

# SWANSEA WOMEN'S AID APPLICATION PACK



Dear Applicant,

Thank you for your interest in employment with Swansea Women's Aid. You will find enclosed:

- Job Description and Person Specification
- Application form
- SWA mission statement and banner aims
- SWA philosophy
- Information sheet
- Project information
- Equal Opportunities Monitoring Form

Please ensure that you follow the guidelines when completing the application form. We operate an equal opportunities recruitment policy and use a pointing system for short-listing. If the application form is not completed as directed, this could mean that you will lose out on points.

Completed application forms can either be returned by post to Recruitment, Swansea Women's Aid, 8-10 Caer Street, Swansea, SA1 3PP or by email to [swa@swanseawa.org.uk](mailto:swa@swanseawa.org.uk).

Additional information regarding Swansea Women's Aid is available on [www.swanseawomensaid.org](http://www.swanseawomensaid.org). and you may find it useful to refer to this site when making your application.

The closing date for applications is **9am on Monday 6<sup>th</sup> October 2025**.  
Please note that any applications received after this will not be considered.  
**Interview dates: 9<sup>th</sup> & 10<sup>th</sup> October 2025.**  
Start date: **asap**

Should you require any further information regarding this post, please ring 01792 644683 and ask to speak to the Operations Manager, Lisa Conte.

We wish you every success in your application.

Yours sincerely,

Lynne Sanders  
Chief Executive

## SWANSEA WOMEN'S AID

### JOB DESCRIPTION

Job Title: **Community VAWDASV Specialist (CYP/Families) Maternity cover**

Reports to: **Community Services Manager**

Direct Reports: none

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#### Main Purpose of the Role

Through the provision of 1 to 1 sessions and group work, identify and respond to the specific emotional and practical needs of children and young people living in the City and County of Swansea who have previously, or are presently, suffering from/been exposed to domestic abuse. Using the self-help principle, alleviate the long term effects of DA, increase children and young people's safety and enable self - confidence and emotional wellbeing. Assist and facilitate service users to make informed decisions and positive changes to their lives. Where appropriate, work with the family unit to enhance communication and enable the well-being of the family. Increase awareness of the impact of DA on children and young people within other agencies through worker liaison and collaboration

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#### Specific Responsibilities:

1. Needs assess referrals/service users to determine what level of service is appropriate, develop support plans for approval by Community Services Manager, action approved plans and review accordingly.
2. Work with children and young people holding one to one sessions with each child and group sessions, as appropriate.
3. Work with children and young people in SWA accommodation where there are child protection concerns.
4. Organise and coordinate children's activities, identify necessary play equipment and child related resources.
5. Deliver S.T.A.R programmes to address the impact of DA on children and young people and raise awareness of healthy relationships.
6. Encourage parents in "Positive Parenting" to enhance communications within the family unit, either 1:1 or through the delivery of parenting workshops.
7. Establish an up to date database of information and resources for children.
8. Develop support literature for the project (e.g. a children's welcome/information pack, parenting information sheets)
9. Liaising and networking with appropriate agencies, support families to settle in the community, providing information on amenities etc.

10. Comply with all child and adult protection procedures in SWA and report to the Community Services Manager any concerns /issues in this area.
11. Encourage service user participation (for example, in the development of consultation processes and co-production activities).
12. Provide one-to-one support to women and children / young people using the principle of self-help to promote and encouraging independence and empowerment
13. Develop and maintain links with communities and organisations and monitor the needs of services users.
14. Adhere to SWA health and safety policy and report any risks/concerns to the Community Services Manager, taking immediate steps where necessary to protect health and well-being of residents'/team members.
15. To carry out risk assessment and review on a regular basis.

### **General responsibilities:**

1. Establish and maintain accurate up to date records of all support sessions, telephone conversations, attendance and appointments etc. including the progress being made on behalf of the women and children
2. Act as an advocate on behalf of service users encouraging and supporting self-advocacy as appropriate.
3. Demonstrate and promote the organisation's ethos of informed choice, and its vision and values.
4. Represent the organisation at external meetings, public events, conferences and similar ensuring that Swansea Women's Aid's reputation is protected and enhanced.
5. Keep up to date with changes in legislation that will affect women and children who are experiencing or have experienced domestic abuse.
6. To actively work in partnership with other agencies and organisations to achieve better outcomes for women and children affected by Domestic Abuse.
7. Participate in team meetings, supervision and appropriate training
8. Proactively implement SWA policies for anti-discriminatory practice and equality of opportunity, ensuring that services are available for and meet the needs of all e.g. minority and disabled women etc.
9. Work in accordance with SWA Policies and Procedures and standards and the overall aims and objectives of SWA.
10. Any other reasonable duties as required by the Community Services Manager.
11. The post holder is required to work evenings and weekends on a regular basis and to participate in the organisational 24-hour on-call rota.

### **Person Specification:**

#### **Essential Characteristics**

#### **Support Skills:**

1. NVQ Level 3 in childcare or equivalent or a commitment to work towards achieve one.
2. Knowledge of child development
3. Knowledge and understanding of child protection procedure

4. Experience of working with women and children with differing social and emotional needs.
5. Experience of working with children and young people
6. An understanding/experience of the causes and the long term effects of domestic abuse on women and children
7. An awareness and understanding of the differing experiences of different cultural and social backgrounds
8. Knowledge and understanding of support planning and review and managing a caseload
9. A clear understanding of boundaries within support work.
10. An understanding of the issues around service user participation and how to engage them in productive and meaningful dialogue.
11. Ability to liaise, network and advocate.
12. Experience of managing challenging behaviour and conflict.
13. Experience of group work

#### **Personal and Administrative skills:**

1. Good communication skills both written and verbal.
2. Experience of administrative skills-i.e. filing systems, record keeping, databases and petty cash systems.
3. I.T skills – ability to use basic programmes.
4. Ability to work as part of a team and on own initiative.
5. Good organisational skills – i.e. ability to prioritise.
6. Ability to undertake risk assessment with regards to yourself, co-workers and service users.
7. A commitment to Swansea Women's Aid's way of working.
8. An awareness and commitment to the principle of empowerment and self-help.
9. Ability to work evenings and weekends as required and to participate in the organisation's 24-hour on-call rotas.

#### **Strongly Desirable Characteristic:**

1. Ability to speak Welsh

#### **Desirable Characteristics:**

1. A full valid driving license with use of car for work.
2. Ability to speak other language/s.
3. Good understanding, experience or qualification in the following:-
 

|                 |                                         |
|-----------------|-----------------------------------------|
| - Mental Health | - LGBTQ+ young people                   |
| - Self-harm     | - Play work                             |
| - Drug/Alcohol  | - Co-Producing services with CYP/Adults |
| - Counselling   |                                         |

PRIVATE AND CONFIDENTIAL

**SWANSEA WOMEN'S AID  
APPLICATION FORM**

**POST: Community VAWDASV Specialist (CYP/Families) Maternity cover**

**PERSONAL DETAILS**

Name: .....

Address:.....

.....

.....Post code: .....

Tel No: (Day)..... (Eve).....

E Mail address.....

*Please note if your daytime tel. no is your present employment: If we need to ring you in relation to this post, we will not disclose this.*

**Please give the name of two referees, one of whom must be your recent/previous employer. Please note that references will only be taken up when an offer of employment is made**

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

Position..... Position.....

Address..... Address.....

.....

.....

Postcode..... Postcode.....

Email: Email:

**Successful appointment is subject to satisfactory references and an enhanced Disclosure and Barring Service Check**

**Under the Equality Act 2010 pursuant to Schedule 9, Part 1, this is a woman only Post**

### **Question 1**

#### **EMPLOYMENT HISTORY**

As an organisation, SWA attaches equal value to experience gained through both paid and voluntary employment.

| <b>DATES</b><br><b>FROM            TO</b> | <b>EMPLOYER'S</b><br><b>NAME &amp; ADDRESS</b> | <b>POSITION    HELD    &amp;</b><br><b>DUTIES</b> | <b>SALARY       &amp;</b><br><b>REASON    FOR</b><br><b>LEAVING</b> |
|-------------------------------------------|------------------------------------------------|---------------------------------------------------|---------------------------------------------------------------------|
|                                           |                                                |                                                   |                                                                     |

**Question 2**

SWA is interested in any formal or informal qualifications that you may have, particularly those relevant to this post. Please also include details of any relevant training undertaken.

**QUALIFICATIONS**

| <b>DATES<br/>FROM</b> | <b>TO</b> | <b>SCHOOL,COLLEGE,<br/>UNIVERSITY ETC</b> | <b>QUALIFICATION &amp;/OR<br/>COURSE NAME</b> |
|-----------------------|-----------|-------------------------------------------|-----------------------------------------------|
|                       |           |                                           |                                               |

**TRAINING COURSES/SEMINARS ATTENDED**

| <b>DATE ATTENDED</b> | <b>ORGANISING BODY</b> | <b>DETAILS OF<br/>COURSE/SEMINAR<br/>including any certification<br/>awarded</b> |
|----------------------|------------------------|----------------------------------------------------------------------------------|
|                      |                        |                                                                                  |

**Question 3**

With reference to the Person Specification for the post, please explain and provide examples of how you meet **each essential and desirable criterion (please ensure you follow the guidelines relating to question 3 on the ‘filling in the form guidelines’ page below)**. Please attach a continuation sheet if necessary.

**Question 4**

Please give brief details of your personal interests and hobbies, particularly where they illustrate the use of skills and personal qualities relevant to the post.

**Question 5**

**COMPUTER LITERACY**

Do you have any experience of using word processors/computers?

**YES / NO**

If YES, please give details of software packages used:

**Question 6**

Please tell us of any dates when you would not be available for interview:

.....

**DECLARATION**

I certify that all the information provided in this application form is true, accurate and complete to the best of my knowledge and that I have the right to work in the United Kingdom. I understand that should this not be the case, then it may put any offer of employment made by SWA in jeopardy, or result in dismissal.

**SIGNED:** .....**DATED:** .....

**ON COMPLETION, PLEASE RETURN THIS APPLICATION FORM, MARKED PRIVATE AND CONFIDENTIAL, TO:**

Recruitment,  
Swansea Women's Aid.  
8-10 Caer St,  
Swansea  
SA1 3PP

**OR**

By email to [swa@swanseawa.org.uk](mailto:swa@swanseawa.org.uk)

**Applications must reach us by the closing date of: 9am on Monday 6<sup>th</sup> October 2025**

**Data Protection/GDPR**

You will either have sent your personal data directly to us or to a third party agency. However, your application is sent, it will be received by an authorised Administrator who will separate the application form from the Equal Opportunity form, log that your application has been received and pass your application form to the Recruitment Officer. The Administrator plays no role in the selection process but will be given your contact details to advise you of the progress of your application, as advised by the Recruitment Officer.

All information held about you is treated as confidential, protected by passwords /locked files, as appropriate and access strictly restricted to nominated persons and will be deleted, as soon as possible and within 6 months of completion of the recruitment process.

The Administrator collates and anonymises the equal opportunities monitoring data to provide general statistics relating to SWA's equal opportunities performance, which may be reviewed by the Senior Team, Board and or funders. It will not be used for any other purpose.

The data on your application form will only be viewed by the Recruitment Officers and used for selection purposes only. It will not be passed on to any other person/third party or used for any other person.

Only the successful candidate's application will be retained and it will be retained for the duration of employment to be destroyed 6 months after the individual has left the Organisation.

We take our responsibility to protect your personal data seriously and if you have any queries or concerns or wish to amend any of the information provided, you can raise these to the appropriate person. Please see [www.swanseawomensaid.com](http://www.swanseawomensaid.com) for SWA's Privacy Policy.

Please indicate below where you saw the job advertisement for this post:

.....

E.g. Job Centre, Charity Job Finder, Recruit 3, SWA website etc.

### **Filling in the form guidelines**

If you have a communication difficulty such as dyslexia, please make us aware of this.

### ***Pointing system***

In order to reach the shortlist, an applicant must meet ALL of the essential criteria in the Person Specification. Each essential criterion carries points of 0 to 3. Each desirable criterion carries points of 0 to 1. If an applicant points zero on any of the essential criteria, they will not be considered for the shortlist, even if the applicant pointed highly elsewhere. Applicants who are short-listed generally point between 2 & 3 on each essential criterion. Applicants do not need to score on the desirable criteria to be short-listed.

To score between 2 & 3, an applicant must outline their experience / ability and then *demonstrate*.

For example, a question in the application form asks about applicant's organisational skills. An applicant may state that in all their jobs they have been required to have good organisational skills (*Outlining experience*). Demonstrate this by telling us how you developed them, for example, *'through work where I was required to...'* or, *'through training / voluntary work / education, it was essential to...'*

It is essential when answering Question 3 that you ensure you address each of the stipulated essential criterion. The easiest way to ensure this is to use the headings and numberings as follows:

**For example, (N.B. please use criterion on the person specification relating to the role you are applying for, not examples below)**

1. 1.Experience of working with women (and children) with differing social and emotional needs.

*Answer*

2. An awareness and an understanding of the differing experiences of different cultural and social backgrounds.

*Answer*

3. An understanding/experience of the causes and the long term effects of domestic abuse.

*Answer*

This advice may seem a bit basic but it is surprising how often applicants can focus on certain essential criteria and fall short on others. We want all applicants to have the best possible opportunity to highlight the required experience and skills to work effectively within this post.

## **SWANSEA WOMEN'S AID**

### **Vision**

A world where women and children are free from abuse

### **Mission statement**

Supporting and empowering women and children to live free from domestic violence and abuse in all its forms.

### **Values**

- Excellence – in all we do and how we do it
- Equality –non-discriminatory and non-judgemental
- Diversity – everyone welcomed and valued
- Women and children at the heart of all we do – being supported, informing and directing services
- Innovation – in service delivery and planning
- Integrity - honesty, reliability, trustworthiness
- Empowerment – encouraging women and children to reach their full potential
- Confidential – respecting privacy and lawful
- Collaborative – working with others to change things for the better

## **SWANSEA WOMEN'S AID - PHILOSOPHY**

### **Women only**

Swansea Women's Aid is part of the wider Women's Aid movement, run by women for women. We believe that in order to develop confidence and self-esteem, women need 'space' to identify their strength and weaknesses away from male influence. Sexism serves not only to systematically undermine and abuse women but also to divide women and alienate them from each other. We feel that the 'space' that Women's Aid provides for women allows them to define themselves according to their own needs and not according to the attitudes of society.

**Admissions**

Refuge and Safe House space is there for all women who are experiencing domestic violence and are afraid to live in their own homes. We do not discriminate against any woman on grounds of race, religion, sexual orientation or disability. If our Refuge or Safe Houses in Swansea are full, we will contact other groups throughout Wales until Refuge space is found.

**Self Help**

It is essential to our work to provide a place of safety where women can determine their own future. Women staying in the Refuge are responsible for the day to day running of the house. We believe that it is crucial that women are given the space to rebuild their confidence so that they can resume responsibility for their lives in an atmosphere of mutual respect and co-operation. Women's Aid supports women in this development at whatever stage individual women are at any time.

## **SWANSEA WOMEN'S AID INFORMATION SHEET**

**JOB TITLE:** Community VAWDASV Specialist (CYP/Families) Maternity cover

**HOURS OF WORK:** 28 hours PER WEEK

Hours are agreed and need to be worked flexibly. Any overtime will be compensated for by time in lieu.

**SALARY:** £18,752.84

**CONTRACT LENGTH** Funded until 31<sup>st</sup> March 2026, with the possibility of the funding being extended.

**HOLIDAY ENTITLEMENT:** 25 days per year, plus bank 9 bank holidays (pro rata).

**PROBATIONARY PERIOD:** Three months

**PENSION:** Swansea Women's Aid contributes 6% of the basic annual salary into the Swansea Women's Aid qualifying workplace pension scheme.

**OTHER:**

All workers are required to undergo an enhanced DBS check.

The post holder will work as part of the CHYPS Family Support Project and will report to the Community Services Manager.

Swansea Women's Aid is a women-only organisation with both paid and unpaid workers and is affiliated to Welsh Women's Aid.

**The post holder will participate in the 24-hour on call rota on evenings and weekends. This will include out-of-hours admissions into the refuge and safe houses and call outs to deal with housing management issues. For a 35-hour post, the minimum requirement is to cover 7 weekends, 26 week nights and 1 bank holiday per annum.**

SWA value diversity and are committed to promoting equality. We encourage applications from women from all backgrounds and communities – Black, Asian, LGBTQ+ or other ethnic minority backgrounds and people with a disability.



### **DAISE Family Support Project Information** **(DAISE - Domestic Abuse Information, Support and Empowerment)**

Swansea Women's Aid (SWA) DAISE Family Support Project supports women and children who are experiencing or have previously experienced domestic abuse. The workers have specialist knowledge of issues relating to domestic abuse and how it can affect the lives of women and children. SWA Community VAWDASV Specialists are able to provide confidential emotional and/or practical support on an ad hoc or ongoing basis. Women can access the DAISE project through self-referral or referral by an external agency via our helpline (01792 644683).

### **Staff Team**

The project team will consist of a Community Services Manager, 5 Community VAWDASV Specialists (adults), 3 Community VAWDASV Specialists (CYP/Families), a Referral & Engagement Worker, a Co-Production Facilitator and a Play & Activities worker (CYP/Families).

### **What to expect from the DAISE Family Support Project:**

- ❖ We will provide women and children with a safe environment to meet with a support worker and maintain confidentiality.
- ❖ We will respect and safeguard women's rights and help them to be independent and have maximum control over their life.
- ❖ We will provide women with the support and information they need to make informed decisions about their safety and wellbeing.
- ❖ We will work alongside women to identify their key areas of need and set realistic objectives.
- ❖ We will provide sign-posting and referral to other projects/organisations where appropriate with consent.

- ❖ We will provide access to supplementary services such as The Freedom Programme, The Recovery Toolkit, Counselling, Homeopathy and Massage/Reflexology Therapy (subject to availability and waiting list).

### **Appointments:**

Appointments are held at the SWA central office, the Swansea's Domestic Abuse One Stop Shop, within community settings or via telephone.

- ❖ Each session lasts approximately 45 minutes.

### **Drop-In Service:**

We recognise that women may need to be seen in a crisis and therefore cannot wait for a set appointment. We offer a drop in service at the Swansea domestic abuse One Stop Shop which is located at 35- Singleton street, Swansea, SA13QN.

Tuesday 930-4pm, Wednesday 1-4pm and Thursday 930-4pm.

### **Freedom Programme & Recovery Toolkit Programme:**

The DAISE project currently runs two programmes that focus on raising awareness of domestic abuse and women's experiences, delivered through group work facilitated by DAISE workers. Women are invited to meet in a confidential group to explore their experiences and learn about the different tactics of power and control used in an abusive relationship. Women are given resources to rebuild their confidence and strategies for coping and recovering from the harmful effects of domestic abuse.

### **Home Visits and Telephone Support:**

SWA recognises that some women may have certain issues that prevent them for accessing the service. A home visit can be offered to women with a disability, severe mental health issue or childcare issue that prevent them from being able to leave their home. The DAISE project can also arrange telephone support should a home visit not be possible and will work to address any barriers that prevent women from accessing the service.

### **CYP & Family Support:**

The project will work with children and young people aged 5 – 18 years who have experience of domestic abuse – past or present.

The project will be delivered across the City and County of Swansea. The support available will comprise 7 key elements:

1. Age appropriate STAR programmes, delivered at SWA premises or in community venues
2. 1:1 support, provided at a time and venue chosen by the child or young person (e.g. at school, at home or in a community venue)
3. 1:1 bespoke 'whole family' support.
4. Informal advocacy where required to ensure children's rights to access other services (such as health and education) are being met
5. Rolling age appropriate play and activities programmes shaped by children and young people using the service
6. Parenting support, through 1:1 contact or group workshops
7. Specialist support for young people using abusive behaviour in their own relationships.

### **Co-Production:**

Co-produced and delivered wrap around services will be provided by our survivor co-producer volunteers, initially using community venues and online provision and eventually from our dedicated Co-production Centre.

# Equal Opportunities Monitoring Form

In accordance with our equal opportunities policy, SWA will provide equality of opportunity to all employees and job applicants and will not discriminate either directly or indirectly on the grounds of race, sex, gender identity, marital status, disability, sexual orientation, pregnancy or maternity, religion/belief or age.

Your assistance is requested to allow us to monitor the effectiveness of our Equal Opportunities Policy by completing and returning this form. Please note that the monitoring form does not form part of your application and will be detached from it on receipt, stored separately in a locked confidential file and will not be available to the selection panel. You can send it separately if you wish.

On receipt an officer unconnected with the selection process will compile anonymous statistics from all applications. Personal information will not be shared and all forms will be destroyed after 3 months. The information you provide will not be used for any other purpose than to monitor the effectiveness of the equal opportunities policy, anonymous monitoring statistics only may be reviewed by the Board and or our funders.

## Personal Details:

Please tick the boxes that are relevant to you and complete all sections

|                                  |                                                                                                                                                                |                                |                                                     |                                |                                    |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------|--------------------------------|------------------------------------|
| 1.Age                            | Under16 <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+ <input type="checkbox"/>   |                                                     |                                |                                    |
| Prefer not to state Age          | <input type="checkbox"/>                                                                                                                                       |                                |                                                     |                                |                                    |
| 2. Sex                           | Male <input type="checkbox"/>                                                                                                                                  |                                | Female <input type="checkbox"/>                     |                                |                                    |
| Prefer not to state              | <input type="checkbox"/>                                                                                                                                       |                                |                                                     |                                |                                    |
| Gender Identity (options)        | If you identify as transsexual, transgender (in that you have effected a permanent change of gender identity) or as intersex which group do you identify with? |                                |                                                     |                                |                                    |
|                                  | Transsexual <input type="checkbox"/>                                                                                                                           |                                | Transgender <input type="checkbox"/>                |                                | Intersex <input type="checkbox"/>  |
| 3.Marrital / Relationship status | Single <input type="checkbox"/>                                                                                                                                |                                | Co habiting <input type="checkbox"/>                |                                | Engaged <input type="checkbox"/>   |
|                                  | Married/civil partnership <input type="checkbox"/>                                                                                                             |                                | Same sex civil partnership <input type="checkbox"/> |                                | Separated <input type="checkbox"/> |

|                                   |                                  |                                            |
|-----------------------------------|----------------------------------|--------------------------------------------|
| Divorced <input type="checkbox"/> | Widowed <input type="checkbox"/> | Prefer not to say <input type="checkbox"/> |
|-----------------------------------|----------------------------------|--------------------------------------------|

#### 4.Pregnancy and Maternity

|                                          |                              |                             |                                            |
|------------------------------------------|------------------------------|-----------------------------|--------------------------------------------|
| I am pregnant/adopting a child           | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Prefer not to say <input type="checkbox"/> |
| I have had a child in the past 12 months | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Prefer not to say <input type="checkbox"/> |

#### 5.Sexual Orientation: Please tick against one of the following

|                     |                          |                         |                          |
|---------------------|--------------------------|-------------------------|--------------------------|
| Bisexual            | <input type="checkbox"/> |                         |                          |
| Gay Woman / Lesbian | <input type="checkbox"/> | Heterosexual / Straight | <input type="checkbox"/> |
| Other               | <input type="checkbox"/> | Prefer not to say       | <input type="checkbox"/> |

#### 6.Religion or belief: Please tick against one of the following

|                                      |                                            |                                    |
|--------------------------------------|--------------------------------------------|------------------------------------|
| No religion <input type="checkbox"/> | Buddhist <input type="checkbox"/>          | Christian <input type="checkbox"/> |
| Hindu <input type="checkbox"/>       | Jewish <input type="checkbox"/>            | Muslim <input type="checkbox"/>    |
| Sikh <input type="checkbox"/>        | Prefer not to say <input type="checkbox"/> |                                    |
| Other <input type="checkbox"/>       | Please state:                              |                                    |

#### 7.Ethnic origin: Please tick against one of the following

|                                            |                                                  |
|--------------------------------------------|--------------------------------------------------|
| Asian/<br>Asian British;                   | Bangladeshi <input type="checkbox"/>             |
|                                            | Chinese <input type="checkbox"/>                 |
|                                            | Indian <input type="checkbox"/>                  |
|                                            | Pakistani <input type="checkbox"/>               |
|                                            | Other Asian <input type="checkbox"/>             |
| Black/African/Caribbean/<br>Black British; | African <input type="checkbox"/>                 |
|                                            | Caribbean <input type="checkbox"/>               |
|                                            | Other Black <input type="checkbox"/>             |
| Mixed/<br>Multiple Ethnic Groups;          | White & Asian <input type="checkbox"/>           |
|                                            | White & Black African <input type="checkbox"/>   |
|                                            | White & Black Caribbean <input type="checkbox"/> |
|                                            | Other Mixed <input type="checkbox"/>             |
| Other Ethnic Group;                        | Arab <input type="checkbox"/>                    |

|        |                                               |                          |
|--------|-----------------------------------------------|--------------------------|
|        | Any Other Ethnic Group                        | <input type="checkbox"/> |
| White; | English/Welsh/Scottish/Northern Irish/British | <input type="checkbox"/> |
|        | Gypsy or Irish Traveller                      | <input type="checkbox"/> |
|        | Irish                                         | <input type="checkbox"/> |
|        | Other White                                   | <input type="checkbox"/> |
|        | Prefer not to say                             | <input type="checkbox"/> |

**8.Disability: Please tick against one of the following**

**Disability** definition under the Equality Act 2010

In the Act, a person has a disability if:

- they have a physical or mental impairment
- the impairment has a substantial and long-term adverse effect on their ability to perform normal day-to-day activities
- For the purposes of the Act, these words have the following meanings:
- 'substantial' means more than minor or trivial
- 'long-term' means that the effect of the impairment has lasted or is likely to last for at least twelve months (there are special rules covering recurring or fluctuating conditions)
- 'normal day-to-day activities' include everyday things like eating, washing, walking and going shopping

People who have had a disability in the past that meets this definition are also protected by the Act.

**Progressive conditions considered to be a disability**

There are additional provisions relating to people with progressive conditions. People with HIV, cancer or multiple sclerosis are protected by the Act from the point of diagnosis. People with some visual impairment are automatically deemed to be disabled.

**Conditions that are specifically excluded**

Some conditions are specifically excluded from being covered by the disability definition, such as a tendency to set fires or addictions to non-prescribed substances.

|  |                                                                                                                                                                                                                                                                                      |
|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | <p><b>Do you consider yourself to have a disability according to the terms above?</b></p> <p>Yes <input type="checkbox"/>      No <input type="checkbox"/>      Prefer not to say <input type="checkbox"/></p>                                                                       |
|  | <p><i>If you have answered yes, please indicate the type of impairment which applies to you. If your experience more than one type of impairment, please tick all the types that apply. If your disability does not fit any of these types, please circle Other and specify.</i></p> |

|  |                                                                                                                                         |
|--|-----------------------------------------------------------------------------------------------------------------------------------------|
|  | Physical/mobility impairment, such as a difficulty using your arms or mobility issues which require you to use a wheelchair or crutches |
|  | Visual impairment, such as being blind or having a serious visual impairment                                                            |
|  | Hearing impairment, such as being deaf or having a serious hearing impairment                                                           |
|  | Mental health condition, such as depression or schizophrenia                                                                            |
|  | Learning disability/difficulty, such as Down's syndrome or dyslexia or a cognitive impairment such as autistic spectrum disorder        |
|  | Long-standing illness or health condition, such as cancer, HIV, diabetes, chronic heart disease or epilepsy                             |
|  | Other (Please specify below)                                                                                                            |

This information is provided for monitoring purposes only – if you need reasonable adjustments you should arrange these separately as this form will not be seen by Team Leaders.

## 9.Languages

What Is your first language?

English ☐ Welsh ☐ Other ☐ please state:

Do you speak any other languages?

No ☐

Yes ☐ please state:

Thank you for taking the time to complete the information requested on this form, and thereby enabling us to monitor the effectiveness of our equal opportunities policy.

**Name:**

**Signature:**

**Date:**

