

**Confidential**

**Equality Details Form**

Alcester Academy

This form provides information used to ensure your equality details are accurate and ensuring contact can be made as and when required. Personal details are required again as this form will be removed from your application prior to interview. As a result, this information is not viewed by your manager or colleagues but is used by the organization to review compliance with equality and diversity targets as well as helping to plan the workforce for the future.

**Personal Details**

|  |  |
| --- | --- |
| Forename(s) |  |
| Surname(s) |  | Title (e.g. Mr, Mrs) |  |
| Employee Number (if appropriate) |  |  |
| National Insurance Number |  |  |

**Age Range**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ☐16-17 | ☐18-24 | ☐25-29 | ☐30-39 | ☐40-49 | ☐50-59 | ☐60-64 | ☐65+ |

**Gender**

|  |  |  |
| --- | --- | --- |
| ☐ Male | ☐ Female |  |

**Sexual Orientation**

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Heterosexual / Straight | ☐ Gay / Lesbian | ☐ Bisexual | ☐ Prefer not to say |

**Religion and Beliefs**

|  |
| --- |
| Please select on religion or belief that is most suitable; |
|  Buddhist |  ☐ Christian |  Hindu |  Jewish |  Muslim |  Sikh |
|  No Religion |  Prefer not to say |  Other\* |
| \*Please specify here |  |

**Ethnic Origin**

|  |  |  |  |
| --- | --- | --- | --- |
| White | ☐ White British | ☐ White Irish | ☐ White Other\* |
| ☐ White Gypsy or Irish Traveller |
| Mixed | ☐ White & Black Caribbean | ☐ White & Black African |
| ☐ White & Asian | ☐ Other Mixed Ethnic Group\* |
| Asian or Asian British | ☐ Indian | ☐ Pakistani | ☐ Bangladeshi |
| ☐ Chinese | ☐ Other Asian or Asian British\* |
| Black or Black British | ☐ Caribbean | ☐ African | ☐ Other Black or Black British |
| Other Ethnic Groups | ☐ Arab | ☐ Any Other Ethnic Group\* |
| ☐ Prefer not to say |
| \*Please specify here |  |

**Disability**

|  |
| --- |
| 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: |
| Taking this into account do you consider yourself to have a disability? | ☐ Yes | ☐ No |
| If you have answered 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 | ☐ Long standing illness or heart condition |
| ☐ Mental Health Condition | ☐ Mental Illness |
| ☐ Mobility Impairment | ☐ Neurological Condition |
| ☐ Physical Coordination Difficulties | ☐ Physical Impairment |
| ☐ Reduced Physical Capacity | ☐ Sensory Impairment |
| ☐ Speech Impairment | ☐ Visual Impairment (not corrected by spectacles) |
| ☐ Prefer not to say | ☐ None |
| ☐ Other (please specify here) |  |
| Please note: 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. |