

CONFIDENTIAL

Please email your form to: info@coastandcountryparks.co.uk

Equal Opportunities-Monitoring Form

What is your Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	<input type="checkbox"/>
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What Is Your Date Of Birth	<input type="text"/>
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Do you consider yourself to be disabled	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>
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What is your Ethnic Group

a) White

- British
- Irish
- Any other White background
(Please give details)

Please Tick

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

b) Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed background
(Please give details)

Please Tick

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

c) Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background
(Please give details)

Please Tick

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

d) Black or Black British

- Caribbean
- African
- Any other Black background
(Please give details)

Please Tick

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

e) Other Ethnic Group

- Arab
- Gypsy/Romany/Irish Traveller
- Any other
(Please give details)

Please Tick

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Confidential Work Health Assessment

Your answers to this questionnaire will be CONFIDENTIAL to the human resources department and will not be given to anyone else without your written permission. The purpose of the questionnaire is to whether you have any health problems that could effect your ability to undertake the duties of the post that may place you at risk in the workplace. We may recommend adjustments or assistance as a result of this assessment to enable you to do the job. Our aim is to promote and maintain the health of all people at work. Before health clearance is given for employment you may be contacted by the Human Resources Manager and may need to be seen by an occupational health advisor or physician. Please help us to help you by completing the questionnaire as fully as possible.

Title: <i>Ms/MissMrs/Mr</i>	Male		Female	
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Surname/Family name	First Name:
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Date of birth:	Proposed job Title
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Home Address:

Post code:

Mobile	Tel home:
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1. do you have any illness/impairment/disability (physical or psychological) which may effect your work?

Yes	
No	

If yes please give details in the space provided on the back of this sheet

2. Have you ever had an illness/impairment/disability which may have caused or made worse by your work ?

Yes	
No	

If yes please give details in the space provided on the back of this sheet

3. Are you having, or waiting for treatment(including medication) or investigations at present ? if your answer is yes, please provide further details of the condition, treatment and dates.

Yes	
No	

If yes please give details in the space provided on the back of this sheet

4. Do you think you may need any adjustments or assistance to help you do the job?

Yes	
No	

If yes please give details in the space provided on the back of this sheet

5. have you ever had a drug or alcohol dependency or misuse including prescription drugs?

Yes

No

If yes please give details in the space provided on the back of this sheet

1 Illness/impairment/disability (physical or psychological) which may effect your work

2 Illness/impairment/disability which may have been caused or made worse by your work.

3 Awaiting for treatment(including medication) or investigations at present.

4 Adjustments or assistance to help you to do the job.

5 Drug or Alcohol Dependency

Agreement to use my data

I hereby freely give coast and country consent to use and process my personal data relating to my job application.

In giving my consent

I understand that I can ask to see this data to check its accuracy at any time via a subject access request.

I understand that I can ask for a copy of my personal data held about me at any time, and this request is free of charge.

I understand that I can request that data that is no longer required to be held can be removed from my file and destroyed.

I understand that if I am unsuccessful with my application my data will be destroyed.

I understand that I can contact coast and country at any time if I have any questions.

I understand that if I am dissatisfied with how Coast and Country use my data I can make a complaint to the government body in charge (Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF or at www.ICO.org.uk)

DECLARATION

I declare that the answers to the above questions are true and complete to the best of my knowledge and belief.

Signed

Date
