

Application Form

For Office Use Only:

**Application
Number:**

Section E

Please note that if you have a disability and you require having this form, or submitting the information with regard to this form in another format, such as in larger print, please contact us by writing, emailing or telephoning our HR Department on 01788 422 800

The MAT is working towards equality of opportunity for all who apply for employment with organisation. We are actively opposed to discrimination and want to ensure our processes support recruitment of the full diversity of people. We believe that monitoring our recruitment results will help us assess any areas requiring improvement. In order to assist us with this, we would be grateful if you would complete this form and return it with your application.

The MAT undertakes that this form will not be made available to anyone involved in the recruitment and selection of staff and will remain confidential to the Human Resources Department to be used solely for the purpose of monitoring the effectiveness of our equal opportunities policy.

Your help in this matter is entirely voluntary and will in no way affect your application.

Post applied for:

1. Please indicate your gender:: Male ☐ Female ☐ Prefer not to say ☐

Is your gender identity the same as the gender you were assigned at birth?

Yes ☐ No ☐ Prefer not to say ☐

2. Please indicate your age:

16 – 17 ☐ 18 – 21 ☐ 22 – 30 ☐

31 – 40 ☐ 41 – 50 ☐ 51 – 60 ☐

61 – 65 ☐ 66 – 70 ☐ 71+ ☐

Prefer not to say ☐

3. Please indicate your marital status:

Married ☐ Single ☐ Civil ☐

Other ☐ Widowed ☐ Separated/Divorced ☐

Prefer not to say ☐

4. Ethnic origin is not about nationality, place of birth or citizenship. It is to do with colour and broad ethnic group. UK citizens can belong to any groups indicated below. Would you describe yourself as:

Asian/Asian British – Bangladeshi ☐

Asian/Asian British – Indian ☐

Asian/Asian British Pakistani ☐

Asian/Asian British – any other Asian ☐

Black/Black British African ☐

Black/Black British Caribbean ☐

Black/Black British any other Black ☐

Chinese ☐

Mixed – White and Asian ☐

Mixed – White and Black African ☐

Mixed – White and Black Caribbean ☐

Mixed – any other Mixed background ☐

White – British ☐

White – Irish ☐

White – any other White background ☐

Other ☐

Prefer not to say ☐

5.	Nationality – Please state:		
6.	<p>Do you consider yourself to have a disability within the meaning of the Equality Act 2010 (see end of this part of form for definition)?</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer Not to say <input type="checkbox"/></p> <p style="text-align: center;">We fully support the social model of disability and we recognise that people with different impairments or medical conditions can experience different barriers. If you have selected yes, please select the nature of your disability:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Hearing impairment <input type="checkbox"/></p> <p>Autistic Disorder <input type="checkbox"/></p> <p>Deaf/Partial hearing <input type="checkbox"/></p> <p>Learning Disability <input type="checkbox"/></p> <p>More than 1 disability/special needs <input type="checkbox"/></p> <p>Wheelchair use/mobility <input type="checkbox"/></p> </td> <td style="width: 50%; vertical-align: top;"> <p>Visual impairment (not corrected by spectacles) <input type="checkbox"/></p> <p>Blind/Partially sighted <input type="checkbox"/></p> <p>Dyslexia <input type="checkbox"/></p> <p>Mental health difficulty <input type="checkbox"/></p> <p>Other disability/special needs <input type="checkbox"/></p> <p>Unseen (diabetes, epilepsy, asthma) <input type="checkbox"/></p> <p>Yes – Prefer not to disclose <input type="checkbox"/></p> </td> </tr> </table> <p>If yes are there any reasonable adaptations which could assist you to do this job?</p>	<p>Hearing impairment <input type="checkbox"/></p> <p>Autistic Disorder <input type="checkbox"/></p> <p>Deaf/Partial hearing <input type="checkbox"/></p> <p>Learning Disability <input type="checkbox"/></p> <p>More than 1 disability/special needs <input type="checkbox"/></p> <p>Wheelchair use/mobility <input type="checkbox"/></p>	<p>Visual impairment (not corrected by spectacles) <input type="checkbox"/></p> <p>Blind/Partially sighted <input type="checkbox"/></p> <p>Dyslexia <input type="checkbox"/></p> <p>Mental health difficulty <input type="checkbox"/></p> <p>Other disability/special needs <input type="checkbox"/></p> <p>Unseen (diabetes, epilepsy, asthma) <input type="checkbox"/></p> <p>Yes – Prefer not to disclose <input type="checkbox"/></p>
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7.	<p>What is your Religion, even if you are not currently practising?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 80%; vertical-align: top;"> <p>Christianity Inc. Church of England, Catholic, Protestant and all other Christian denominations <input type="checkbox"/></p> <p>Hinduism <input type="checkbox"/></p> <p>Muslim <input type="checkbox"/></p> <p>Baha'i <input type="checkbox"/></p> <p>Jainism <input type="checkbox"/></p> <p>Prefer not to say <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> </td> <td style="width: 20%; vertical-align: top;"> <p>Buddhism <input type="checkbox"/></p> <p>Judaism <input type="checkbox"/></p> <p>Sikhism <input type="checkbox"/></p> <p>Islam <input type="checkbox"/></p> <p>Rastafarianism <input type="checkbox"/></p> <p>No Religion <input type="checkbox"/></p> <p>Atheism <input type="checkbox"/></p> </td> </tr> </table> <p>If other, please specify:</p>	<p>Christianity Inc. Church of England, Catholic, Protestant and all other Christian denominations <input type="checkbox"/></p> <p>Hinduism <input type="checkbox"/></p> <p>Muslim <input type="checkbox"/></p> <p>Baha'i <input type="checkbox"/></p> <p>Jainism <input type="checkbox"/></p> <p>Prefer not to say <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p>	<p>Buddhism <input type="checkbox"/></p> <p>Judaism <input type="checkbox"/></p> <p>Sikhism <input type="checkbox"/></p> <p>Islam <input type="checkbox"/></p> <p>Rastafarianism <input type="checkbox"/></p> <p>No Religion <input type="checkbox"/></p> <p>Atheism <input type="checkbox"/></p>
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8.	<p>What is your sexual orientation?</p> <p style="text-align: center;">Bisexual <input type="checkbox"/></p> <p style="text-align: center;">Gay Man <input type="checkbox"/></p> <p style="text-align: center;">Gay woman/lesbian <input type="checkbox"/></p> <p style="text-align: center;">Heterosexual/straight <input type="checkbox"/></p> <p style="text-align: center;">Other <input type="checkbox"/></p> <p style="text-align: center;">Prefer not to say <input type="checkbox"/></p>		
<p><i>Thank you for your assistance</i></p> <p>Disability Definition</p> <p>The Equality Act 2012 states “A person has a disability if they have a physical or mental impairment, which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.”</p> <p>The Act goes on to state “A person can also qualify if s/he had a disability in the past and/or if s/he was on the register of disabled persons under provisions in the Disabled Persons (Employment) Act 1944 on both 12 January 1995 and 2 December 1996”.</p> <p>DDA 2005</p>			