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# 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.

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| **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** [ ]  |

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| **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. |