

EQUAL OPPORTUNITIES MONITORING INFORMATION



It is our policy to recruit staff on the basis of their ability and their suitability for the position for which they are applying.

As part of our access and widening participation policy, we welcome applications from all parts of the community. It would help us if you would answer these questions, which assist us to monitor the effectiveness of our policy.

We treat the information you give us in confidence. We may use the data for statutory equal opportunities monitoring purposes, but individuals would not be identified from the data given. We will separate this questionnaire from the of the application form before we shortlist and decide who to invite for interview.

Name:	Date of Birth:
Position applied for (please include reference no.):	

Sex	Title
Male <input type="checkbox"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/>
Female <input type="checkbox"/>	Other

How did you find out about the vacancy?			
Member of our staff <input type="checkbox"/>	Internal advertisement <input type="checkbox"/>	University of Gloucestershire website <input type="checkbox"/>	
Jobs.ac.uk <input type="checkbox"/>	This is Gloucestershire website <input type="checkbox"/>	Job Centre <input type="checkbox"/>	
Local/National Newspaper/Journal (please specify) <input type="checkbox"/>			
Other (please specify) <input type="checkbox"/>			

How would you describe your ethnic origin?			
White	British <input type="checkbox"/>	Irish <input type="checkbox"/>	Other
Black or Black British	Caribbean <input type="checkbox"/>	African <input type="checkbox"/>	Other
Asian or Asian British	Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>
Chinese or Other Ethnic Group	Chinese <input type="checkbox"/>	Other	
Mixed	White and black Caribbean <input type="checkbox"/>	White and Asian <input type="checkbox"/>	
	White and Black African <input type="checkbox"/>	Other	

Disability	
Do you consider yourself to be disabled? (please tick)	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please give details below	

Under the Equality Act 2010, a person is disabled 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.

Disabilities may involve difficulties in moving around; holding and manipulating objects; physical co-ordination; incontinence; lifting; carrying or moving everyday objects; speech; hearing or eyesight (except if this is corrected with spectacles or contact lenses). It may also involve mental ability such as memory, concentration or learning and understanding.

Signature:

Date:

REHABILITATION OF OFFENDERS ACT 1974



Please complete this form in black ink or typescript and return it with your application form (please ensure all sections are completed).

Please complete in full

Position applied for:	Reference No.:
Surname/family name:	Forenames (in full):

The provisions of the Act relating to the non-disclosure of criminal convictions do not apply to certain occupations. The position for which you are applying is included in the exempted types of employment under the above order. As a consequence any criminal convictions or cautions (including reprimands and final warnings) may be taken into account when considering you for appointment. You are not entitled to withhold information about any convictions or cautions (including reprimands and final warnings) which are spent under the Act. Should you be offered employment this will be subject to a satisfactory criminal background check.

Details of any Criminal Offences or Cautions

Have you ever been convicted of a criminal offence or received a caution (including reprimand or final warning) <i>Please tick relevant box</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes, please provide details below (*continue on a separate sheet, if necessary*).
You should include details of the offence, the date of the conviction, the sentence you received and rehabilitation period. If you have any queries regarding the information requested, please contact the Human Resources Department on 01242 714111.

Declaration

I declare that the information given is to the best of my knowledge true and accurate. I understand that any misrepresentation or omission may result in my application not proceeding any further or, if appointed, may render me liable for dismissal.

Please tick to confirm the above statement is true

Signature:

Date:

Print name in full: