

Equality Details Form

This form provides information about your equality details. This information is used by the organisation to review compliance with equality and diversity targets as well as helping to plan the workforce for the future.

Vacancy Details

Job Title

School Name

Candidate Details

Surname(s)

Forename(s)

Title

Gender

Provide your gender at birth

Male

Female

Prefer not to say

Sexual Orientation

Provide your sexual orientation

Heterosexual / Straight

Gay / Lesbian

Bisexual

Prefer not to say

Religion and Beliefs

Provide the religion or belief that is most suitable?

Buddhist

Christian

Hindu

Jewish

Muslim

Sikh

No Religion

Prefer not to say

Other

Ethnic Origin

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? Yes No

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.

- | | |
|--|--|
| <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, provide details: | |

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.