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# **PERSONAL DETAILS FORM**

Dixon Walter is committed to equality, diversity, and inclusion and ensuring that all applicants are evaluated based on their abilities and the requirements of the role. This includes not discriminating under the Equality Act 2010 and building an accurate picture of the profile of our applicants for monitoring purposes and to help inform and ensure fair and inclusive practice. Whilst providing sensitive information is voluntary, we appreciate your help in helping us fulfil our legal, social and moral obligations.

The information requested in this form is done so in good faith and will be held in accordance with the Data Protection Act 2018. Sensitive information provided is treated as strictly confidential and used for monitoring purposes only. If you have any questions about completing this form or require it in a different format please email [info@dixonwalter.co.uk](mailto:info@dixonwalter.co.uk)

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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** |

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| AGE RANGE |
| |  |  | | --- | --- | | 18 – 25  ☐ 26 - 30  31 - 40  41 - 50 | 51 – 64  65+  Prefer not to say | |
| SEX |
| Female  Male  Prefer to self-describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Prefer not to say |
| **Does your gender identity match your sex originally assigned at birth?**  Yes  No  Prefer not to say |
| ETHNICITY |
| |  |  |  | | --- | --- | --- | | **White** White  Gypsy or Traveller  Other White background | **Mixed/Multiple Ethnic Groups**  White and Black Caribbean  White and Black African  White and Asian  Other Mixed background | **Asian or Asian British**  Indian  Pakistani  Bangladeshi  Chinese  Other Asian background | | **Black or Black British**  Caribbean  African  Other Black background | **Arab**  Arab | **Other Ethnic background**  **Prefer not to say** | |
| **DISABILITY** |
| Under the Equality Act 2010, a person is considered to be disabled 'if they have a physical or mental impairment, and the impairment has a substantial and long-term adverse effect on his or her ability to carry out day-to-day activities’. ‘Substantial' is defined by the Act as 'more than minor or trivial'. An impairment is considered to have a long-term effect if:   * It has lasted for at least 12 months * It is likely to last for at least 12 months, or * It is likely to last for the rest of the life of the person.   Day-to-day activities are not defined in the Act, but in general they are things people do on a regular or daily basis, for example eating, washing, walking, reading, writing or having a conversation.  **Would you consider yourself to have a disability?**    Yes  No  Prefer not to say |
| **Reasonable Adjustments**: We use the information in this form for monitoring purposes only, however if you have a disability we may need to discuss this with you if reasonable adjustments are required during the recruitment process to ensure it is accessible and inclusive. Please indicate if reasonable adjustments are required:  Yes  No |
| **SEXUAL ORIENTATION** |
| Please select the option that best describes your sexual orientation:  Heterosexual/Straight  Gay man  Gay woman/Lesbian  Bisexual  Prefer to self-describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Prefer not to say |
| **MARITAL STATUS (Select all that apply)** |
| Co-habiting or living with a partner  Married or in a civil partnership  Separated, divorced or civil partnership dissolved  Single  Widowed or a surviving partner from a civil partnership  Other (specify, if you wish): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Prefer not to say |
| **RELIGION & BELIEF** |
| |  |  |  | | --- | --- | --- | | No religion (including atheist)  Buddhist  Christian  Hindu  Humanist | Jewish  Muslim  Sikh  Spiritual  Prefer Not to Say | Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| **Thank you for completing this form. By signing below you confirm 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. |