

AGE CONCERN LEICESTER SHIRE & RUTLAND Equal Opportunities Policy

POST APPLIED FOR:

- Age Concern Leicester Shire & Rutland is an Equal Opportunities Employer. Your answer will be treated confidentially and will only be used to help us monitor the operation of the Equal Opportunities Policy by tracking what happens to specific applications in the recruitment process. The statistics this survey will provide will help ensure that the organisation treats all applicants fairly and equally.
- The information which you give on this form will not affect your job application in any way.
- Thank you for your co-operation.

White

British:

<input type="checkbox"/>	English
<input type="checkbox"/>	Scottish
<input type="checkbox"/>	Welsh
<input type="checkbox"/>	Irish
<input type="checkbox"/>	Any other White background (please write in)

Black

<input type="checkbox"/>	Caribbean
<input type="checkbox"/>	African
<input type="checkbox"/>	Any other Black background (please write in)

Mixed

<input type="checkbox"/>	White and Black Caribbean
<input type="checkbox"/>	White and Black African
<input type="checkbox"/>	White and Asian
<input type="checkbox"/>	Any other Mixed ethnic background (please write in)

Chinese

<input type="checkbox"/>	Chinese
<input type="checkbox"/>	Any other Chinese background (please write in)

Asian

<input type="checkbox"/>	Indian
<input type="checkbox"/>	Pakistani
<input type="checkbox"/>	Bangladeshi
<input type="checkbox"/>	Any other Asian background (please write in)

Any other ethnic background

<input type="checkbox"/>	Any other ethnic background (please write in)
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My sex is (please tick)

MALE

FEMALE

Disability (please tick)

The Disability Discrimination Act 1995 defines disability as:
'a physical or mental impairment which has a substantial and long term adverse effect on the ability to carry out normal day-to-day activities.'

I consider myself to be

DISABLED

NOT DISABLED

If you have ticked the Disabled Box do you envisage adjustments e.g. special equipment or adaptations would be needed in order for you to carry out your duties?

YES

NO

Date of Birth:

Age (please tick)

18 – 40

40 – 60

60+

SURNAME FORENAME

SIGNED DATE

FOR PERSONNEL USE (TO BE COMPLETED AFTER APPOINTMENT IS MADE)

This candidate was:
(please place an X in appropriate box)

SHORTLISTED	INTERVIEWED	APPOINTED
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>