

Equality Details Form

This form should be used when providing equality details as part of completing an application form, for a job vacancy. This information is not viewed by the hiring manager and used by the organisation to review compliance with equality and diversity targets as well as helping to plan the workforce for the future.

- You must complete the entire form and submit with your job application form.
- If using email, then you will not need to sign the form as your email will be used as your electronic signature.

For assistance with this form or the process for which this form is part, or to submit the completed form, please contact;

Email: recruitment@warwickshire.gov.uk, Tel.: 01926 418125

Personal Details

Title*

Forename*

*Surname

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Gender, Sexual Orientation and Age

Provide your gender

Male Female Prefer not to say

Provide your sexual orientation

Heterosexual / Straight Gay / Lesbian Bisexual Prefer not to say

Date of Birth

Age Range

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

Religion and Belief Details

Provide the religion or belief that is most suitable?

Buddhist Christian Hindu Jewish Muslim Sikh No Religion

Prefer not to say Other (specify here)

Ethnic Origin Details

Provide the ethnic origin that is most suitable?

White British White Irish White Gypsy or Irish Traveller

White Other (specify here)

White & Black Caribbean White & Black African White & Asian

Other Mixed Ethnic Group (specify here)

Indian Pakistani Bangladeshi Chinese

<input type="checkbox"/> Other Asian or Asian British (specify here)	<input type="text"/>
<input type="checkbox"/> Caribbean <input type="checkbox"/> African	
<input type="checkbox"/> Other Black or Black British (specify here)	<input type="text"/>
<input type="checkbox"/> Arab <input type="checkbox"/> Prefer not to say	
<input type="checkbox"/> Any Other Ethnic Group (specify here)	<input type="text"/>

Disability Details

The Equality Act 2010 defines a disabled person as someone with a 'physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities'.

Under this definition do you consider yourself to have a disability?

Yes¹ No

¹If YES, to help identify and better understand the needs of our disabled employees, please indicate the type(s) of impairment which applies to you.

<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Learning Difficulties	<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Mobility Impairment
<input type="checkbox"/> Long standing illness or heart condition	<input type="checkbox"/> Mental Health Condition	<input type="checkbox"/> Mental Illness	
<input type="checkbox"/> Neurological Condition	<input type="checkbox"/> Physical Coordination Difficulties	<input type="checkbox"/> Physical Impairment	
<input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Reduced Physical Capacity	<input type="checkbox"/> Sensory Impairment	
<input type="checkbox"/> Speech Impairment	<input type="checkbox"/> Visual Impairment (not corrected by spectacles)	<input type="checkbox"/> Other (specify below)	

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.

Additional Information

Provide any other relevant information as well as using this space to expand on information provided above.

Declaration

I certify that I have the authority to make this request and have provided information that is accurate to the best of my knowledge and belief. 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

*a signature is not required if this form is emailed from your given email address.