

**EQUAL OPPORUNITES MONITORING FORM**

Post: Chief Executive Officer

Name:

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| **EQUAL OPPORTUNITIES MONITORING** |
| This section of the form is CONFIDENTIAL and will be detached from your application pack prior to interview.Veritas Multi Academy Trust recognises and actively promotes the benefits of a diverse workforce and is committed to treating all employees with dignity and respect regardless of race, gender, disability, age, sexual orientation, religion or belief. We therefore welcome applications form all sections of the community. |
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| **Ethnic Group** (approved by the commission for Racial Equality) |
| **White** |
| British □ | Irish □ | Any other White background\*   |
| **Mixed** |
| White and Black Caribbean □ | White and Black Caribbean □  | Any other Mixed background\*   |
| **Black or Black British** |
| Caribbean □ | African □ | Any other Black background\*   |
| **Asian or Asian British** |
| Indian □ | Pakistani □ | Bangladeshi □ | Any other Asian background\*  |
| **Chinese or Other Ethnic Group** |
| Chinese □ | Other Ethnic Group\* |
| **Gender**Male □ | Female □ |
| **Date of birth** |
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| If you wish you my disclose information about yourself in this section about your: |
| Religion/Beliefs |
| Sexual Orientation |

\*Please specify

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| **Disability Statement**Veritas Multi Academy Trust aims to be a fair employer and is committed to equal opportunity for disabled people. Applications from disabled people are welcome. If you are offered an interview, we have a policy of providing appropriate access and equipment to ensure that disabled people are considered on an equal basis. If you would like further assistance or advice about this application we will try to help. |
| Please answer the following questions: |
| 1. Do you consider yourself to be disabled?
 | Yes □ | No □ |
| IF YES, do you consider yourself to be disabled under the terms of the Disability Discrimination Act? | Yes □ | No □ |
| The Disability Discrimination Act 1995 defines disability as **‘a physical or mental impairment which has a substantial and long-term adverse affect on an individual’s ability to carry out normal day-to-day activities’.** |
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| 1. Is there anything you would particularly like to tell us about your disability?
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| 1. Do you wish us to try to arrange for any of the following to be available, if you are called for interview?
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| □ Induction loop or other hearing enhancement |
| □ Sign language interpreter (please state type) |
| □ Keyboard for written tests |
| □ Someone with you at the interview (e.g. advocate or facilitator) |
| □ Assistance in and out of vehicle |
| □ Accessible car parking |
| □ Wheelchair access |
| □ Accessible toilet |
| Other assistance (please specify) |
| **The information you have given will be treated as confidential and is necessary to enable us to provide appropriate adjustments and facilities for your interview. Thank you for providing this information.****We reserve the right to verify information supplied on this form.** |