Equal Opportunities Monitoring Form

The company is an equal opportunities employer. We aim to ensure that no job applicant or employee will receive less favourable treatment on the grounds of sex, marital status, gender reassignment, race, colour, nationality, ethnic origin, disability, religion or belief, political belief, sexual orientation, pregnancy or childbirth, membership of a trade union, part-time working or age.

Post Applied for:	Location:				
Surname:	First Name:				
Date of Birth:	Gender: Male Female				
What is your marital status:					
Divorced: Single Married/Civil Partner Partner Widowed Prefer not to say					
Do you have any dependant children?					
Yes No Prefer not to say					
Do you have any dependant adults?					
Yes □ No □ Prefer not to say □]				
What is your religion or belief?					
Buddhist Hindu Muslim Chris	tian 🗆 Jewish 🗆 Sikh 🗆				
No religion □ Prefer not to say □ Other □ (please specify):					
What is your sexual orientation?					
Bisexual □ Gay Man □ Gay Woman/Lesbi	an □ Heterosexual/Straight □				
Prefer not to say Other:					

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What is your ethnicity? (Ethnic origin categories are not about nationality, place of birth or citizenship. They are about the group to which you as an individual perceive you belong).							
Please indicate your ethnic origin by ticking the appropriate box.							
White - British		White - Irish		Other white background			
Mixed – White and Asian		Mixed – White and Black African		Mixed – White and Black- Caribbean			
Asian or Asian British – Bangladeshi		Asian or Asian British – Indian		Asian or Asian British – Pakistani			
Other Asian Background		Other Black Background		Other Ethnic Background			
Other Mixed Background		Chinese		Prefer not to say			
Other:							
Rehabilitation of Offende	rs						
Have you had any court convictions other than spent convictions under the Rehabilitation of Offenders Act 1974 or are any proceedings pending? Yes □ No □ (Motoring offences can be excluded if not relevant to the advertised post). If you have answered 'Yes' please provide details:							
Entitlement to Work in the UK							
What is your nationality? (Please specify):							
Please indicate under which of the following you are entitled to work in the UK?:							
As a UK/EU National Tier 1 Visa Spousal Visa Dependant's Visa							
Indefinite leave to remain Other (Please Specify):							
If none of the above, which of the following will you need? (please tick one only):							
Accession Worker Card Tier 2 Sponsorship Certificate							

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Definition of Disability – The equality Act 2012 defines disability 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". Long term in this context means likely to last longer than 12 months or likely to recur. Please note that cancer, HIV and Multiple Sclerosis are covered by the Act from the point of diagnosis.						
Do you have a disability as defined by the Disability Discrimination Act?						
Yes □ No □ Prefer not to say □						
Please indicate the nature of your disability or long term condition (please tick the relevant box):						
 Long-standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease or epilepsy) 						
□ Mental health condition (such as depression or schizophrenia)						
 Physical impairment or mobility issues (such as difficulty using arms or using a wheelchair or crutches) 						
□ Deaf or serious hearing impairment						
□ Blind or serious visual impairment						
□ Specific learning disability (such as dyslexia or dyspraxia)						
□ General learning disability (such as Down's Syndrome)						
□ Cognitive impairment (such as autistic spectrum disorder or resulting from head injury)						
□ Other type of disability or long term condition						
Please indicate how long you have had the condition and if you wish provide additional information about your disability or long term condition:						

Disability

Please inform us of any reasonable adjustments we would need to consider if you were successful following interview:

Please let us know if there are any reasonable adjustments we need to consider

making if you are invited to interview for this post:

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Declaration Form (To be completed by all Employees)

Your application to work for Fraterdrive Limited is subject to the completion of the following declaration:

	Are you currently subject to any other country?	police investigation and/ es/No*	or prosecution, in the UK or
	Have you ever been convicted the UK, or a criminal conviction		ceived a police caution in Yes/No*
	Are you currently the subject of regulatory functions in relation t regulatory body in another cour	o health/social care profe	
1	Have you ever been disqualified practice it subject to specific lim regulatory body, in the UK or ar	itations following fitness t	
Signed	I	Date	

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Print Name

*Delete as appropriate

Statement regarding criminal records disclosure checks

Fraterdrive is willing to consider the employment of ex-offenders and aims to promote equality of opportunity for all with the right mix of talent, skills and potential. The organisation welcomes applications from diverse candidates. Criminal records will be taken into account for recruitment purposes only when the conviction is relevant.

The nature of the work demands that you will be asked to disclose convictions which are 'spent' under the Rehabilitation of Offenders Act 1974. Having an 'unspent' conviction will not necessarily bar you from employment or the granting of practising privileges. This will depend on the circumstances and background to your offence.

Under the regulations of the Care Standards Act all applicants, who are offered employment or work, will be subject to a criminal records check from the Criminal Records Bureau before the appointment is confirmed or any work undertaken. This will include details of cautions, reprimands or final warnings, as well as convictions.

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Blood Borne Virus Requirements Hepatitis B

All healthcare workers are required to comply with Department of Health Guidelines on Health Care Workers Infected with Blood Borne Virus.

Healthcare workers are required to provide documentary evidence to the Company of their vaccination status against hepatitis B and such other blood borne viruses as advised by the Department of Health from time to time.

In the absence of such documentary evidence, workers must agree to be tested for and vaccinated against hepatitis B and such other blood borne viruses as advised by the Department of Health.

The Company keeps vaccination records for all health care workers. It is a condition of working for the Company that you agree to the processing of this sensitive personal data in respect of you for the lawful purposes of conducting the Company's business and for providing statistical data to the Department of Health and other regulatory bodies.

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