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| **Education Central Multi Academy Trust**  University of Wolverhampton Jerome K Jerome Building, Room WA109-112  Walsall Campus, Gorway Road, Walsall  MAT LogoWS1 3BD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Education Central Multi Academy Trust**  **Teaching Staff Application Form** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please do not attach a CV as this will not be considered as part of your application** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Application for the post of:  Application reference number: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | We are legally obliged to ask you to provide evidence of your right to work in the UK. If you are successful, we will ask you to provide appropriate documents, such as a passport, visa or full birth certificate to confirm this. (Further details are available from the UK Border Agency Website).  **Do you have the legal right to work in the UK?**  Yes No | | | | | | | | | | | | | | | | | | | | |
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| **Important application guidance and information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please ensure you provide accurate and up to date information.  You are only able to submit one application per vacancy so please ensure you thoroughly review prior to submitting. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Where did you hear about this vacancy?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WM Jobs TES ECMAT Website Academy Website Other  If you ticked ‘other’ please give further details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Personal Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please provide your full and legally known name** | | | | | | | | | | | | | | | | | | | | | | Title | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| First  Name |  | | | | | | | | | | | | | | Middle  Name | | | | | | |  | | | | | | | | | | | | | | Last Name | | | | | | | | |  | | | | |
| Former  Name(s) |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Birth  (dd/mm/yyyy) | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | NI Number | | | | | | | |  | | | | | | | | | | | |
| **Contact Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Email  Address | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | Alternative Email | | | | | | | |  | | | | | | | | | | |
| Contact  Number | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | Home Work Mobile | | | | | | | | | | | | | | | | | | |
| Alternative Contact Number | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | Home Work Mobile | | | | | | | | | | | | | | | | | | |
| House Number/Name | | |  | | | | | | | | | | | | | | | Address Line 1 | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Address Line 2 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address Line 3 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Post Code | | | | |  | | | | | | | | | | | | |
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| Do you hold a full, valid driving licence? | | | | | | | | Yes No | | | | | | | | | | | | | | | | Do you have use of a vehicle? | | | | | | | | | | | | | Yes No | | | | | | | | | | | | |
| **Interview Arrangements** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please list any dates when you will NOT be available for interview. Although we will try to take these into account, we cannot guarantee to do so. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Are there any reasonable adjustments ECMAT needs to make in order to support you should you be invited to interview and/or in your employment should you be appointed to the post? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Employment History** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please provide details of your current and previous employment starting with your current or most recent employer. If you have no previous employment then you do not need to complete this information. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employer Name | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | Local Authority (if applicable) | | | | | | | | |  | | | | | | | | | | |
| Job Title | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From | | | | | |  | | | | | | | | | | | | | | Until | | | | | | | |  | | | | | | | | | | | | | | | Current | | | | | | |
| Please list brief details of duties and responsibilities (please include subject, age range taught, number on roll and if part time, full time or job share) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Salary** | | | | | | | | | | | Amount | | | | | | | | | | | | £ | | | | | | | | | | | | Per | | | | | | | | | | | |  | | |
| Please enter Allowances, Range, Point, Leading Practitioner and TLR financial value | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Address and telephone number of establishment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Notice period | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reason for leaving | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Other Employment/Work Experience (please add more rows if required)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Job Title** | | | | | **Company** | | | | | | | **Start Date** | | | | | | | | | **End Date** | | | | | | | | | **Responsibilities and Achievements** | | | | | | | | | | | | | | **Location** | | | | | **Reason for Leaving** |
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| If you have any gaps in your employment history, please detail the reason(s) why. Failure to provide a full account may lead to your application being rejected. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Teacher Qualifications** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you have Qualified Teacher status? | | | | | | | | | | | | | | | | | Yes No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you passed your NQT induction period? | | | | | | | | | | | | | | | | | Yes No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DFE Teacher Reference Number | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Age group specialisms** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pre School | | | | | | | Nursery | | | | | | | | | | | | Reception | | | | | | | | | | | | | | | Key Stage 1 | | | | | | | | | | | | | | Key Stage 2 | |
| Key Stage 3 | | | | | | | Key Stage 4 | | | | | | | | | | | | Key Stage 5 | | | | | | | | | | | | | | | Special | | | | | | | | | | | | | |  | |
| Year group(s) preferred | |  | | | | | | | | | | | | | | Subject specialisms offered | | | | | | | | | |  | | | | | | | Have you gained NPQH? | | | | | | | | Yes No | | | | | | | | |
| **Education** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please provide details of your education history starting with your current or most recent education (please add more rows if required). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name of school/college/ university** | | | | | | | | | | **Subject** | | | | | | | | | | | | | | | | | **Date of Completion/**  **Currently Attending** | | | | | | | | | | | | | | | | **Result and Qualification Achieved** | | | | | | |
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| **Training** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please provide details of any relevant training, learning and development starting with your current or most recent experience. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Course Title | | | | | | | | | | | | | Result and Awarding Body | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Completion Date | | | | | | | |
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| **Membership of Relevant Professional Bodies** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please provide details of any memberships you have with any organisations which may be relevant to the job you are applying for. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Regulatory Body** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Regulatory Body | | | | | | | | | |  | | | | | | | | | | | | | | | Renewal Date (if applicable) | | | | | | | | | | | | | | | | | | | | |  | | | |
| **Memberships** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Association | | | | | | | | | | Membership Type | | | | | | | | | | | | | | | Membership Number | | | | | | | | | | | | | | | | | | | | | Expiry Date | | | |
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| **Further Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GTC (Wales only) or other reference number | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **References** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please provide two references, one of whom must be your current or most recent employer. If you do not have employment history then please provide character and/or educational referees. This should not be a friend or family member.  It is important to note that failure to provide sufficient referee details will delay the appointment, should you be successful.  Please ensure that you provide official organisational email addresses/postal addresses for referees. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | Reference 1 | | | | | | | | | | | | | | | | | | | | | | | | | | Reference 2 | | | | | | | | | |
| Title | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| First Name | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| Surname | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| Type of Reference | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| Organisation Name (if applicable) | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| Relationship to Referee | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| Referee Job Title | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| Daytime Phone Number | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| Email Address | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| Address Line 1 | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| Address Line 2 | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| Address Line 3 | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| Postcode | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| Are we able to approach this referee? | | | | | | | | | | | | | | Yes No | | | | | | | | | | | | | | | | | | | | | | | | | | Yes No | | | | | | | | | |

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| **Additional Information** | | | |
| **Self declaration of suitability to work in posts requiring a Disclosure and Barring Service Check**  As the work of this post involves working with children, other vulnerable groups or in a position of trust, it is exempt from the provisions of the Rehabilitation of Offenders Act 1974. The organisation will request a Disclosure and Barring Service (DBS) certificate revealing criminal convictions.  Where this post meets the definition of Regulated Activity (as defined in the Safeguarding Vulnerable Groups Act 2006 and as amended by the Protection of Freedoms Act 2012) the relevant barred list(s) for children and adults will also be checked. You must disclose details of all unfiltered reprimands, formal warnings, cautions and convictions as these will be disclosed by the DBS.  Any information given will be treated as confidential. You should note that disclosing a conviction does not necessarily bar you from appointment. Failure to disclose may result in withdrawal from any job offer in relation to this form.  Details of positions requiring a DBS certificate can be found here: <https://www.gov.uk/government/publications/dbs-check-eligible-positions-guidance>. For information regarding filtering of convictions please see: <https://www.gov.uk/government/publications/dbs-filtering-guidance>  **Do you have any convictions, cautions, reprimands or final warnings which would not be filtered in line with current guidance?**  Yes No | | | |
| If yes, please specify. | | | |
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| **Personal Declaration** | | | |
| I confirm that the information provided on this form is correct and understand that any misrepresentation or omission may render me liable to summary dismissal, if engaged. I understand that the information will be stored in manual and electronic files and is subject to the provisions of the Data Protection Act 1998. I agree to the information on this form being used by Education Central Multi Academy Trust and the University of Wolverhampton in accordance with the Act.  I Agree I Do Not Agree | | | |
| Signature (to be completed upon appointment) |  | Date |  |
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| **Supporting Statement** |
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| **Diversity Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| As part of our equal opportunities policy, we request that you complete the following information. This information is for monitoring purposes only. All information will be treated as confidential and will not be used when short-listing or deciding on whether an applicant is successful or unsuccessful in obtaining employment.  The information you provide will help us to ensure that our recruitment procedures are fair by allowing us to identify and eliminate potential areas of discrimination. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Ethnic Origin (please tick)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Asian or Asian British (Bangladeshi) | | | | | | | | | |  | | | Black or Black British (Caribbean) | | | | | | | | | |  | Other Ethnic Group  (Arab) | | | | | | | |
|  | Asian or Asian British (Chinese) | | | | | | | | | |  | | | Black or Black British  (Other) | | | | | | | | | |  | White Gypsy or Irish Traveller | | | | | | | |
|  | Asian or Asian British  (Indian) | | | | | | | | | |  | | | Mixed Ethnic  (White and Asian) | | | | | | | | | |  | White (Irish) | | | | | | | |
|  | Asian or Asian British  (Other) | | | | | | | | | |  | | | Mixed Ethnic  (White and Black African) | | | | | | | | | |  | White (Other) | | | | | | | |
|  | Asian or Asian British (Pakistani) | | | | | | | | | |  | | | Mixed Ethnic  (White and Black Caribbean) | | | | | | | | | |  | White (Welsh / English / Scottish/ N. Ireland) | | | | | | | |
|  | Black or Black British  (African) | | | | | | | | | |  | | | Mixed Ethnic Group  (Other) | | | | | | | | | |  | Prefer Not To Say | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Religion/Belief (please tick)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Buddhist | | |  | | | | | | | Hindu | | | | | | |  | Muslim | | | | | |  | | Prefer Not To Say | | | | | |
|  | | Christian | | |  | | | | | | | Jewish | | | | | | |  | None | | | | | |  | | Sikh | | | | | |
|  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date of Birth (dd/mm/yyyy)** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Age Range (please tick)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | 16-17 | | | | |  | | 25-29 | | | | | | | |  | | 40-49 | | | | | | |  | | | 60-64 | | |
|  | | | 18-24 | | | | |  | | 30-39 | | | | | | | |  | | 50-59 | | | | | | |  | | | 65+ | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Gender (please tick)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Male Female Prefer Not To Say | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Sexual Orientation (please tick)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Bisexual | | |  | | Gay Man | | | | | | |  | | Heterosexual/Straight | | | | | | |  | Lesbian/Gay Woman | | | | | |  | | | Prefer Not To Say | |
| **Disability (please tick)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The Equality Act (2010) defines a disabled person as someone with a ‘physical or mental impairment which has substantial and long-term adverse effect on his/her ability to carry out normal day-to-day activities.’ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you consider yourself to have such a disability? Yes No Prefer Not To Say | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Disability Category** **(please tick if you answered yes above)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Hearing Impairment | | | | |  | Mental Health Condition | | | | | | | | |  | Neurological Condition | | | |  | | Prefer Not To Say | | | | |  | | | Speech Impairment | | |
|  | Learning Difficulties | | | | |  | Mental Illness | | | | | | | | |  | Physical Coordination Difficulties | | | |  | | Reduced Physical Capability | | | | |  | | | Long Standing Illness or Health Condition | | |
|  | Learning Disability | | | | |  | Mobility Impairment | | | | | | | | |  | Physical Impairment | | | |  | | Sensory Impairment | | | | |  | | | Visual Impairment (not corrected by spectacles) | | |