

United Dentacare, is a brand and trading entity of United Medicare Limited, a commitment to promote equal opportunities for all those employed through us. In order for us to monitor the effectiveness of this policy, please complete the following section.

Date of Birth _____ Gender Male Female

Nationality _____ Second Nationality (if applicable) _____

Country of Birth _____

ETHNIC ORIGIN

Please tick the appropriate box

A White - British	<input type="checkbox"/>	J Asian or Asian British - Pakistani	<input type="checkbox"/>
B White – Irish	<input type="checkbox"/>	K Asian or Asian British – Bangladeshi	<input type="checkbox"/>
C White – Other	<input type="checkbox"/>	L Asian or Asian British – Any other Asian	<input type="checkbox"/>
D Mixed – White & Black Caribbean	<input type="checkbox"/>	M Black or Black British – Caribbean	<input type="checkbox"/>
E Mixed – White & Black African	<input type="checkbox"/>	N Black or Black British - African	<input type="checkbox"/>
F Mixed – White Asian	<input type="checkbox"/>	P Black or Black British – Any other Black background	<input type="checkbox"/>
G Mixed – Any other mixed background	<input type="checkbox"/>	R Other Ethnic Group - Chinese	<input type="checkbox"/>
H Asian or Asian British – Indian	<input type="checkbox"/>	S Other Ethnic Group – Any other Ethnic Group	<input type="checkbox"/>

Are you disabled?* Yes No

In case of a disability, will you require any special arrangements to perform your work? Yes No

*The Disability Discrimination Act 1995 defines a disabled person as someone with a physical or mental impairment that has a substantial and long-term adverse effect on his/her ability to carry out day-to-day activities.

Have you ever been convicted of a criminal offence? Yes No

If yes, please give details _____

(Applicants for locum medical and dental positions are exempt from the Rehabilitation of Offenders Act 1974. You are required to declare prosecutions or convictions, including those considered 'spent' under this Act.)

For the purposes of the Data Protection Act 1998, I give consent to the holding and processing of personal data provided by me to United Medicare for all purposes relating to processing information regarding equality of opportunity and treatment of data subjects in line with the company's Diversity and Recruitment Policies.

Signed _____ Date _____