

**Private & Confidential
Equalities Form**



Please note that this information will not be considered in determining your suitability for the post. It will be kept in strict confidence and will be referred to for statistical purposes only.

Kingsridge Cleddans Housing Association is an Equal Opportunities Employer and all applicants for jobs with the Association will receive equal treatment irrespective of age, disability, gender reassignment, marital status, pregnancy & maternity, race, religion & belief, sex or sexual orientation. To help us monitor the effectiveness of the policy on Equal Opportunities, please provide the information requested below.

This form is removed before the completed application is passed to the recruiting panel.
All questions are optional.

Post Applied For						
Where did you see the post advertised/hear about the post?						
Do you have a disability (please refer to the definition below)?					Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>Kingsridge Cleddans Housing Association welcomes applications from disabled candidates and offers a guaranteed interview to those who meet the essential criteria for the vacant post.</i>						
If yes, is it:						
Physical?	<input type="checkbox"/>	Mental Ill Health?	<input type="checkbox"/>	Learning Disability?	<input type="checkbox"/>	
Visual Impairment?	<input type="checkbox"/>	Hearing Impairment?	<input type="checkbox"/>	Other	<input type="checkbox"/>	
Other (please specify):						

DISABILITY DEFINITION

Under the Equality Act 2010, a person has a disability if:

- They have a physical or mental impairment
- The impairment has a substantial and long-term adverse effect on their ability to perform normal day-to-day activities

For the purposes of the Act, these words have the following meanings:

- **Substantial** means more than minor or trivial.
- **Long-term** means that the effect of the impairment has lasted or is likely to last for at least twelve months.
- **Normal day-to-day activities** include everyday things like eating, washing, walking and going shopping.

How would you describe your ethnic origin? **(Please tick below)**

White		Asian, Asian Scottish or Asian British		Black, Black Scottish or Black British		Other Ethnic Background	
White Scottish	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	Arab	<input type="checkbox"/>
Other British	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	African	<input type="checkbox"/>	Arab Scottish	<input type="checkbox"/>
Irish	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Other Black Background	<input type="checkbox"/>	Arab British	<input type="checkbox"/>
Gypsy/Traveller	<input type="checkbox"/>	Chinese	<input type="checkbox"/>			Any Other Group	<input type="checkbox"/>
Polish	<input type="checkbox"/>	Other Asian Background	<input type="checkbox"/>				
Any Other White Background	<input type="checkbox"/>						
Mixed or Multiple Ethnic Background	<input type="checkbox"/>						

Marital Status - Please tick the option that best relates to you							
Single	<input type="checkbox"/>	Married	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Separated	<input type="checkbox"/>
Civil Partnership	<input type="checkbox"/>	Co-habiting	<input type="checkbox"/>	Widow/Widower	<input type="checkbox"/>		
Gender							
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Gender Reassignment	<input type="checkbox"/>		
Age - Please tick the age group that best relates to you							
16 – 24	<input type="checkbox"/>	35 - 44	<input type="checkbox"/>	55 - 64	<input type="checkbox"/>	75 +	<input type="checkbox"/>
25 - 34	<input type="checkbox"/>	45 - 54	<input type="checkbox"/>	65 - 74	<input type="checkbox"/>		

We appreciate that for some people the following questions are very personal. You are under no obligation to answer these questions.

Religion and Belief - Please tick the option that best relates to you							
Roman Catholic	<input type="checkbox"/>	Muslim	<input type="checkbox"/>	Church of Scotland	<input type="checkbox"/>		
Atheist/Agnostic (please delete)	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>				
Sexual Orientation							
Bi-sexual	<input type="checkbox"/>	Heterosexual	<input type="checkbox"/>	Homosexual	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>