Equal Opportunities form

This information is being gathered to achieve constant improvements in our Equal Opportunities Policies and Practices, to make sure our job adverts are reaching all sections of the community and to monitor that the organisation is representative of the population of the UK and the community in which we sit. The data will be used for monitoring purposes only. The data will be treated in the strictest confidence and will be used only for general statistical analysis and to comply with any specific equality duty Bright Tribe may have to report on their compliance with a general equality duty. You may choose not to give your name if you wish.

The form is designed along the same lines as issued by The Equality and Human Rights commission.

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| Personal details | | | |
| **Name** (optional) | …………………………………………………………………………………………………………………. | | |
| Gender | | | |
| Male | | Female | |
| Age group | | Marital Status | |
| Under 25  25 - 34  35 - 49  50 - 65  Over 65 | | Single  Married  Widowed  Divorced  Civil partnered (including separated)  Other (please specify) ………………………………………… | |
| Sexual orientation (optional) | | Gender identity (optional) | |
| Heterosexual / Straight  Gay man  Gay woman / Lesbian  Bisexual  Other (please specify) ……………………………  Prefer not to say | | Do you consider yourself to be transgender?  Yes  No  Other (please specify) …………………………………  Prefer not to say | |
| How would you describe your religion or belief? | | | |
| Christian  Buddhist  Hindu  Jewish  Muslim  Sikh  None  Prefer not to say  Other (please specify …………………………………………………………………………………………) | | | |
| Ethnic Origin (Please tick the appropriate box to indicate your ethnic group) | | | |
| **Asian or British Asian**    Bangladeshi    Indian  Pakistani  Any other Asian background  …………………………………………………………… | | | **Black or Black British**  Caribbean  African  Any other Black background  ……………………………………………………………………… |
| **White**  British  Irish  Any other white background  ………………………………………………………… | | | **Mixed**  White and Black Caribbean  White and Black African  White and Asian  Any other mixed background  ……………………………………………………………… |
| **Chinese**  Chinese  Any Chinese background  …………………………………………………………… | | | **Any other ethnic background**  ………………………………………………………………… |

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| Disability |
| Disability is defined by the Disability Discrimination Act as;  A physical or mental impairment, which has a substantial and long-term adverse effect on a person’s ability to carry out normal day-to-day activities. The disability could be physical, sensory or mental and must be expected to last at least 12 months.  Are you a disabled person as defined by the Disability Discrimination Act?  Yes  No |

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Medical form

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| **Name:** | **Academy:** |
| Medical information | |
| Doctors name: | Blood type: |
| Address: | Telephone number: |
| Medical conditions: | Allergies: |
| Medications: | |
| Do you consider having any disabilities that we should be aware of? If, so are there any reasonable adjustments we can make? | |