

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

<input type="checkbox"/> 16-20	<input type="checkbox"/> 21-30	<input type="checkbox"/> 30-39	<input type="checkbox"/> 40-49	<input type="checkbox"/> 50-59	<input type="checkbox"/> 60-69	<input type="checkbox"/> 70-79	<input type="checkbox"/> 80+
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Gender

<input type="checkbox"/> Male	<input type="checkbox"/> Female
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Gender Identity

<input type="checkbox"/> Agender	<input type="checkbox"/> Female	<input type="checkbox"/> Intersex
<input type="checkbox"/> Third Gender (Gender Queer, Gender Fluid and/or Non-Binary)	<input type="checkbox"/> Transgender Female	<input type="checkbox"/> Transgender Male
<input type="checkbox"/> Male	<input type="checkbox"/> Other	<input type="checkbox"/> Prefer not to say

Sexual Orientation

<input type="checkbox"/> Asexual and/or Aromantic	<input type="checkbox"/> Bisexual	<input type="checkbox"/> Gay	<input type="checkbox"/> Heterosexual
<input type="checkbox"/> Lesbian	<input type="checkbox"/> Pansexual	<input type="checkbox"/> Queer	<input type="checkbox"/> Other
<input type="checkbox"/> Prefer not to say			

Marital Status

<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Widowed	<input type="checkbox"/> Legally Separated
<input type="checkbox"/> Civil Partner	<input type="checkbox"/> Civil Partnership Dissolved	<input type="checkbox"/> Surviving Civil Partner	<input type="checkbox"/> Divorced
<input type="checkbox"/> Separated	<input type="checkbox"/> Common Law	<input type="checkbox"/> Partner	

Ethnicity

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<input type="checkbox"/> Asian - Bangladeshi	<input type="checkbox"/> Asian - Indian	<input type="checkbox"/> Asian - Kashmiri
<input type="checkbox"/> Asian - Pakistani	<input type="checkbox"/> Black - African	<input type="checkbox"/> Black - Caribbean
<input type="checkbox"/> Black - Other	<input type="checkbox"/> Asian - Chinese	<input type="checkbox"/> Jewish
<input type="checkbox"/> Mixed - Other	<input type="checkbox"/> Mixed - Asian & Black African	<input type="checkbox"/> Mixed - Asian & Black Caribbean
<input type="checkbox"/> Mixed - Asian & White	<input type="checkbox"/> Mixed - Black African & White	<input type="checkbox"/> Mixed - Black Caribbean & White
<input type="checkbox"/> Other - Arab	<input type="checkbox"/> Other - Kurdish	<input type="checkbox"/> Other - Vietnamese
<input type="checkbox"/> White - Albanian	<input type="checkbox"/> White - Other	<input type="checkbox"/> White - British
<input type="checkbox"/> White - Gypsy or Irish Traveller	<input type="checkbox"/> White - Irish	<input type="checkbox"/> Jewish
<input type="checkbox"/> Sikh	<input type="checkbox"/> Other	<input type="checkbox"/> Prefer not to say

Religion and Beliefs

Please select one religion that is most suitable;					
<input type="checkbox"/> Buddhist	<input type="checkbox"/> Christian	<input type="checkbox"/> Hindu	<input type="checkbox"/> Jewish	<input type="checkbox"/> Muslim	<input type="checkbox"/> Sikh
<input type="checkbox"/> Bahai	<input type="checkbox"/> Jainism	<input type="checkbox"/> Zoroastrianism	<input type="checkbox"/> No Religion	<input type="checkbox"/> Other	<input type="checkbox"/> Prefer not to say

Disability

The Equality Act 2010 defines a disabled person as someone with a ‘physical or mental impairment which has a substantial and long-term negative effect on your ability to do normal daily activities.’	
Taking this into account do you consider yourself to have a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> 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.	
<input type="checkbox"/> Hearing Impairment	
<input type="checkbox"/> Learning Need or Disability	<input type="checkbox"/> Long standing illness or health condition
<input type="checkbox"/>	<input type="checkbox"/> Mental Health Condition
<input type="checkbox"/> Mobility Impairment	<input type="checkbox"/> Neurodiversity
<input type="checkbox"/>	<input type="checkbox"/> Physical Impairment or Disability
<input type="checkbox"/>	<input type="checkbox"/> Sensory Impairment
<input type="checkbox"/> Speech Impairment	<input type="checkbox"/> Visual Impairment (not corrected by spectacles)
<input type="checkbox"/> Prefer not to say	<input type="checkbox"/> None
<input type="checkbox"/> 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.	