Supplementary Forms

Equal Opportunities

Ephsol Education values diversity and has an Equalities Policy to ensure that all applicants are treated fairly and that they are appointed solely on their suitability for the post irrespective of race, gender, disability, sexuality or age.

The School is also committed to ensuring equal access to employment and details and this form will allow us to identify any groups that are under-represented in our workforce. The information you give us here will only be used for the purposes of human resource management.

|  |  |  |  |
| --- | --- | --- | --- |
| Last Name: |  | | |
|  |  | | |
| First Name: |  | Date of Birth: |  |

Ethnic Group

I would describe myself as (please tick one box)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| White |  |  |  | Mixed |  |  |  | Asian or Asian British | |
| British | |  | | --- | |  | |  |  | White & Black Caribbean | |  | | --- | |  | |  |  | Indian | |  | | --- | |  | |
| Irish | |  | | --- | |  | |  |  | White & Black African | |  | | --- | |  | |  |  | Pakistani | |  | | --- | |  | |
| Any Other White Background | |  | | --- | |  | |  |  | White & Asian | |  | | --- | |  | |  |  | Bangladeshi | |  | | --- | |  | |
| Black or Black British | |  |  | Any Other Mixed Background | |  | | --- | |  | |  |  | Any Other Asian Background | |  | | --- | |  | |
| Caribbean | |  | | --- | |  | |  |  | Chinese or Other Ethnic Group | |  |  |  |  |
| African | |  | | --- | |  | |  |  | Chinese | |  | | --- | |  | |  |  |  |  |
| Any Other Black Background | |  | | --- | |  | |  |  | Other | |  | | --- | |  | |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Gender |  |  |  |  |  |  | Disability |  |  |  |  |  |  |
| Female | |  | | --- | |  | |  | |  | | --- | |  | | Male |  |  | Are you disabled? |  | Yes | |  | | --- | |  | |  | |  | | --- | |  | | No |

If Yes, what access arrangements, adjustments or adaptations would help you to do this job?

|  |
| --- |
|  |

If we ask you to come for interview, are there any access arrangements, adjustments or adaptations you would like us to provide?

|  |
| --- |
|  |

Eligibility to Work

Are you eligible to work in the UK?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes: | |  | | --- | |  | | No: | |  | | --- | |  | |

|  |  |
| --- | --- |
| Please give your National Insurance number: |  |

Do you require a work permit to work in the UK?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes: | |  | | --- | |  | | No: | |  | | --- | |  | |

If yes, please attach a copy of your latest work permit. If there are any restrictions on the periods you are permitted to work, please detail these on a separate sheet.

|  |  |
| --- | --- |
| Where did you see the advertisement? |  |

Working with Vulnerable People

Jobs involving work with children, older people, those with disabilities, learning difficulties and other vulnerable groups are exempt from the provisions of the Rehabilitation of Offenders Act 1974. If you are applying for work in any of these areas, you are required to state whether or not you have any convictions or there are any criminal charges or summonses pending against you. This applies whether or not your conviction is regarded as ‘spent’. You will also be required to undertake a check for convictions by the Disclosure and Barring Service (DBS). A conviction will not necessarily be a bar to employment.

Have you ever been disqualified from working with any vulnerable people, including children?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Yes: | |  | | --- | |  | | No: | |  | | --- | |  | | If Yes, please give details on a separate sheet. |

Do you have a conviction or caution or actions pending?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Yes: | |  | | --- | |  | | No: | |  | | --- | |  | | If Yes, please give details on a separate sheet. |

If my application is successful I agree to complete an application form for an enhanced DBS check to be carried out.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signed: |  |  | Date: |  |