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# **PERSONAL DETAILS FORM**

Dixon Walter is committed to equality of opportunity, to eliminating unfair discrimination and to ensuring diverse fields for every appointment. We seek to ensure that job applicants are treated solely on the basis of their merits, abilities and potential, regardless of age, disability, sex, gender identity, marital status, race, religion or belief and sexual orientation.

We and our clients monitor our practices to make sure they are fair and open to all sections of the community so we greatly appreciate your co-operation in providing the information requested. The sensitive information provided in this form will will be treated as strictly confidential and will be used for monitoring purposes only. It will not be seen by those making the final selection decision.

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| PERSONAL DETAILS |

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| Title: | Contact Telephone Number: |
| First Name: | Personal Email address: |
| Surname (Last Name): | Alternative/work email address: |
| Home address:  Post/Zip/Area Code: | Nationality: |
| Do you have the right to work in the UK?  **Yes  No** |
| If No, are you currently in the process of applying for settlement under the EU Settlement Scheme?  **Yes  No** |
| Date of Birth: Click or tap to enter a date. |

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| SEX |
| Female  Male  Non-binary  Prefer to self-describe (please state): Click or tap here to enter text. Prefer not to say |
| GENDER IDENTITY |
| **Does your gender identity match your sex originally assigned at birth?**  Yes  No  Prefer not to say |
| ETHNICITY |
| |  |  |  | | --- | --- | --- | | **White** White  Gypsy or Traveller | **Mixed**  White and Black Caribbean  White and Black African  White and Asian  Other Mixed background | **Asian or Asian British**  Indian  Pakistani  Bangladeshi  Other Asian background | | **Black or Black British**  Caribbean  African  Other Black background | **Other ethnic group**  Chinese  Arab | **Other Ethnic background**  **Prefer not to say** | |
| **DISABILITY** |
| The Equality Act 2010 defines disability as 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 consider yourself to be disabled within the definition of the Equality Act 2010?**    Yes  No  Prefer not to say  **If you have answered yes, please advise if any reasonable adjustments are required during**  **this recruitment process:**  Click or tap here to enter text. |
| **SEXUAL ORIENTATION** |
| Bisexual  Gay Man  Gay Woman/Lesbian  Heterosexual  Other (please confirm)  Click or tap here to enter text.  Prefer not to say |
| **RELIGION & BELIEF** |
| |  |  |  | | --- | --- | --- | | Agnostic  Buddhist  Christian  Hindu  Humanist | Jewish  Muslim  Sikh  Spiritual  No religion | Other (Please state)  Click or tap here to enter text.  Prefer Not to Say | |

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| **Thank you for completing this form. Please sign below to indicate that the information provided is accurate and that you consent to Dixon Walter processing this data.** | |
| Signed | Date Click or tap to enter a date. |

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