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|  | **APPLICATION FOR EMPLOYMENT**  **EQUAL OPPORTUNITIES**  ***~CONFIDENTIAL~*** |  |

**We are an Equal Opportunities Employer. This means that all applicants for jobs will receive equal treatment irrespective of their race, gender, marital status, age, disability, religious beliefs, sexual orientation or employment status. The information on this form will not be seen by anyone directly involved in the selection process.**

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| **1. Job Details** | | | |
| **Job title** |  | **Job Ref**  **Number:** |  |

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| **2. Personal Details** | | | | | | |
| **Title:** |  | **First name(s):** |  | **Last**  **name:** |  | |
| **Date of Birth:** |  | | **Age Group:** | **Under 16**  **17-24**  **25-34**  **35-44**  **45-54**  **55-64**  **Above 65**  **Prefer not to say** | | 🞏  🞏  🞏  🞏  🞏  🞏  🞏  🞏  🞏 |

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| **3. Gender Identity** | | | |
| **Gender:** | **Male** 🞏 | **Female** 🞏 | **Prefer not to say** 🞏 |

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| **4. Cultural or Ethnic Origin** | | | |
| **Asian**  **Asian British**  **Other Asian background:** | 🞏  🞏  🞏 | **Black**  **Black British**  **Other black background** | 🞏  🞏  🞏 |
| **Chinese**  **Other ethnic group** | 🞏  🞏 | **Mixed** | 🞏 |
| **White British**  **Other white background** | 🞏  🞏 | **If other please specify:** | |
| **Prefer not to say** | 🞏 |  | |

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| **5. Disability** | | | |
| **Do you consider yourself to be a disabled person?** | **Yes** 🞏 | **No** 🞏 | **Prefer not to say** 🞏 |

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| **6. Religious Belief** | | |
| **Please select appropriate category:** | **Buddhism**  **Christianity**  **Hinduism**  **Judaism**  **Islam**  **Sikhism**  **Other religion/belief**  **Prefer not to say** | 🞏  🞏  🞏  🞏  🞏  🞏  🞏  🞏  🞏 |

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| **7. Sexual Orientation** | | |
| **Please select appropriate category:** | **Bisexual**  **Gay Man**  **Gay woman/lesbian**  **Heterosexual/straight**  **Prefer not to say** | 🞏  🞏  🞏  🞏  🞏 |

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| **7.Supplementary Information**  **Please identify if you would like any support or adjustments to be made to enable you to take part in the selection process for reasons such as religion, disability, medical or maternity.** | |
| **Please state:**  **(if applicable)** |  |

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