

# KINETON HIGH SCHOOL

**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.*

|  |  |
| --- | --- |
| Employee name |  |
| Job title |  |

*Please tick the relevant boxes*

**Gender**

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

**Marital status**

|  |  |
| --- | --- |
| Single |  |
| Married/Civil Partnership |  |
| Separated |  |
| Divorced |  |
| Widowed |  |

**Sexual orientation**

|  |  |  |  |
| --- | --- | --- | --- |
| Heterosexual/straight |  | Gay/lesbian |  |
| Bisexual |  | Prefer not to say |  |

**Ethnic origin**

|  |  |
| --- | --- |
| 1. **White** |  |
| British A1 |  |
| Irish A2 |  |
| Any other White background\* A3 |  |
| 1. **Mixed** |  |
| White & Black Caribbean B1 |  |
| White & Black African B2 |  |
| White & Asian B3 |  |
| Any other Mixed background\* B4 |  |
| 1. **Asian or Asian British** |  |
| Indian C1 |  |
| Pakistani C2 |  |
| Bangladeshi C3 |  |
| Chinese E1 |  |
| Any other Asian background\* C4 |  |
| 1. **Black** |  |
| Caribbean D1 |  |
| African D2 |  |
| Any other Black background \* D3 |  |
| 1. **Other Ethnic Groups** |  |
| Gypsy or Traveller E5 |  |
| Any other Ethnic Group E2 |  |
| Prefer not to say E3 |  |
| \*Please specify here |  |

**Religion and beliefs**

|  |  |
| --- | --- |
| 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 yes, to help identify and better understand the needs of our disabled employees please indicate the type(s) of impairment(s) which applies to you.

|  |  |
| --- | --- |
| Hearing impairment |  |
| Learning difficulties |  |
| Learning disability |  |
| Longstanding illness or heart condition |  |
| Mental health condition |  |
| Mental illness |  |
| Mobility impairment |  |
| Neurological condition |  |
| Physical co-ordination difficulties |  |
| Physical impairment |  |
| Reduced physical capacity |  |
| Sensory impairment |  |
| Speech impairment |  |
| Visual impairment |  |
| Prefer not to say |  |
| None |  |
| Other\* |  |
| \*Please specify here |  |

Please note: if you have disability that may have an effect upon your work, your health and safety at work or the health and safety of others, you must make the School Business Manager aware of this. This is so that any appropriate measures can be identified that would ensure the health and safety of you, your work colleagues or members of the public while you are at work.

**Additional information:** please provide any other relevant information or expand on information above, if necessary.

|  |
| --- |
|  |

**Declaration:** I declare that the information provided is accurate to the best of my knowledge and belief and that 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 |  |