



**Equal Opportunities Questionnaire  
- Disability -  
(to be completed by all SERC applicants)**

1. It is the policy of the Somerset Environmental Records Centre that all eligible persons will have equal opportunity for employment and advancement on the basis of their ability, qualifications and aptitude for the work. This policy expressly includes people with disabilities.
2. To monitor the application of this policy it is necessary to have accurate and up-to-date information about job applicants.
3. In order to collect this information you are asked to complete the questionnaire overleaf. Any information provided will be treated in the strictest confidence. Completion is voluntary, but please do not interpret that as meaning that it does not really matter whether you respond. It is important that you respond and that is the case whether you have a disability or not.
4. The Disability Discrimination Act (1995) defines disability as a physical or mental impairment which has a substantial and long term adverse effect on a person's ability to carry out normal day to day activities.
5. Various forms of disability have been grouped into 8 categories. Examples of the types of disability covered in each of the categories are given below:-
  - **Mobility** – people who have restricted mobility or who are able to walk only limited distances. For example, wheelchair users, people who depend on artificial limbs, callipers or walking aids and disabling conditions such as rheumatism or arthritis etc.
  - **Vision** – people who are blind, have fractional sight or are partially sighted. It does not include people with visual problems which can be corrected by spectacles or contact lenses.
  - **Hearing** – people who are deaf, partially deaf or hard of hearing.
  - **Speech** – people who have speech impediments or defects which result in communication difficulties.
  - **Physical/Co-ordination** – people who have impaired manual dexterity due to the loss or partial loss of or injury to upper limbs, Parkinson's Disease, and lack of muscular control.
  - **Mental Illness** – people with, for example, psychoneuroses; psychoses; clinical depression or schizophrenia.
  - **Learning difficulties** – for example severe dyslexia; reading or writing with difficulty.
  - **Reduced Physical Capacity** – includes debilitating pain and lack of strength, breath, energy, stamina resulting from cardio-vascular conditions, cancer, asthma, muscular dystrophy, multiple sclerosis.

Surname (or family name):

Forename(s) (in full):

Having read the definition at paragraph 4 overleaf, do you consider that you have a disability.

Yes  No

If you answered 'Yes' to the above, please indicate below the nature of your disability by ticking the appropriate box(es), see paragraph 5 overleaf.

- |                                     |                          |
|-------------------------------------|--------------------------|
| Reduced physical capacity           | <input type="checkbox"/> |
| Mobility impairment                 | <input type="checkbox"/> |
| Physical/co-ordination difficulties | <input type="checkbox"/> |
| Visual impairment                   | <input type="checkbox"/> |
| Mental illness                      | <input type="checkbox"/> |
| Hearing impairment                  | <input type="checkbox"/> |
| Learning disability                 | <input type="checkbox"/> |
| Speech impairment                   | <input type="checkbox"/> |
| Other                               | <input type="checkbox"/> |

If 'other' please specify

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**Please return the completed questionnaire with your application form. Thank you.**



## Equal Opportunities Monitoring

(to be completed by all SERC applicants)

In pursuit of the SERC's Equal Opportunities Policy, all applicants are asked to complete this questionnaire. Your response will not be made known to any member of the selection panel and will be kept separately from your application. The information will be treated as strictly confidential and will be used only for the purpose of equal opportunities monitoring. Your cooperation is appreciated.

Please make sure that you read all the categories before you tick the boxes which apply to you.

- |                           |                          |
|---------------------------|--------------------------|
| 1. I am white             | <input type="checkbox"/> |
| 2. I am Asian             | <input type="checkbox"/> |
| a. of Indian origin       | <input type="checkbox"/> |
| b. of Pakistani origin    | <input type="checkbox"/> |
| c. of Bangladeshi origin  | <input type="checkbox"/> |
| d. of East African origin | <input type="checkbox"/> |
| e. of Chinese origin      | <input type="checkbox"/> |
| f. of other origin        | <input type="checkbox"/> |

If of other, please describe

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- |                        |                          |
|------------------------|--------------------------|
| 3. I am black          | <input type="checkbox"/> |
| a. of Caribbean origin | <input type="checkbox"/> |
| b. of African origin   | <input type="checkbox"/> |
| c. of other origin     | <input type="checkbox"/> |

If of other, please describe

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4. I belong to some other group or groups

If of other, please describe

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5. Gender      Male       Female

6. Date of Birth

Surname

Forename(s) (in full):

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**Please return the completed questionnaire with your application form. Thank you.**