**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**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 16-17 | 18-24 | 25-29 | 30-39 | 40-49 | 50-59 | 60-64 | 65+ |

**Gender**

|  |  |
| --- | --- |
| Male | Female |

**Sexual Orientation**

|  |  |  |  |
| --- | --- | --- | --- |
| Heterosexual/Straight | Gay/Lesbian | Bisexual | Prefer not to say |

**Ethnic Origin**

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

**Religion and Beliefs**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Please select one religion that is most suitable; | | | | | | | |
| Buddhist | Christian | | | Hindu | Jewish | Muslim | Sikh |
| No Religion | | | Prefer not to say | | | Other\* | |
| \* Please specify here | |  | | | | | |

**Disability**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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? | | | Yes | 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. | | | | |
| Hearing Impairment | | Learning Difficulties | | |
| Learning Disability | | Long standing illness or heart condition | | |
| Mental Health Condition | | Mental Illness | | |
| Mobility Impairment | | Neurological Condition | | |
| Physical Coordination Difficulties | | Physical Impairment | | |
| Reduced Physical Capacity | | Sensory Impairment | | |
| Speech Impairment | | Visual Impairment (not corrected by  spectacles) | | |
| Prefer not to say | | None | | |
| 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.** | | | | |