A close up of a sign

Description automatically generated

**Position Applied for:**

**Section - this section is compulsory**

Please complete the following section. The information will not be used as part of the selection process and will not be disclosed to the selection panel.

|  |  |  |
| --- | --- | --- |
| **Forename(s):** | **Surname:** | |
| **Previous Name(s):** | | |
| **Title: Dr/Mr/Mrs/Miss/Ms/Other (Please state)** | | **Sex: Male/Female** |
| **Place of Birth:** | **Date of Birth:** | |
| **National Insurance Number:** | | |

**Section 2 - this section is voluntary**

High Trees Community Development Trust is committed to a policy of equal opportunities in employment. To help us monitor the effectiveness of this policy it would be helpful if you would complete the following sections. The information will not be used as part of the selection process and will not be disclosed to the selection panel.

**Ethnic Origin**

Please tick a box from the list below which best describes the ethnic group to which you belong.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Asian or Asian British** | Indian |  | Pakistani |  |
|  | Bangladeshi |  |  |  |
|  | Other Asian background. Please specify | | |  |
| **Black or Black British** | Caribbean |  | African |  |
|  | Other Black background. Please specify | | |  |
| **Chinese or Other** | Chinese |  |  |  |
| **Ethnic Group** | Other. Please specify | | |  |
| **Mixed Race** | White and Black Caribbean |  | White and Black African |  |
|  | White and Asian |  |  | |
|  | Other Mixed background. Please specify | | |  |
| **White** | British |  | Irish |  |
|  | Other White background Please specify | | |  |
| **Other Ethic Origin** | Please specify |  |  |  |

**Sexuality**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Heterosexual**   |  | | --- | |  | | |  | | --- | |  |   **Lesbian/Gay** | |  | | --- | |  |   **Bisexual** | **Other**   |  | | --- | |  | | |  | | --- | |  |   **Prefer not to say** |

**Disability**

|  |
| --- |
| **Do you have any permanent or recurrent illnesses or disabilities? If yes, please specify. (A disability or health problem does not preclude full consideration for the job.)** |
| **Would you require any special arrangements/facilities if you were invited for interview/testing? If yes, please specify.** |