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| **ADDITIONAL INFORMATION (CONFIDENTIAL) –** This section of the form seeks additional information pertinent to your application. It will be removed before shortlisting and will not be seen by any members of the selection panel. Access to it will be limited to staff involved in administering the appointment process who need access for equal opportunities monitoring or to take administrative action based upon the information provided e.g. Occupational Health referral. |
| Thank you for your application. Please note: in the interest of economy, only shortlisted applicants will receive further notification. |
| **POST APPLIED FOR:** |  |
| **LOCATION:** |  |
| **TITLE:** |  |
| **FORENAME(s):** |  |
| **SURNAME:** |  |
| **PREVIOUS NAMES:** |  |
| **DATE OF BIRTH:** |  |
| **HEALTH** |
| **PLEASE STATE, WITH DATES, ANY SERIOUS ILLNESSES OR OPERATIONS YOU HAVE HAD** |  |
| **DO YOU SUFFER FROM RECURRING AILMENTS?** | YES / NO  |
| **IF YES, PLEASE SPECIFY** |  |
| **HAVE YOU BEEN ABSENT FROM YOUR EMPLOYMENT THROUGH ILLNESS FOR MORE THAN 5 DAYS IN TOTAL IN THE LAST TWELVE MONTHS? IF YES, PLEASE PROVIDE DETAILS** |  |
| Please confirm (by signing below) that, if you are appointed, you would consent to us contacting your GP about any condition, which might affect your ability to perform in the role applied for. SIGNED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **EQUAL OPPORTUNITIES MONITORING (CONFIDENTIAL) –** We’re bound by the Public Sector Equality Duty to promote equality for everyone. To assess whether we’re meeting this duty, whether our policies are effective and whether we’re complying with relevant legislation, we need to know the information requested below. This information will not be used during the selection process. It will be used for monitoring purposes only. |
| What is your date of birth? |
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|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **D** | **D** | **M** | **M** | **Y** | **Y** | **Y** | **Y** |
|  |  |  |  |  |  |  |  |

 |
| What is your sex? |
| ☐ Male ☐ Female  |
| How would you describe your ethnic origin? |
| * Asian / Asian British: Pakistani
 | * Chinese
 |
| * Asian / Asian British: Bangladeshi
 | * Mixed White and Black Caribbean
 |
| * Asian / Asian British: Indian
 | * Mixed White and Black African
 |
| * Asian / Asian British: Sikh
 | * Mixed White and Asian
 |
| * Asian / Asian British: Other
 | * Mixed Other
 |
| * Black / Black British: Caribbean
 | * White British
 |
| * Black / Black British: African
 | * White Irish
 |
| * Black / Black British: Other
 | * White Other
 |
| * Other (please specify)
 | * Prefer not to say
 |
| What is your religion or belief? |
|

|  |  |  |
| --- | --- | --- |
| * Agnostic
* Atheist
* Buddhist
* Christian
* Hindu
 | * Jain
* Jewish
* Muslim
* No religion
 | * Other
* Pagan
* Sikh
* Prefer not to say
 |

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| Pregnancy and maternity |
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| --- | --- |
| Are you pregnant?☐ Yes☐ No☐ Prefer not to say | Have you given birth within the last 12 months?☐ Yes☐ No☐ Prefer not to say |

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| Are your day-to-day activities significantly limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? |
|  ☐ Yes ☐ No ☐ Prefer not to say |
| If you answered ‘yes’ to the question above, please state the type of impairment. Please tick all that apply. If none of the below categories applies, please mark ‘other’. |
| ☐ Physical impairment☐ Sensory impairment☐ Learning disability/difficulty☐ Long-standing illness☐ Mental health condition☐ Developmental condition☐ Other |
| Where did you first see the job advertised? |
| ☐ School Website☐ DfE Vacancy Website☐ TES☐ Other – Please state: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |