Diversity declaration form F305

**Help us to help you**

This school is committed to achieving fairness and equality in employment and working towards a workforce which represents the population of Norfolk. We want to make sure that all employees are treated fairly and are judged solely on their skills and ability to do their job.

One of the most important ways of making sure that we are being fair is by monitoring our workforce. To help us do this, please fill out this form and return it to [school/academy to enter] however you are not obligated to do so. You can also use this form to update your employee record, for example if your disability status has changed during the course of your employment.

**What information are we looking for?**

We ask for information about how you would describe yourself, such as your gender and race, or whether you consider you have a disability so that we can check how closely the numbers of people who work for us, match up to the local population. This tells us a lot about whether our recruitment processes are fair and equally open to everyone.

We are also committed to supporting employees with disabilities through the implementation of reasonable adjustments, in partnership with Access to Work. Meeting with your manager will ensure that any reasonable adjustments are identified and implemented at the earliest opportunity, providing you with the support you need to do your job effectively.

**Employee information:** The information supplied on this form is strictly confidential and will be used for monitoring purposes, or with your consent, to explore the identification of reasonable adjustments. The information you provide will be handled, stored and processed in accordance with the Data Protection Act 1998. Any information provided will not be used for a purpose other than described below, nor will it be shared, for example with your manager. Once completed, please pass to your Headteacher/Principal.

**Note for School:** This form is designed for schools/academies to use to give to new starters/employees to gain information regarding that person’s diversity. The form meets diversity reporting requirements.

The information provided on this form will need to be held on the school management information system to inform statutory returns.

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| **Employee personal details** | | | | | | | | | | | | | | | | |
| **Mr  Mrs  Miss  Ms  Other:** | | | | | | | | | | | | | | | | |
| **Full name:** | | | | | | | | | | | **Post title:** | | | | | |
| **Gender** (if you have a gender recognition certificate, please select the gender on the certificate) | | | | | | | | | | | | | | | | |
| Male | Female | | | | | Living in a gender role that is different from the one assigned at birth | | | | | | | | Prefer not to disclose | | |
| **Nationality** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | Prefer not to disclose | | | | | |
| **County of birth** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | Prefer not to disclose | | | | | |
| **Year of entry to UK** | | | | | | | | | | | | | | | | |
| Date of initial entry to the UK (the first date you entered or year of birth if you have always lived here) | | | | | | | | | | | | | | | | /  / |
| **Your religion/belief** | | | | | | | | | | | | | | | | |
| Buddhist | | | | | Hindu | | | | | | Muslim | | | Christian | | |
| Jewish | | | | | Sikh | | | | | | No religion | | | Prefer not to disclose | | |
| Other | | | | | If you feel the choices do not provide you with a suitable option, please write how you would describe your religion | | | | | | | | | | | |
| **Marital status** | | | | | | | | | | | | | | | | |
| Single | | | | | Cohabiting | | | | | Married | | | Civil partnership | | | |
| Separated | | | | | Divorced | | | | | Widowed | | | Prefer not to disclose | | | |
| **Your sexual orientation** | | | | | | | | | | | | | | | | |
| Bisexual | | Gay man/gay  woman/lesbian | | | | | | Heterosexual | | | | | Prefer not to disclose | | | |
| **Your ethnic origin** | | | | | | | | | | | | | | | | |
| **White** | | | | | | | | | | | | | | | | |
| British | | | Irish | | | | European | | | | | Traveller or Irish heritage | | | | |
| Gypsy/Roma | | | | | | | Any other white origin | | | | | | | | | |
| **Mixed** | | | | | | | | | | | | | | | | |
| White & black  Caribbean | | | | White & black  African | | | | | White & Asian | | | | | | Any other mixed  background | |
| **Asian or Asian British** | | | | | | | | | | | | | | | | |
| Indian | | | | Pakistani | | | | | Bangladeshi | | | | | | Any other Asian  background | |

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| **Your ethnic origin (continued)** | | | | | | | |
| **Black or Black British** | | | | | | | |
| Caribbean | African | | | Any other black background | | | |
| **Other ethnic group** | | | | | | | |
| Chinese | Arab | | | Any other | | | |
| If you feel the choices do not provide a suitable option or you have ticked one of the ‘any other’ boxes, please write how you could describe your ethnic origin. | | |  | | | Prefer not to disclose | |
| **Your disabled status** | | | | | | | |
| Do you consider yourself to have a disability as defined by the Equality Act 2010? | | Yes | | | No | | Prefer not to disclose |
| I may require reasonable adjustments to be implemented and I would like my manager to arrange to meet with me to discuss this in more details. | | Yes | | | No | |  |
| **The Equality Act 2010** makes it unlawful for employers to discriminate against current or prospective employees for a reason relating to their disability. They must make reasonable adjustments in order not to place a disabled person at a substantial disadvantage.  The Equality Act describes a disability as ‘physical or mental impairment, which has substantial and long term adverse effect on a person’s ability to carry out normal day to day activities.’  The definition is intended to cover all forms of physical and mental disability, including sensory impairment, learning disabilities and mental illness (that are clinically well-recognised conditions). It includes people who have a disability where the condition is likely to last longer than 12 months, has occurred in the past or is likely to recur. Progressive conditions such as multiple sclerosis, cancer or HIV are covered by the Equality Act from the point of diagnosis. | | | | | | | |

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| **Your disabled status (continued)** | |
| The following are examples of impairments or long term conditions that could be considered a disability under this definition. It is not an exhaustive list but is intended to give you a guide as to what might be included. | |
| * Limited physical mobility * Hearing impairment * Upper limb disorders (e.g. repetitive strain) * Long term back/neck problems * Severe facial disfigurement * Muscular dystrophy * Severe allergies (not seasonal) * Sight impairment that cannot be corrected by glasses or contact lenses * Manic depressive illness * Severe agoraphobia | * Epilepsy * Heart/circulation complaints * Learning disability * Arthritis * Multiple sclerosis * Speech impairment * Schizophrenia * Dyslexia * Crohns Disease * Diabetes |

If you are still not sure if your condition is a disability for this purpose, you might like to answer these questions below.

Is your condition likely to last longer than 12 months or be something that will recur in the future?

Yes

No

If you were not taking regular medication or treatment as appropriate would your condition have more than a minor or trivial impact on your ability to carry out normal day-to-day functions?

Your condition **would not** normally be defined as a disability for these purposes.

No

Yes, it has a substantial effect

Your condition **would probably be** defined as a disability for these purposes

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| **Here is a list of day-to-day activities to help you consider whether you may be adversely affected:** |
| * **Mobility** – moving unaided from place to place. * **Manual dexterity** – use of the hands, physical co-ordination * **Perception of the risk of physical danger** * **Ability to lift, carry or move everyday objects** * **Memory or the ability to concentrate, learn or understand** * **Speech, hearing, sight** (but not if it can be corrected by wearing glasses or contact lenses) * **Continence** |

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| **Employee signature:** | **Date:**   /  / |
| **Employee name:** |  |