

# BEACHLANDS SCHOOL

## EQUAL EMPLOYMENT OPPORTUNITIES DATA

1. This data will be used to establish a profile of the range of people currently working in the school and the range of applicants applying for positions.
2. The data will provide a basis for the planning and development of the school's EEO Programme.

**NAME:** \_\_\_\_\_ **GENDER:** \_\_\_\_\_

**ETHNIC ORIGIN:** \_\_\_\_\_

### DISABILITY/DISABILITIES:

- a) Do you live with the effects of injury long term illness, or disability/disabilities? **YES/NO**

- b) Tick all that apply. Does your disability/injury/illness affect your:

Movement	Vision
Respiration/Breathing	Hearing
Speech	Emotional and Mental Health
Concentration	
Other (please specify) _____	

- c) Do you need any technical aids or equipment, or adaptations made to your workplace to make your work easier or to increase your work performance? **YES/NO**

If **YES**, please provide further information \_\_\_\_\_  
\_\_\_\_\_

### CURRICULUM STRENGTHS:

Please list: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_