|  |  |  |
| --- | --- | --- |
| **PERSONAL DETAILS** | **Our Reference:**  |  |
|  |  |  |  |
| **Title and Full Name** |
|  |
|  |
| **Address** |
|  |
|  | **Postcode** |  |
| **Main Contact Number** |  | **Alt. Contact Number** |  |
| **Email Address** |  |
|  |
| **Date of Birth** |  |  |
|  |
| **What gender do you identify as?** |
|  |
| **Do you identify as LGBTQ+?** Please delete as necessary | **Yes** | **No** |
|  |
| **What ethnicity do you identify as?** |
|  |
|  |
| **Do you have a physical or mental impairment that has a significant long-term impact?** If yes, please describe below. |
|  |
| **Do you need special help if selected for an interview?** | **Yes** | **No** |

|  |  |  |
| --- | --- | --- |
| **INTERVIEW NEEDS** | **Our Reference:**  |  |
|  |  |  |  |
| **Arrangements for interview** |
| Should you be invited for an interview would you require any special arrangements or adjustments in relation to: |
| Communications | Yes | No |
| Timing | Yes | No |
| Access | Yes | No |
| Room Arrangements | Yes | No |
|  |
| **Please give details of any special arrangements or adjustments below** |
|  |
|  |
| **Arrangements if appointed** |
| Should you be appointed to this role, is there anything additional you would require to mitigate your impairment? |
|  |