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Date: 05/11/2020

Subject: **Applicant's personal information and diversity form**

Dear Applicant,

At WASE Limited, we are aiming to ensure a fair and bias-free recruitment process. As part of our equality, diversity, inclusion, and non-discriminatory policy, we have designed this information form so that we could retain your personal information separately. Through this form, we are monitoring that our job positions are open to ethnic minorities, people with different abilities, and different sexual orientations and gender so that we could ensure fair participation in the interviews.

You are required to provide your personal information including your name, age, ethnicity, disability, religious belief, gender, and sexual orientation in this form.

**The information that you provide will be treated as confidential and will only be used for monitoring purposes. This information will not be seen by any person involved in selection for the post for which you are applying.**

Please DO NOT mention any of your personal information including your name on your CV and cover letter. Fill this form and submit it along with your anonymised CV and cover letter to the hiring manager at: [Faryal.Rohail@wase.co.uk](mailto:Faryal.Rohail@wase.co.uk)

Thank you for your co-operation.

WASE Team

# Applicant's Personal Information & Diversity Form



## Job Position

Position applied for:	Reference No.:
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## Applicant Details

First Name:	Surname:
Email:	Phone No.:

## Age

What is your age? Please tick the appropriate box:

<input type="checkbox"/>	16-24	<input type="checkbox"/>	25-34
<input type="checkbox"/>	35-44	<input type="checkbox"/>	45-54
<input type="checkbox"/>	55-64	<input type="checkbox"/>	65+

## Ethnic Origin

Choose one section from A to F and then tick ONE that best describes your ethnic group:

A) White British		C) Black	
<input type="checkbox"/>	British or Mixed British	<input type="checkbox"/>	African
<input type="checkbox"/>	English	<input type="checkbox"/>	Caribbean
<input type="checkbox"/>	Irish	<input type="checkbox"/>	Any other Black background
<input type="checkbox"/>	Scottish	D) Mixed Ethnic Background	
<input type="checkbox"/>	Welsh	<input type="checkbox"/>	Asian and White
<input type="checkbox"/>	Any other	<input type="checkbox"/>	Black African and White
B) Asian		<input type="checkbox"/>	Black Caribbean and White
<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Any other Mixed background
<input type="checkbox"/>	Indian	E) White	
<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Any White background
<input type="checkbox"/>	Chinese	F) Any other	
<input type="checkbox"/>	Any other Asian background	<input type="checkbox"/>	Any other Ethnic background

## Disability

Do you consider yourself to be disabled under the Equality Act 2010? Please tick the appropriate box:

<input type="checkbox"/>	Yes	<input type="checkbox"/>	Do not know
<input type="checkbox"/>	No	<input type="checkbox"/>	Prefer not to say

# Applicant's Personal Information & Diversity Form



If you have answered yes, please tick the appropriate box below:

<input type="checkbox"/>	Hearing impairment	<input type="checkbox"/>	Reduced physical capacity
<input type="checkbox"/>	Learning difficulty (e.g. dyslexic)	<input type="checkbox"/>	Physical co-ordination difficulties
<input type="checkbox"/>	Mental ill health	<input type="checkbox"/>	Severe disfigurement
<input type="checkbox"/>	Mobility impairment	<input type="checkbox"/>	Speech impairment
<input type="checkbox"/>	Progressive conditions	<input type="checkbox"/>	Visual impairment
<input type="checkbox"/>	Other (please specify)		

## Religious Belief

What is your religious belief?

<input type="checkbox"/>	Atheist	<input type="checkbox"/>	Jewish
<input type="checkbox"/>	Buddhist	<input type="checkbox"/>	Muslim
<input type="checkbox"/>	Christian	<input type="checkbox"/>	No religion or belief
<input type="checkbox"/>	Hindu	<input type="checkbox"/>	Other
<input type="checkbox"/>	Jain	<input type="checkbox"/>	Prefer not to say

## Gender

Please state your sex:

<input type="checkbox"/>	Female	<input type="checkbox"/>	Male
<input type="checkbox"/>	Intersex	<input type="checkbox"/>	Non-binary
<input type="checkbox"/>	Transgender	<input type="checkbox"/>	If you prefer to use your own term, please specify here
<input type="checkbox"/>	Prefer not to say		

## Sexual Orientation

Which group do you associate with?

<input type="checkbox"/>	Bi-Sexual	<input type="checkbox"/>	Heterosexual/straight
<input type="checkbox"/>	Gay woman/lesbian	<input type="checkbox"/>	Other
<input type="checkbox"/>	Gay man	<input type="checkbox"/>	Prefer not to say