

# PERSONAL DATA FORM

As part of our ongoing commitment to equal opportunities, Dixon Walter monitors the composition of all applicants. The information will be used solely for that purpose.

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| PERSONAL DETAILS | |
| **Please note that names must be precisely as shown on official document e.g. passport** | |
| Title: | Date of Birth: |
| First Name: | Gender:  **Female  Male  Transsexual  Transgender**  **Intersex  Genderqueer  Prefer not to say** |
| Preferred First Name: | Nationality: |
| Middle Name(s): |
| Surname (Last Name): |
| Home Address:  Post/Zip/Area Code: | Home Contact Telephone Number:  Private E-mail: |
|  | Alternative Contact Telephone Numbers:  Alternative/Work E-mail: |

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| EQUAL OPPORTUNITIES MONITORING |
| **What is your ETHNIC GROUP? This data is used solely for monitoring purposes**  Please tick the most appropriate box to indicate your background.   |  |  |  | | --- | --- | --- | | **A White** White  Gypsy or Traveller | **B Mixed**  White and Black Caribbean  White and Black African  White and Asian  Any other Mixed background | **C Asian or Asian British**  Indian  Pakistani  Bangladeshi  Any other Asian background | | **D Black or Black British**  Caribbean  African  Any other Black background | **E Other ethnic group**  Chinese  Arab  Any other Ethnic background | **If you have ticked an ‘Other’ box, please write in the details below:**  …………………………………………………. | | Information refused |  |  | | **Do you have a disability?**  The Equality Act 2010 describes a disabled person as: “anyone who has a physical or mental impairment, which has a substantial and long term (for at least 12 months) adverse effect on his or her ability to carry out normal day-to-day activities.” | | | | Using this definition, do you think you have a disability? **Yes  No  Information refused** | | | |
| **How would you describe your sexual orientation? This data is used solely for monitoring purposes.**  Please tick the most appropriate box to describe yourself.  Heterosexual  Gay/ Lesbian  Bisexual  Prefer to self-describe (please confirm) …………………………………………………………….  Information Refused |

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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. |