

Equality Details

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.

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Learning Difficulties | <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Mobility Impairment |
| <input type="checkbox"/> Long standing illness or heart condition | <input type="checkbox"/> Mental Health Condition | <input type="checkbox"/> Mental Illness | |
| <input type="checkbox"/> Neurological Condition | <input type="checkbox"/> Physical Coordination Difficulties | <input type="checkbox"/> Physical Impairment | |
| <input type="checkbox"/> Prefer not to say | <input type="checkbox"/> Reduced Physical Capacity | <input type="checkbox"/> Sensory Impairment | |
| <input type="checkbox"/> Speech Impairment | <input type="checkbox"/> Visual Impairment (not corrected by spectacles) | <input type="checkbox"/> 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.