**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\* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| School Name\* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Candidate Details | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee Name\* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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) | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
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| 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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 | | | | | | | | |
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| \*a signature is not required if this form is emailed from your given email address. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |