

Candidate Personal Details Form

Please complete the details in this section

The remainder of this page is intentionally left blank

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

Personal Details	
Please ensure you complete this section in full	
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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Equality Monitoring

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

Gender

Male	Female	Prefer Not to Say
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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
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Ethnic Origin

White	British	Irish	European	Other	
Black	British	Caribbean	African	Somali	Other
Asian	British	Indian	Pakistani	Bangladeshi	Other
Mixed	White / Black Caribbean	White / Black African	White / Chinese	White/Asian	Other
Chinese	British	Chinese	Other		
Gypsy, Romany, Irish Traveller	Please specify				
Other Ethnic Group	Please specify				
Prefer Not to Say					

Religion and Belief how would you describe your religion or belief?

Atheist	Bahai	Buddhist	Christian	Hindu	Jain
Jewish	Muslim	Sikh	Other (please specify)	None	Prefer Not to Say

Sexual Orientation how would you describe yourself?

Bi-sexual	Gay woman	Gay man	Heterosexual	Other (please specify)	Prefer Not to Say
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Signed	
Print Name	
Date	(DD/MM/YY)