

Individual Homecare Services is committed to being an equal opportunities employer and we welcome applications from all sections of the community. We will ensure that all candidates for employment are treated fairly, and in order to monitor our responsibilities and to measure our progress towards widening diversity among our workforce, we would be grateful if you would answer the simple questions in the boxes below. The information you provide will remain anonymous and is for statistical monitoring purposes only. This 2-page form will be separated from your application upon receipt and is not used as part of the applicant selection process.

Job Reference No: _____

A: BASIC DETAILS							
Your age range:	16 - 20		Your marital status:	Married		Nationality:	
	21 - 25			Married / separated			Your gender:
	26 - 49			Divorced		Female	
	50 - 60			Single		Transgender	
	60+			Widowed			

B: ETHNICITY (2001 Census classification)					
Please tick the box alongside the category that you feel best describes your ethnic origin, using the 2001 Census classification below					
WHITE:	British		MIXED RACE:	White and Black Caribbean	
	Irish			White and Black African	
	Any other White background			White and Black Asian	
BLACK or BLACK BRITISH:	Caribbean		ASIAN or ASIAN BRITISH:	Any other Mixed background	
	African			Indian	
	Any other Black background			Pakistani	
CHINESE			Bangladeshi		
ANY OTHER ETHNIC GROUP			Any other Asian background		

C: RELIGION / BELIEF			
Please tick your religion / belief group			
Christian		Muslim / Islam	
Adventist		Sikh	
Judaism		Rastafarian	
Mormon		Zoroastrian / Parsi	
Buddhist		Bahá'í	
Hindu		No religion	
Jainism		Do not wish to answer	

Job Reference No: _____

D: DISABILITY

The Disability Discrimination Act, 1995, (DDA) provides for disabled people to have a legal right to fair treatment in employment matters. When answering this question please note that the DDA defines a disability as “a mental or physical impairment which has a substantial and long-term adverse effect upon a person’s ability to carry out normal day-to-day activities”.

Please tick the description(s) that you feel best describes your impairment:

NO DISABILITY	<input type="checkbox"/>	Unseen disability (e.g. diabetes, epilepsy, asthma)	<input type="checkbox"/>
Dyslexia	<input type="checkbox"/>	Autistic Spectrum Disorder (e.g. Asperger’s Syndrome)	<input type="checkbox"/>
Blind / Partially sighted	<input type="checkbox"/>	Personal Care Support	<input type="checkbox"/>
Deaf / Hearing impediment	<input type="checkbox"/>	Multiple disabilities	<input type="checkbox"/>
Wheelchair user / Mobility difficulties	<input type="checkbox"/>	Other mobility difficulty	<input type="checkbox"/>
Mental Health condition	<input type="checkbox"/>	Other disability	<input type="checkbox"/>

Thank you for your assistance