gay man

Heterosexual

Prefer Not to Say

Other (please specify)

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Ethnic Origin					
White	British <input type="checkbox"/>	Irish <input type="checkbox"/>	European <input type="checkbox"/>	Other <input type="checkbox"/>	
Black	British <input type="checkbox"/>	Caribbean <input type="checkbox"/>	African <input type="checkbox"/>	Somali <input type="checkbox"/>	Other <input type="checkbox"/>
Asian	British <input type="checkbox"/>	Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Other <input type="checkbox"/>
Mixed	White / Black Caribbean <input type="checkbox"/>	White / Black African <input type="checkbox"/>	White / Chinese <input type="checkbox"/>	White/Asian <input type="checkbox"/>	Other <input type="checkbox"/>
Chinese	British <input type="checkbox"/>	Chinese <input type="checkbox"/>	Other:		
Gypsy, Romany, Irish Traveller	Please specify				
Other Ethnic Group	Please specify				
Prefer Not to Say <input type="checkbox"/>					

Religion and Belief how would you describe your religion or belief?					
Atheist <input type="checkbox"/>	Bahai <input type="checkbox"/>	Buddhist <input type="checkbox"/>	Christian <input type="checkbox"/>	Hindu <input type="checkbox"/>	Jain <input type="checkbox"/>
Jewish <input type="checkbox"/>	Muslim <input type="checkbox"/>	Sikh <input type="checkbox"/>	None <input type="checkbox"/>	Prefer Not to Say <input type="checkbox"/>	
Other (please specify)					

Signed	
Print Name	
Date (DD/MM/YY)	