

The Chapter are committed to pursuing equal opportunity and welcome applications from all sections of the community. In order to evaluate the effectiveness of our policies, please complete this form. The information is confidential and only used for monitoring. It will not be divulged to anyone involved in the selection process.

Print Name..... Post applied..... Date.....

**Please place X in the appropriate boxes:**

Gender

FEMALE       MALE       OTHER /PREFER NOT TO SAY

Age Range

16 – 20       21 - 30       31 - 40       41 - 50

51 - 60       61 - 65       65+

I would describe my cultural/ethnic origin as:

BANGLADESHI	<input type="checkbox"/>	BLACK AFRICAN	<input type="checkbox"/>	MIXED-WHITE + ASIAN	<input type="checkbox"/>
INDIAN	<input type="checkbox"/>	BLACK – CARIBBEAN	<input type="checkbox"/>	MIXED WHITE + BLACK CARIBBEAN	<input type="checkbox"/>
PAKISTANI	<input type="checkbox"/>	BLACK – OTHER	<input type="checkbox"/>	MIXED WHITE + OTHER BLACK	<input type="checkbox"/>
OTHER ASIAN	<input type="checkbox"/>	CHINESE	<input type="checkbox"/>	WHITE - BRITISH	<input type="checkbox"/>
WHITE - IRISH	<input type="checkbox"/>	WHITE - OTHER	<input type="checkbox"/>	ANY OTHER	<input type="checkbox"/>

The Disability Discrimination Act defines disability as having or having had a physical or mental impairment which has substantial and long-term effects on a person’s ability to carry out normal day to day activities. Do you consider yourself to be disabled within the terms of the Act?

YES       NO

If ‘yes’, please specify, and explain how we could accommodate your needs in the role and at interview. Disabilities in no way preclude employment.

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