###### DISCLOSURE OF INFORMATION

##### **Are you related to any members of the 1st Place Board of Trustees? (Please circle)**

Yes (please give details) Yes / No

##### **Have you ever been dismissed from any employment? (Please circle)**

Yes / No

###### REHABILITATION OF OFFENDERS ACT 1974

I confirm that, to the best of my knowledge, the details given are correct. I understand that the post applied for is NOT protected by the Rehabilitation of Offenders Act 1974 and that I must disclose information about all criminal convictions (if any), no matter when they occurred. In the event of employment, failure to disclose all previous convictions, even if they are ‘spent’ could result in disciplinary action, including dismissal. (Please note that all information is confidential and will be considered only if relevant to the post you have applied for).

##### **Have you ever been convicted of a criminal offence? (Please circle)**

Yes / No

If yes, please provide details of convictions or sentence on a separate sheet.

**PROFESSIONAL REGISTRATION DECLARATION**

**Have you been or are currently subject to fitness to practice proceedings by an appropriate licensing or regulatory body in the UK or any other country?**

**(Please circle)**

Yes / No

If yes, please provide details of the nature of proceedings undertaken, or contemplated, including dates of proceedings, country where proceedings were undertaken and the name of the licensing or regulatory body concerned on a separate sheet.

DECLARATION

**I declare that the information given on this form is true and complete. I understand that any false information included on this form could lead to disciplinary action which may result in dismissal.**

**Signed: …………………………………………….. Date: ………………………**



**EQUAL OPPORTUNITIES FORM**

1st Place recognises the benefits of having a diverse workforce and welcomes applications from all sections of the community. We are committed to ensuring that no applicant receives less favourable treatment on the grounds of age, race, sex, religion or belief, marital status, disability, sexual orientation or gender self-identity or is disadvantaged by any conditions or requirements which cannot be shown to be justifiable.

1st Place aims to meet the commitments set out in its Equality Policy. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of the workforce in encouraging equality and diversity. To ensure that no applicant is being unfairly discriminated against or disadvantaged, we would be grateful if you could voluntarily complete this Equal Opportunities form. Please note that this form will be separated from your application form and will remain confidential.

1. **I describe my ethnic origin as (please tick the relevant box)**

**White**

British

Irish

Any other White background (please specify)

…………………………………….

**Mixed**

White and Black Caribbean

White and Black African

White and Asian

Any other Mixed background (please specify) ……………………………………

**Asian or Asian British**

Indian

Pakistani

Bangladeshi

Any other Asian background (please specify) ……………………………………

**Black or Black British**

African

Caribbean

Any other Asian background (please specify)

……………………………………

**Other Ethnic Group**

Chinese

Prefer not to say

Other (please specify) ……………………………………

1. **Gender**

Male

Female

Intersex

Non-binary

Prefer not to say

If you prefer to use your own term, please specify here

…………………………………

1. **Are you in a married or in a civil partnership?**

Yes

No

Prefer not to say

1. **Age**

25 and under

26-35

36-45

46-55

56-65

66+

Prefer not to say

1. **Do you consider yourself to have a disability?**

Registered disabled

Unregistered disabled

Not disabled

1. **How would you describe your sexual orientation?**

Bi-sexual

Gay

Lesbian

Heterosexual

Prefer not to say

If you prefer to use your own term, please specify here

………………………………..

1. **What would you describe as your religion or belief?**

Buddhist

Christian

Hindu

Jewish

Muslim

Sikh

No religion

Prefer not to say

Other (please specify) ………………………………………..



**Positive about disabled people**

**Monitoring form**

We aim to ensure that people with disabilities receive fair treatment and are considered solely on their ability to do the job. If you are disabled, you are guaranteed an interview if you meet the minimum requirements for the post.

Please note that this form will be kept separate from your application and is not included in the shortlisting process. Your answers will be treated in the strictest confidence and only used for monitoring purposes.

Name: ……………………………………………………………………………...

Position applied for: ……………………………………………………………………...

Job reference number: …………………………………………………………………...

##### **Do you consider yourself to be disabled? (Please circle)**

Yes No

**ADDITIONAL REQUIREMENTS**

**Do you have any medical condition or disability that you believe we should be aware of (either mental or physical):**

***(a) In relation to adjustments that you may need us to make to enable you to participate in the recruitment process e.g interviews and tests? (Please circle)***

Yes (please give details) Yes/No

***b) In relation to your employment and for which you may require support, modifications, adjustments, or special equipment to assist you in carrying out the duties of this post?***

Yes (please give details) Yes/No