



REQUEST FOR SUPPLEMENTARY INFORMATION

You are asked to complete this request for supplementary information in connection with your application for a post at the Wade Deacon Trust. Please note that this information will not be referred to when short-listing candidates for interview, nor will it be divulged to the members of the interview panel prior to interview. The information received will help enable the Trust to continue to follow best practice in its recruitment procedures and to comply with relevant employment legislation. The Wade Deacon Trust is committed to its Equal Opportunities Policy to help employ the best qualified personnel, to provide equal opportunity for the advancement of employees including promotion and training and not to discriminate against any person because of their race, colour, national or ethnic origin, sex, sexual orientation, marital status, religion, religious belief, disability or age.

The Wade Deacon Trust is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment.

If you are typing on this form, TAB will take you to the next box. Where tick boxes are provided, click in them to enter an X.

Post applied for:	School:
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PERSONAL DETAILS

FORENAME(S)

SURNAME

TITLE

PREVIOUS SURNAME(S)

MARITAL STATUS

GENDER

Is your gender identity the same as the gender you were assigned at birth

Yes

No

DATE OF BIRTH

NI NUMBER

ADDITIONAL INFORMATION

1. Do you need a work permit to work in the UK? If YES, give details of any relevant entitlements (e.g. ancestry visa):	YES <input type="checkbox"/> NO <input type="checkbox"/>
2. Do you hold a full current driving licence?	YES <input type="checkbox"/> NO <input type="checkbox"/>
3. Are you a relative or partner of any governor, employee or student of the schools in the Wade Deacon Trust? If YES, please state the name of the person and the relationship:	YES <input type="checkbox"/> NO <input type="checkbox"/>
4. Do you hold Qualified Teacher Status (QTS)? If Yes, please state QTS Certificate Number/DfE Number: If Yes, please specify the date of award:	YES <input type="checkbox"/> NO <input type="checkbox"/>
5. Have you successfully completed a period of induction as a qualified Teacher in this country? If Yes, please specify the date of completion:	YES <input type="checkbox"/> NO <input type="checkbox"/>

ETHNIC MONITORING INFORMATION

White	
British <input type="checkbox"/>	Gypsy/Roma <input type="checkbox"/> Irish <input type="checkbox"/> Polish <input type="checkbox"/> Traveller of Irish heritage <input type="checkbox"/>
Other White European <input type="checkbox"/>	Other White <input type="checkbox"/>
Mixed	
White and Bangladeshi <input type="checkbox"/>	White and Black African <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/>
White and Indian <input type="checkbox"/>	White and Pakistani <input type="checkbox"/> Other mixed <input type="checkbox"/>
Asian or Asian British	
Bangladeshi <input type="checkbox"/>	Indian <input type="checkbox"/> Kashmiri <input type="checkbox"/> Pakistani <input type="checkbox"/> Other Asian <input type="checkbox"/>
Black or Black British	
African <input type="checkbox"/>	British <input type="checkbox"/> Caribbean <input type="checkbox"/> Somali <input type="checkbox"/> Other Black <input type="checkbox"/>
Chinese or other	
Chinese <input type="checkbox"/>	Other ethnic group <input type="checkbox"/>
I don't wish my ethnic background to be recorded <input type="checkbox"/>	

RELIGION/BELIEF

Buddhist Christian Hindu Jewish Muslim Sikh Other None

SEXUAL ORIENTATION

Bisexual Gay man Gay woman/Lesbian Heterosexual/Straight

DISABILITY

The Wade Deacon Trust has a commitment to improve the employment opportunities for people with disabilities and has, therefore, undertaken to guarantee to interview all applicants with a disability who meet the essential requirements of the job as contained in the person specification.

The Disability Discrimination Act defines a disabled person as someone with a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal, day to day activities.

Do you consider yourself to be disabled according to this definition?

YES NO

If you answered 'yes' how would you define this impairment?

Please specify any arrangements we can make to assist you if you are invited for interview.

CARING RESPONSIBILITIES

Is there anyone who relies upon you for care and attention AND that you assist with their daily routine?

Yes No

If 'yes', please indicate who you provide such care for: Adult/s (over 18) Child/ren

DECLARATION

- I confirm that the information I have given on this request for supplementary information is true and correct to the best of my knowledge.
- I understand that providing false information is an offence which could result in my application being rejected or (if the false information comes to light after my appointment) summary dismissal and may amount to a criminal offence.
- I consent to the Trust processing the personal data given on this form and on the Application Form including any 'sensitive' personal data, as may be necessary during the recruitment and selection process.

SIGNATURE*:

DATE:

*Please leave blank. Shortlisted candidates will be asked to sign the form at interview.