



The best beds in the world

## Applicant Monitoring Form

This form is separated before shortlisting and has no effect whatsoever on your application. Information provided will be treated as confidential and is purely for monitoring our Fair Treatment Policy.

**How did you hear about this vacancy? (Please state):**

**Have you worked before for any company within the Steinhoff UK Group? (Please circle):**

Yes      No      If yes, please state which Company and when?

**Please give your National Insurance Number:**

**What is your ethnic origin? (Please circle):**    White    Mixed    Asian    Black    Chinese    Other

**Country of birth/nationality (Please state):**

**What is your gender? (Please circle):**      Male      Female

**Please give your date of birth:**

**Do you consider yourself to have or have had a disability? (Please circle):**    Yes      No

**If yes, please indicate which category best describes your disability** (please see notes below)

Hearing      Visual      Speech      Mobility      Physical Co-ordination Difficulties  
Learning Difficulties      Reduced Physical Capability  
Severe Disfigurement      Mental Illness      Other (please describe)

**If yes, please outline any reasonable adjustments that could assist you in this role:**

**If invited to interview would you need any particular arrangements made?:**

Note: The Disability Discrimination Act 1995 defines a disability as a physical or mental impairment which has a substantial and long term (i.e. more than 12 months) adverse effect on a person's ability to do normal daily activities. You may still be considered to have a disability if you are not currently adversely affected but the impairment is likely to recur.

### Criminal Record Information

Have you ever been convicted of any criminal offences (which are not yet spent under the Rehabilitation of Offenders Act 1974?) (Please circle)

Yes      No

### Caring Responsibilities

Do you have any Dependent children and/or elderly or other dependents? (please circle)      Yes      No

If YES to either of above, are you the main carer?      Yes      No

**Did you complete your application form yourself?**      Yes      No

**Thank you for this information. Please return this form with your application form.**