

Equality Details Form

This form provides information used to ensure your equality details are accurate and ensuring contact can be made as and when required. Personal details are required again as this form will be removed from your application prior to interview. As a result, this information is not viewed by your manager or colleagues but is used by the organisation to review compliance with equality and diversity targets as well as helping to plan the workforce for the future.

Personal details

| | | | |
|----------------------------------|--|----------------------|--|
| Forename(s) | | | |
| Surname(s) | | Title (e.g. Mr, Mrs) | |
| Employee Number (if appropriate) | | | |
| National Insurance Number | | | |

Age Range

| | | | | | | | |
|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|------------------------------|
| <input type="checkbox"/> 16-17 | <input type="checkbox"/> 18-24 | <input type="checkbox"/> 25-29 | <input type="checkbox"/> 30-39 | <input type="checkbox"/> 40-49 | <input type="checkbox"/> 50-59 | <input type="checkbox"/> 60-64 | <input type="checkbox"/> 65+ |
|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|------------------------------|

Gender

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|-------------------------------|---------------------------------|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female |
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Sexual Orientation

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|--|--------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Heterosexual/Straight | <input type="checkbox"/> Gay/Lesbian | <input type="checkbox"/> Bisexual | <input type="checkbox"/> Prefer not to say |
|--|--------------------------------------|-----------------------------------|--|

Ethnic Origin

| | | | | |
|----|------------------------|---|---------------------------------------|---|
| A. | White | <input type="checkbox"/> British A1 | <input type="checkbox"/> Irish A2 | <input type="checkbox"/> Any other White background* A3 |
| B. | Mixed | <input type="checkbox"/> White & Black Caribbean B1 | | <input type="checkbox"/> White & Black African B2 |
| | | <input type="checkbox"/> White & Asian B3 | | <input type="checkbox"/> Any other Mixed background* B4 |
| C. | Asian or Asian British | <input type="checkbox"/> Indian C1 | <input type="checkbox"/> Pakistani C2 | <input type="checkbox"/> Bangladeshi C3 |
| | | <input type="checkbox"/> Chinese E1 | | <input type="checkbox"/> Any other Asian background* C4 |
| D. | Black or Black British | <input type="checkbox"/> Caribbean D1 | <input type="checkbox"/> African D2 | <input type="checkbox"/> Any other Black background* D3 |
| E. | Other Ethnic Groups | <input type="checkbox"/> Gypsy or Traveller E5 | | <input type="checkbox"/> Any other Ethnic group* E2 |
| | | <input type="checkbox"/> Prefer not to say E3 | | |

* Please specify here

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Religion and Beliefs

| | | | | | |
|---|------------------------------------|--|---------------------------------|---------------------------------|-------------------------------|
| Please select one religion that is most suitable; | | | | | |
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Christian | <input type="checkbox"/> Hindu | <input type="checkbox"/> Jewish | <input type="checkbox"/> Muslim | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> No Religion | | <input type="checkbox"/> Prefer not to say | | <input type="checkbox"/> Other* | |
| * Please specify here | | | | | |

Disability

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| 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.’ | |
| Taking this into account do you consider yourself to have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If you have answered 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"/> Long standing illness or heart condition |
| <input type="checkbox"/> Mental Health Condition | <input type="checkbox"/> Mental Illness |
| <input type="checkbox"/> Mobility Impairment | <input type="checkbox"/> Neurological Condition |
| <input type="checkbox"/> Physical Coordination Difficulties | <input type="checkbox"/> Physical Impairment |
| <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"/> Prefer not to say | <input type="checkbox"/> None |
| <input type="checkbox"/> Other (please specify here) | |
| Please note that 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. | |