

Application Form - Appendix A

GA-F0001-A

PLEASE COMPLETE THIS FORM IN BLACK INK OR TYPESCRIPT

CONFIDENTIAL
EQUAL OPPORTUNITIES

Grace Academy operates a policy of equal opportunity for employment and advancement. We recruit and select on the basis of merit regardless of other factors such as age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion or beliefs, sex or sexual orientation.

We are committed to our equal opportunities policy and to monitoring it to ensure its full implementation. We aspire to be an equal opportunity employer.

Grace Academy would be grateful if you would take a few moments to answer the following questions about yourself. This section is not taken into account for the purposes of eligibility for appointment. Completion of this section is not compulsory and non-completion will not affect your access to the role. However, if you do complete this section, you will be helping Grace Academy to monitor the application and effectiveness of Equal Opportunity policies.

Post Title: _____

Last Name: _____ First Name(s): _____

Other Names You Have Used: _____

GENDER

- Male
 Female
 Transgender
 Prefer not to say

AGE GROUP

- Under 25
 25-40
 41-50
 Over 50
 D.O.B. ____ / ____ / ____

RELATIONSHIP STATUS

- Single Civil Partnership
 Married Living with Partner
 Divorced Other _____
 Widowed Prefer not to say

FAITH / RELIGION

- Christianity
 Sikhism
 Buddhism
 Islam
 Hinduism
 Judaism
 Other _____
 Prefer not to say

NATIONALITY

- British
 English
 Scottish
 Welsh
 Other _____
 Prefer not to say

ETHNIC BACKGROUND

- Asian**
 Bangladeshi
 Indian
 Pakistani
 Other _____
Black
 African
 Caribbean
 Other _____
Chinese
 Any or specify _____
White
 Any or specify _____
Mixed Ethnic
 Asian and White
 Black African and White
 Black Caribbean and White
 Other _____
 Any Other, specify _____
 Prefer not to say

DISABILITY

The Equality Act defines a disabled person as anyone who has, or has had a physical or mental impairment which has a substantial and long term effect on their ability to carry out normal day to day activities.

Do you consider yourself to have a disability or long term health condition?

- Yes No

If so, please give the nature of your disability:

