

An Equal Opportunities Employer

Applicant No:

PEOPLE WITH DISABILITIES

INTERVIEWS

Reasonable adjustments for interviews and test

We use the Disability Symbol to show our commitment to employing disabled people. As a symbol user, we guarantee an interview to disabled people who meet the minimum requirements of the job. Please inform us if you need any reasonable adjustments to attend the interview and how we can help remove any barriers for you in our recruitment process. Whatever you need, tell us below and we will try to meet your needs. Tell us how we can help you by completing this form and signing the declaration. **Please return this form with your job application to the Human Resources Team.**

DISABLED PEOPLE AT WORK OPTIONS FORM

Name:

Address:

.....

Job title of post applied for:

Reference number of post: SEH

I need the following 'reasonable adjustments' to help me at interview.

- | | | | |
|------------------------------------|--------------------------|--|--------------------------|
| • Disabled Car Park Space | <input type="checkbox"/> | • Detailed instructions of how to get to the interview | <input type="checkbox"/> |
| • Lighting | <input type="checkbox"/> | • Large Print | <input type="checkbox"/> |
| • Visual Aids | <input type="checkbox"/> | • Braille | <input type="checkbox"/> |
| • Hearing Loop | <input type="checkbox"/> | • Alternative formats | <input type="checkbox"/> |
| • Wheelchair or ramp accessibility | <input type="checkbox"/> | • Adjustments for Verbal Testing | <input type="checkbox"/> |
| • Interpreter/Reader | <input type="checkbox"/> | • Additional time for tests | <input type="checkbox"/> |

This list is in no way exhaustive. Please specify if you require any other adjustments.

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The Disability Discrimination Act says someone is a disabled person if he/she has:

...a physical or mental impairment, which has a substantial and long-term adverse effect on someone's ability to carry out normal day to day activities...

I consider I am a disabled person YES NO

I consider that I am a disabled person as defined by the Disability Discrimination Act YES NO

Signed Date