**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.

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| 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. |
|       |
|  |
| 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. |