

# 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.

|  |
| --- |
| PERSONAL DETAILS |
| Title:  | Date of Birth:  |
| First Name:  | Nationality:  |
| Preferred First Name:  | Home Contact Telephone Number: Private E-mail:  |
| Middle Name(s):  |
| Surname (Last Name):  |
| Home Address: Post/Zip/Area Code:  | Alternative Contact Telephone Numbers: Alternative/Work E-mail:  |
|  |

|  |
| --- |
| GENDER |
| **This data is used solely for monitoring purposes.** Please tick the most appropriate box to describe yourself.Female [ ]  Male [ ]  Non-binary [ ]  Prefer to self-describe (please state): ……………….Prefer not to say [ ] **Does your gender identity match your sex as registered at birth?**Yes [ ]  No [ ]  Prefer not to say [ ]  |
| 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:**…………………………………………………. |
| [ ]  **Prefer not to say**  |  |  |

 |
| **DO YOU HAVE A DISABILITY?**  |
|

|  |
| --- |
| **This data is used solely for monitoring purposes.** Please tick the most appropriate box to describe yourself.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** [ ]  **Prefer not to say** [ ] **If you have answered yes, please advise if any reasonable adjustments need to be made during this recruitment process.**………………………………………………………………………………………………………………. |

 |
| **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) [ ] …………………………………………………………….Prefer not to say [ ]  |

|  |
| --- |
| **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. |

