**CONFIDENTIAL**

**REHABILITATION OF OFFENDERS ACT 1974 – DISCLOSURE FORM**

The Rehabilitation of Offenders Act 1974, is subject to the Exceptions Order 1975 which aims to protect individuals considered vulnerable, including vulnerable adults and children. We consider that the role for which you are applying falls within the Exceptions Order.

Applicants are therefore, not entitled to withhold any information about convictions which, for other purposes are ‘Spent’ under the provisions of the act and in the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action by the Marillac Neurological Care Centre. Any information given will be confidential and be considered only in relation to posts to which the order applies.

The information on this form is confidential and is not provided to the shortlisting panel before consideration of candidates takes place therefore, being unavailable to those involved in the selection process. This data will be stored confidentially and in line with the Data Protection Act (2018).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full Name: | |  | | |
| Have you ever been convicted of any criminal offence by a court of law? | | Yes  No | | |
| If ‘Yes’ please give details: | | | | |
|  | | | | |
| Date of Conviction | Place (Court where sentence was handled) | | Offence | Sentence |
|  |  | |  |  |

If you have any questions about the form contact, please do not hesitate to email us. Please return the completed form to [recruitment@marillac.co.uk](mailto:recruitment@marillac.co.uk).

**Equality and Diversity Monitoring Form**

The Marillac Neurological Care Centre wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010 and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.

The organisation needs your help and co-operation to enable it to do this but, filling in this form is voluntary. The information provided will be kept confidential and will be used for monitoring purposes.

The information on this form is confidential and is not provided to the shortlisting panel before consideration of candidates takes place therefore, being unavailable to those involved in the selection process. This data will be stored confidentially and in line with the Data Protection Act (2018).

|  |  |
| --- | --- |
| **Gender** | Male  Female  Intersex  Non-binary  Prefer not to say  If you prefer to use your own gender identity, please write here: |

|  |  |
| --- | --- |
| **Age** | 16 – 24  25 – 29  30 – 34  35 – 39  40 – 44  45 – 49  50 – 54  55 – 59  60 – 64  65+  Prefer not to say |

|  |  |
| --- | --- |
| **What is your ethnicity?**  Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box. | |
| **Asian or Asian British** | Indian  Pakistani  Bangladeshi  Chinese  Prefer not to say  Any other Asian background, please write here: |
| **Black, African, Caribbean or Black British** | African  Caribbean  Prefer not to say  Any other Asian background, please write here: |
| **Mixed or Multiple ethnic groups** | White and Black Caribbean  White and Black African  White and Asian  Prefer not to say  Any other Mixed or Multiple ethnic background, please write here: |
| **White** | English  Welsh  Scottish  Northern Irish  Irish  British  Gypsy or Irish Traveller  Prefer not to say  Any other White background, please write here: |
| **Other ethnic group** | Arab  Prefer not to say  Any other ethnic group, please write here: |

|  |  |
| --- | --- |
| **Do you consider yourself to have a disability or health condition?** | Yes  No  Prefer not to say |
| **What is the effect or impact of your disability or health condition on your work?** |  |

*The information in this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’, then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant.*

|  |  |
| --- | --- |
| **What is your sexual orientation?** | Heterosexual  Gay  Lesbian  Bisexual  Asexual  Pansexual  Undecided  Prefer not to say  If you prefer to use your own identity, please write here: |

|  |  |
| --- | --- |
| **What is your religion or belief?** | No religion or belief  Buddhist  Christian  Hindu  Jewish  Muslim  Sikh  Prefer not to say  If other religion or belief, please write here: |

|  |
| --- |
| **Do you have caring responsibilities? If yes, please tick all that apply** |
| None |
| Primary carer of a child/children (under 18) |
| Primary carer of disabled child/children |
| Primary carer of disabled adult (18 and over) |
| Primary carer of older person |
| Secondary carer (another person carries out the main caring role) |
| Prefer not to say |