



PLEASE READ

Once completed, please email or post the form back to us.
NOTE: Form not compatible with iMac and MacBook.

We hope that you will assist us by completing this form. This information is being gathered to monitor the operation of Your World Recruitment Group's Equal Opportunities policies and the effectiveness of advertising media used, and for no other reason.

The data will be treated with the utmost confidentiality. It will not be taken into account in assessing information on your application form.

INFORMATION

Position applied for:			
Gender:	<input type="radio"/> Male	<input type="radio"/> Female	
Marital status:	<input type="radio"/> Married	<input type="radio"/> Single	<input type="radio"/> Divorced
Age:	<input type="radio"/> Under 30	<input type="radio"/> 30 - 44	<input type="radio"/> 45 and over
Nationality:			
White:	<input type="radio"/> English	<input type="radio"/> Irish	<input type="radio"/> *Other
Mixed:	<input type="radio"/> White and Black Caribbean	<input type="radio"/> White and Black African	<input type="radio"/> White and Asian
Asian or Asian British:	<input type="radio"/> Indian	<input type="radio"/> Pakistani	<input type="radio"/> Bangladeshi
	<input type="radio"/> Japanese	<input type="radio"/> Chinese	<input type="radio"/> *Other
Black or Black British:	<input type="radio"/> Caribbean	<input type="radio"/> African	<input type="radio"/> *Other
*Other (please specify):			
Religion:	<input type="radio"/> Christian	<input type="radio"/> Muslim	<input type="radio"/> Sikh
	<input type="radio"/> Jewish	<input type="radio"/> Hindu	<input type="radio"/> Buddhist
	<input type="radio"/> No religion or belief	<input type="radio"/> Other	

Disability is defined by the Disability Discrimination Act 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. The disability could be physical, sensory or mental and must be expected to last at least 12 months.

Are you a disabled person as defined by the Disability Discrimination Act? Yes No

Are you an ex-user of mental health services? Yes No

DECLARATION

The information supplied is true to the best of my belief. I agree to inform my employer of any health problems so that my health and safety can be protected whilst at work.

Signed:

Print name:

Date: