

# Fair Employment Form



Oakland Insurance is committed to equality of opportunity for all applicants and employees regardless of gender, religious affiliation / community background, age, ethnicity, marital status, disability or dependants. Data collected will be processed by anonymous means and in accordance with the Data Protection Act 1988. Thank you for your co-operation in completing this form.

**Please DO NOT put your name on this form.**

Male		Female	
Protestant		Protestant	
Catholic		Catholic	
Other		Other	

Ethnicity			
White		Asian	
Black		Chinese	
Other (please specify)			

<p><b>Do you have a Disability</b> - The Disability Discrimination Act specifies that a person has a disability if she or he has "a physical or mental impairment which has a substantial and long term adverse effect on her / his ability to carry out normal day to day activities"</p>			
Yes		No	
If Yes please give details below			