

The University of Chichester Academy Trust is requesting the following information to help identify the effectiveness of our recruitment and selection processes in engaging a diverse workforce. The information you provide on this form will not be seen by anyone involved in the selection of the post. However, it will be recorded anonymously for statistical reports we are required to complete.

Please indicate your ethnic group?		
White British Irish Gypsy or Traveller Other White background Mixed/multiple ethnic groups	someoi has a s ability t conside treatme	uality Act 2010 defines a disabled person as ne who has a physical or mental impairment that ubstantial and long term adverse effect on their o carry out normal day-to-day activities. When ering the above any surgery, medication or ent you have had, or are having should be I. Diabetes, cancer, HIV infection and multiple
White and Black Caribbean		is are also defined as disabilities.
 White and Black African White and Asian 		considered the above, do you believe that inition applies to you?
Other mixed background		Yes No known disability
Asian / Asian British		Prefer not to say
Asian / Asian British	Please	tick as many boxes that you feel apply to you:
Bangladeshi Chinese Other Asian background		Long-standing illness or health condition, such as cancer, HIV, diabetes, chronic heart disease, or epilepsy
Black / African / Caribbean / Black British		Mental health condition such as depression, schizophrenia or anxiety disorder
African Caribbean Other Black background		Physical impairment or mobility issues, such as difficulty using arms or using a wheelchair or crutches
Arab		Deaf or serious hearing impairment
Any other ethnic group (specify if you wish)		Blind or serious visual impairment, uncorrected by glasses
		Specific learning disability, e.g. dyslexia, dyspraxia or AD(H)D.
What is your gender?		General learning disability, e.g. Down's syndrome
Male Female Other		A social/communication impairment such as Asperger's Syndrome/other autistic spectrum disorder.
What is your marital status?		Two or more impairments and/or disabling medical conditions
Partner Single Widowed		A disability, impairment or medical condition that is not mentioned above
Not Specified		Prefer not to say
Which of the following options best describes how you think of yourself?	What is	s your religion or belief?
Heterosexual Bisexual		Christian
Gay man Gay Woman/Lesbian		Buddhist Hindu
Other		Jewish Muslim
Prefer not to say		Sikh No religion Spiritual Prefer not to say
Date of Birth:		Any other religion or belief