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| --- | --- | --- | --- | --- |
| 1. **Please state which job you have applied for and your date of birth.**

|  |  |
| --- | --- |
| Position Applied For: | Click here to enter text |

|  |  |
| --- | --- |
| Date of Birth: | Click here to enter text |

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| **2. Where did you hear about the job for which you have applied? (Please Tick)**

|  |  |
| --- | --- |
| School Website | [ ]   |
| Recruitment Agency | [ ]  Please Specify: Click here to enter text |
| Friend | [ ]   |
| Newspaper | [ ]  Please Specify: Click here to enter text |
| Other | [ ]  Please Specify: Click here to enter text |

 |
| **3. What is your gender? (Please Tick**)  Male [ ]  Female [ ]  Prefer not to say [ ] If you are currently undergoing the process of gender reassignment, please tick your future gender. |
| **4. What is your country of birth?**Click here to enter text |
| **5. How would you describe your nationality and/or ethnicity? (Please Tick)**

|  |  |  |  |
| --- | --- | --- | --- |
| **White**British – English, Scottish, WelshIrishAny Other White Background Please Specify: Click here to enter text | [ ] [ ] [ ]  | **Black or Black British**AfricanCaribbeanAny Other Black Background Please Specify: Click here to enter text | [ ] [ ] [ ]  |
| **Asian or Asian British**Indian PakistaniBangladeshi ChineseAny Other Asian Background Please Specify: Click here to enter text | [ ] [ ] [ ] [ ] [ ]  | **Mixed Race**White and Black CaribbeanWhite and Black AfricanBlack and AsianWhite and AsianAny Other Mixed Background Please Specify: Click here to enter text | [ ] [ ] [ ] [ ] [ ]  |
| **Other Ethnic Group** Please Specify: Click here to enter text | [ ]  |  |  |

 |
| **6. How would you describe your religion? (Please Tick)**

|  |
| --- |
| I would describe my religion as: |
| None | [ ]  | Buddhist | [ ]  | Muslim | [ ]  |
| Catholic | [ ]  | Hindu | [ ]  | Sikh | [ ]   |
| Christian | [ ]  | Jewish | [ ]  | Any OtherPlease Specify: Click here to enter text | [ ]  |

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| **7.** *The legal definition of a disability is ‘a physical or mental impairment which has a substantial and long-term adverse effect on a person’s ability to carry out normal day-to-day activities.’* **Do you have a disability, long-term illness (mental or physical), and/or on-going medical condition that we should be aware of?**  Yes [ ]  No [ ]  |

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| **8.** In compliance with the General Data Protection Regulation (GDPR), we wish to ensure you are aware of the purpose for which we are requesting your consent to collect and process the data we have asked you to provide on this application form. For further information on the data we collect and the reasons for this, please contact the trust.**For the purposes of compliance with the General Data Protection Regulation, I hereby confirm that by completing this form I give my consent to The Bishop Wilkinson Catholic Education Trust in processing the data supplied above in connection with monitoring compliance with its equal opportunities obligations and policy. I also agree to the storage of this information on manual and computerised files.**

|  |  |
| --- | --- |
| Signed: | Click here to enter text |
| Date: | Click here to enter text |

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