**Equality Details**

Exhall Grange Specialist School wants to meet the aims and commitments set out in its Equality Policy. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the makeup of the workforce in encouraging equality and diversity.

The organisation needs your help and co-operation to enable it to do this, but filling in this form is voluntary. The information provided will be kept confidential and will be used for monitoring purposes.

Please return the completed form to recruitment@exhallgrange.co.uk

|  |
| --- |
| **Vacancy Details** |
| **Job Title** |
| Title of the Job applied for. |

|  |
| --- |
| **Candidate Details** |
| **Applicant Name** |
| Please enter your full name. |

|  |
| --- |
| **Sex, Gender and Sexual Orientation Details** |
| **What is your sex?** |
| [ ]  Female [ ]  Male [ ]  Prefer not to say |
| **Is the gender you identify with the same as your sex registered at birth?** |
| [ ]  Yes [ ]  No [ ]  Prefer not to say |
| **If the gender you identify with is not the same as your sex registered at birth, what is your identified sex?** |
| [ ]  Female [ ]  Male [ ]  Prefer not to say |
| **Provide your sexual orientation** |
| [ ]  Heterosexual [ ]  Gay [ ]  Lesbian [ ]  Bisexual [ ]  Asexual [ ]  Pansexual [ ]  Undecided [ ]  Prefer not to sayIf you prefer to use your own identity, please add it here |

|  |
| --- |
| **Age Details** |
| [ ]  16 – 24 [ ]  25 – 29 [ ]  30 – 35 [ ]  35 – 39 [ ]  40 – 44 [ ]  50 – 54 [ ]  55 – 59 [ ]  60 – 64 [ ]  65+ [ ]  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:** Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. |
| [ ]  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**1 If 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[ ]  Prefer not to say [ ]  Reduced Physical Capacity [ ]  Sensory Impairment [ ]  Speech Impairment [ ]  Visual Impairment (not corrected  by spectacles) |
| Please specify here any other impairment not included above.  |

|  |
| --- |
| 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 us 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 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** |
|  |  |  |

**Please Note:** A signature is not required if this form is emailed from your given email address, however if shortlisted, you will be asked to sign it at interview.