**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. | | | | | | | | | | | | | | | | | | | |
| Hearing Impairment | | | | | | | | | | Learning Difficulties | | | | | | | | | |
| Learning Disability | | | | | | | | | | Mobility Impairment | | | | | | | | | |
| Long standing illness or heart condition | | | | | | | | | | Mental Health Condition | | | | | | | | | |
| Mental Illness | | | | | | | | | | Neurological Condition | | | | | | | | | |
| Physical Coordination Difficulties | | | | | | | | | | Physical Impairment | | | | | | | | | |
| Prefer not to say | | | | | | | | | | Reduced Physical Capacity | | | | | | | | | |
| Sensory Impairment | | | | | | | | | | Speech Impairment | | | | | | | | | |
| Visual Impairment (not corrected by spectacles) | | | | | | | | | |  | | | | | | | | | |
| 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. | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | | | | | | | |