# **Job Application Survey Form**

Please fill in ALL SECTIONS in Black Ink.

###### The information supplied on this form will be treated as **STRICTLY CONFIDENTIAL** and will not be used in any way when assessing your suitability for employment.

WE ARE COMMITTED TO AN EQUAL OPPORTUNITIES POLICY TO ENSURE THAT ALL JOB APPLICANTS AND EMPLOYEES ARE TREATED FAIRLY IRRESPECTIVE OF SEX, SEXUAL ORIENTATION, AGE, MARITAL STATUS, RELIGION, DISABILITY, RACIAL OR ETHNIC ORIGIN.

This section of the Application form will help us monitor the effects of our policy. It will be separated from the remainder of the application form on receipt and kept confidentially by the Department of Human Resources.

**Personal Details**

Gender:

Age:

Personal Status:

Single ❑ Married ❑ Widowed ❑ Divorced ❑ Other (Please Specify)

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| **Ethic Origin**  *(The following categories are recommended by the Commission for Racial Equality. If you feel the choices do not provide a suitable option, please write how you would describe your ethnic origin)*  (a) White (b) Mixed  ❑ British ❑ White and Black Caribbean  ❑ Irish ❑ White and Black African  ❑ Any other White background ❑ White and Asian  ❑ Any other mix background  (c) Asian or Asian British (d) Black or Black British  ❑ Indian ❑ Caribbean  ❑ Pakistani ❑ African  ❑ Bangladeshi ❑ Any other Black background  ❑ Any other Asian background  (e) Chinese or other ethnic group  ❑ Chinese  ❑ Any other  If you have ticked one of the ‘Any’ Other Boxes, please describe your ethnic origin below…..  …………………………………………………………………………………………..…… |
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| **Religion**  *(If you feel the choices do not provide a suitable option, please write how you would describe your religion)*  ❑ Christian ❑ Muslim  ❑ Sikh ❑ Hindu  ❑ Jew ❑ Buddhist  Other  (Please state………………….) |
| **Sex:**  Male ❑  Female ❑  Sexual Orientation……………………… |

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| **Medical Health**  New employees may be required to undergo a full pre-employment medical examination/assessment. |

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| **Disability**  Applications from disabled people are welcome and applicants with a disability or health problem will be given full consideration against the requirements of the post and any reasonable adjustments that can be made.  Do you have a disability, which is relevant to your job application? Yes: ❑ No: ❑  Are there any special facilities you would like us to provide to help you attend or participate in an interview, or to perform this job? Yes: ❑ No: ❑  If “yes”, indicate here if you are aware of any adjustments that the Organisation could make to enable you apply for or carry out the job? (see guidance notes)  The Organisation will make reasonable adjustments to the recruitment and selection process and to the job for successful candidates where the need for these is made known by the applicant/employee.  **Definition of Disability**  The Equality Act 2010 defines disability as follows: A person has a disability if he/she has a physical or mental impairment which has a substantial and long term effect on his/her ability to carry out normal day to day activities.  According to the Act, a disabled person is currently someone who:   * Has a physical or mental impairment; * The impairment has an adverse and substantial effect on his or her ability to carry out normal day to day activities; * The effect of the impairment is long term.   Physical or mental impairments are not defined in the Act but examples of conditions covered include:   * Physical impairments: diabetes; epilepsy; multiple sclerosis; cancer, cerebral palsy; heart disease. * Mental impairments: schizophrenia; dyslexia; bi-polar disorder (manic depression); learning disabilities.   Sensory impairments, such as blindness, having partial sight or hearing loss are also included within “physical and mental impairments”. |

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| **Disclosure of Criminal Conviction (rehabilitation of Offenders Act 1974**  This information will be completely confidential and will only be considered in relation to your application. |
| Do you have any criminal convictions? Yes: ❑ No: ❑ |
| Are there any current criminal proceedings against you? Yes: ❑ No: ❑ |
| If the answer to either of these questions is YES, please give details : |

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| **General**  Are you related to anyone already employed by the Organisation? Yes: ❑ No: ❑ |
| If yes, please specify name of person: |
| Where you saw this vacancy advertised :  (e.g. EDP/YMCA Norfolk website/Network Norwich website & etc) |

I understand that this information may be stored and processed as part of YMCA Norfolk’s monitoring of equal opportunities and as part of the recruitment procedure and give my consent for my details to be used for this purpose.

Signature : .......................................................................... Date: ............................................

Please return the Application Form to:

**Lisa Xuereb**

**HR Advisor**

**YMCA Norfolk  
35 – 37 Exchange Street**

**Norwich**

**Norfolk**

**NR2 1DP**