



Please complete this form in block capitals and use black ink or type

Applicant reference			
Job reference		Job	
Group	The Gateshead Housing Company	Service	

The Gateshead Housing Company - 'Pursuing equal opportunities and diversity'

- We want to make sure that our equal opportunities policy is working, so we need you to fill in this part of the form to help us to do this.
- We hope you don't mind us asking for this personal information but we have a legal duty to monitor information on equality.
- We will use this part of the application form for monitoring purposes and to make any specific arrangements necessary for your interview or job.
- We will use the main part of the form to help us short-list people for an interview.
- We will consider your application based on your relevant experience, qualifications, skills and abilities.
- We will not make any decisions based on the answers you give on equal opportunities.

Confidential

What is your title?
<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms
<input type="checkbox"/> Other (please give details)
What is your name? (first name and surname/family name)
Do you have any previous surnames?
What is your marital status?
<input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married
<input type="checkbox"/> Civic Partnership
<input type="checkbox"/> Separated <input type="checkbox"/> Widowed
What is your sex? <input type="checkbox"/> Male <input type="checkbox"/> Female
Do you have any dependants living with you?
<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please give their ages
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

What is your address and postcode?
email
What is your home phone number?
What is your work/mobile phone number?
Please give any other addresses you have lived at in the last five years.
What is your date of birth? (DD/MM/YY)
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

What is your country of birth?	
First language?	
Nationality?	
What is your National Insurance number?	
Are you being paid an occupational pension?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type?	
<input type="checkbox"/> Local Government Pension Scheme	
<input type="checkbox"/> Teacher <input type="checkbox"/> Other public services <input type="checkbox"/> Private	
Sexual Orientation	
<input type="checkbox"/> Orientation towards opposite sex	
<input type="checkbox"/> Orientation towards both	
<input type="checkbox"/> Orientation towards same sex	
<input type="checkbox"/> Prefer not to say	
What is your ethnic group? How would you describe yourself?	
White	
<input type="checkbox"/> British <input type="checkbox"/> Irish	
<input type="checkbox"/> Any other White background (please write in)	
Mixed	
<input type="checkbox"/> White and Black Caribbean	
<input type="checkbox"/> White and Black African	
<input type="checkbox"/> White and Asian	
<input type="checkbox"/> Any other mixed background (please write in)	
Asian or Asian British	
<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi	
<input type="checkbox"/> Any other Asian background (please write in)	
Black or Black British	
<input type="checkbox"/> Caribbean <input type="checkbox"/> African	
<input type="checkbox"/> Any other Black background (please write in)	
Chinese	
<input type="checkbox"/> Chinese	
<input type="checkbox"/> Other (please write in)	
Faith (please specify)	

Do you have a disability as defined in the Disability Discrimination Act 1995 below. '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.'	
<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please indicate below)	
Arthritis	<input type="checkbox"/>
Blind, or visually impaired	<input type="checkbox"/>
Deaf, or hearing impairment	<input type="checkbox"/>
Learning disability	<input type="checkbox"/>
Mental health disability	<input type="checkbox"/>
Mobility difficulties	<input type="checkbox"/>
Wheelchair user	<input type="checkbox"/>
Unseen disability e.g. epilepsy	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>
Other (please specify)	
Please let us know if we need to make any specific arrangements if we shortlist you for an interview	
How did you find out about this job?	
<input type="checkbox"/> At work <input type="checkbox"/> Jobcentre <input type="checkbox"/> Local press	
<input type="checkbox"/> National press <input type="checkbox"/> Specialist press <input type="checkbox"/> Internet	
Which specialist press publication?	
<input type="checkbox"/> Other (please give details)	
Please give any dates when you are not available for an interview	
Are you related to any Gateshead councillors, senior employees, or board members of The Gateshead Housing Company	
<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please indicate below)	
Name	
Relationship	
Position or job title	

If you have any further queries please contact The Gateshead Housing Company on 0191 433 5441.

