Registered Charity No. 1135640

Registered Company No. 7140266

**Equal Opportunities Monitoring**

**access** community trust is committed to a policy of equal opportunity for all in employment. To monitor the effectiveness of this policy, please complete the following questions and return this form along with your application. This form will be separated from your application, and will not be seen by those making selection decisions. If appointed, this information will be retained on your personnel file.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Title: | Choose an item. | Surname: | | Click here to enter text. | First name(s): | Click here to enter text. | |
| Date of Birth: | | Click here to enter text. | | | Gender: | Male | Female |
| Position applied for: | | | Click here to enter text. | | | | |

|  |  |
| --- | --- |
| I would describe my ethnic origin as: | |
| **White** | British  Irish  Any other white background |
| **Mixed** | White & Black Caribbean  White & Black African  White & Asian  Any other mixed background |
| **Asian / Asian British** | Indian  Pakistani  Bangladeshi |
| **Black / Black British** | Caribbean  African  Any other Black background |
| **Chinese** |
| **Other (please state):** |

**Source of Application:**

|  |  |  |
| --- | --- | --- |
| How did you hear about this vacancy? | | |
| Local / Regional Newspaper (please specify) | | |
| Job Centre Plus | The Trust’s website | Council website |
| Homeless Link website | Word of mouth | Other (*please specify below*) |
| Click here to enter text. | | |

|  |  |  |
| --- | --- | --- |
| **The Disability Discrimination Act 1995** makes it unlawful for employers to discriminate against current or prospective employees for a reason relating to their disability. They must make reasonable adjustments in order not to place a disabled person at a substantial disadvantage. | | |
| Do you consider yourself to have a disability, or long-term condition?  (see below for definition) | Yes | No |
| Type of disability / condition (please describe if you are happy to do so)  Click here to enter text. | | |

|  |
| --- |
| **Definition of disability or long-term condition**  The disability and Discrimination Act 1995 describes a disability as ‘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 definition is intended to cover all forms of physical and mental disability, including sensory impairment, learning disabilities and mental illness (that are clinically well-recognised conditions). It includes people who have a disability where the condition is likely to last longer than 12 months or is likely to recur. |

If you are still unsure whether your condition is a disability for this purpose, the following flow diagram may be of use.

Is your condition likely to last longer than 12 months or be something that will recur?

**Yes**

**No**

If you were **not** taking regular medication or treatment, would your condition have more than a minor impact on your ability to carry out normal day-to-day functions?

**Yes**, it has a substantial effect.

**No**

Your condition would **not** normally be defined as a disability for these purposes**.**

Your condition **would** probably be defined as a disability for these purposes.

|  |  |
| --- | --- |
| Here is a list of day-to-day activities to help you answer the second question above. | |
| * **Mobility** – moving unaided from place to place * **Manual dexterity** – use of the hands, physical   co-ordination   * **Perception of the risk of physical danger** * **Continence** | * **Memory or the ability to concentrate, learn or understand** * **Speech, hearing, sight** (but not if it can be corrected by wearing glasses or contact lenses). * **Ability to lift, carry or move everyday objects**. |