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| **Disability Questionnaire****Title of Post Applied For:** |

THE FOLLOWING INFORMATION WILL BE TREATED AS CONFIDENTIAL AND WILL ONLY BE USED TO COMPLY WITH OUR RESPONSIBILITIES UNDER THE EQUALITY ACT 2010.

Please circle the appropriate

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| 1. Do you consider yourself to have a disability? If yes, please detail below. Yes No |
| 1a. Would the provisions of any aids or modifications assist you in carrying out the duties of the post? If yes, please detail below. Yes No |
| 1b. Is there anything we need to know about your disability in order to offer you a fair selection interview? If yes, please detail below. Yes No |

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THE DETAILS PROVIDED BY ME ON THIS APPLICATION FORM ARE CORRECT.

**APPLICANT’S NAME** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPLICANT’S SIGNATURE DATE**

Please return the completed form to people@youngsomerset.org.uk