**CONFIDENTIAL: PROTECT**

**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.**

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| --- |
| 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. |
| [ ]  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 (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. |