



## 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

**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](mailto:people@youngsomerset.org.uk)