

Recruitment monitoring questionnaire

KASBAH operates an equal opportunities policy to ensure that all appointments are made on merit. To help us ensure that our recruitment procedures operate in such a way as to provide genuine equality of opportunity, and for no other reason, please answer the brief questions below.

**Position applied for: …………………………………………**

**Surname: ………………………… Name:……………………………….**

**Gender:** Male/Female

**Do you consider yourself to have a disability?** Yes/No

**Do you meet the Disability Discrimination Act definition of disability?** Yes/No

If yes, please complete the pre employment disability disclosure.

Preferred method of contact: Telephone/Email/Letter

**Employment restrictions**

Do you need a work permit to work in the UK? Yes / No

**What is your ethnic group?**

**1. White**

a) British b) Irish c) Scottish d) Welsh e) Any other White background

**2. Mixed**

a) White & Black Caribbean b) White & Black African c) White & Asian

d) Any other Mixed background

**3. Chinese or Chinese British or any other ethnic group**

1. Chinese b) Any other ethnic group

**4. Black or Black British**

a) Caribbean b) African c) Any other Black background

**5. Asian or Asian British**

a) Indian b) Pakistani c) Bangladeshi d) Any other Asian background

## KASBAH Disability Disclosure



KASBAH is responsible under the terms of the Equality Act (2010) for making appropriate provisions for disabled staff and volunteers.  This applies where a staff member or volunteer has an obvious disability, or has completed this form.

We encourage you to disclose information about your disability to us, so that we can ensure that support and reasonable adjustments are in place.  Information about your disability will have no bearing on any work related activity unless this is brought to KASBAH’s attention by yourself.

**Confidentiality**  
You can be assured that information regarding your disability is treated confidentially.   Under the Data Protection Act you have the right to read any information that KASBAH holds about you.

In order to put your support in place, we may need to pass details of your disability to some other members of staff.  We will only do this if absolutely necessary and with your agreement.

If you have any concerns regarding the implications of disclosing a disability, please discuss them with the Hive head office.

Names:..........................................................................................

Do you consider yourself to have a disability? Yes / No

If you have disclosed to having a disability, please state what disability/disabilities?

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Does additional support need to be put into place before commencing employment or at the interview?

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Are there any issues relating to your disability that KASBAH need to be aware of?

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Please contact the Hive head office to arrange a meeting to discuss any queries, concerns or issues regarding disability or health conditions.

**Rehabilitation of Offenders Declaration**

**Disclosure of: criminal convictions, cautions or bind-overs**

Candidates are required to disclose details of all criminal convictions, cautions or bind-over orders that are spent and not spent.

You must disclose all such matters but you can be assured that only those deemed relevant to the appointment, will be considered.

Please complete the following declaration as appropriate, returning it along with your application form.

Failure to complete this form, or to disclose any convictions, cautions or bind-overs, may result in an offer of appointment being withdrawn, or immediate dismissal following appointment.

This information will be treated with the utmost confidence.

1. I declare that I have no criminal convictions, cautions or bind-over orders to disclose.

Name................................................................................

Signature……………………………………………………..

Date..................................................................................

1. I declare below the details of convictions, cautions or bind-over orders as follows:

|  |  |  |
| --- | --- | --- |
| Date of offence | Nature of offence | Outcome – if known as yet: |

Name................................................................................

Signature……………………………………………………..

Date..................................................................................