



**EMPLOYMENT***Please put in most recent order & continue on a separate sheet if necessary*

Employer (1):		
Position held:		Date started:
Main Responsibilities of position:		
Employer (2):		
Position held:		From: To:
Main Responsibilities of position:		
Employer (3):		
Position held:		From: To:
Main Responsibilities of position:		
Employer (4):		
Position held:		
Main Responsibilities of position:		

**What are your current hobbies and interests?**

**What made you consider Osteopathy as a profession?**

**How did you first become interested in osteopathy?**

**Have you had any contact with osteopathy either as a patient or observer?**

**What do you see as your strengths and weaknesses?**

**References**  
Please supply the names and addresses of **two professional** referees, not related to you, who have known you for at least three years.

**1. Name**

Address

Email:

Relationship

**2. Name**

Address

Email:

Relationship

**Where did you hear about our programme of study?**

Please confirm by ticking below which campus you wish to attend?

London  Derby

**Declaration**

I confirm that all the enclosed information is true to the best of my knowledge

Signature

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Date:

Please return this form to:

[admissions@collegeofosteopaths.ac.uk](mailto:admissions@collegeofosteopaths.ac.uk)





THE COLLEGE OF  
OSTEOPATHS

## Equal Opportunities Monitoring

The College aims to have an inclusive environment for all staff and students, by identifying and removing barriers in our practices. Completing this monitoring form will help us achieve this, and also help The College of Osteopaths meet our obligations under the Equality Act 2010.

While it is voluntary to disclose this information, doing so will enable us to better understand the composition of our workforce/student body and examine our practices fully.

Your answers will be treated in the strictest confidence, and all data disclosed will comply with the Data Protection Act 1998. To find out more about the work The College of Osteopaths is doing to meet the requirements of the Equality Act, please contact Pat Hamilton.

## SECTION 1: Disability

Under the Equality Act 2010, a person is considered to have a disability 'if they have a physical or mental impairment, and the impairment has a **substantial** and **long-term** adverse effect on his or her ability to carry out normal day-to-day activities'. 'Substantial' is defined by the Act as 'more than minor or trivial'.

An impairment is considered to have a long-term effect if:

- it has lasted for at least 12 months
- it is likely to last for at least 12 months, or
- it is likely to last for the rest of the life of the person.

Normal day-to-day activities are not defined in the Act, but in general they are things people do on a regular or daily basis, for example eating, washing, walking, reading, writing or having a conversation.

Only serious visual impairments are covered by the Equality Act 2010. For example, a person whose eyesight can be corrected through the use of prescription lenses is not covered by the Act; neither is an inability to distinguish between red and green. The same logic does not apply to hearing aids. If someone needs to wear a hearing aid, then they are likely to be covered by the Act. However, both hearing and visual impairments have to have a substantial adverse effect on the ability to carry out normal day-to-day activities in order for a person to be covered by the Act.

Do you have an impairment, health condition or learning difference that has a substantial or long-term impact on your ability to carry out day to day activities?	Tick all that Apply
1. No known disability	
2. Two or more impairments and/or disabling medical conditions	
3. A specific learning difficulty such as dyslexia, dyspraxia or AD(H)D	
4. A social/communication impairment such as Asperger's syndrome/other autistic spectrum disorder	
5. A long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy	
6. A mental health condition, such as depression, schizophrenia or anxiety disorder	
7. A physical impairment or mobility issues, such as difficulty using arms or using a wheelchair or crutches	
8. Deaf or a serious hearing impairment (if you have ticked yes) Are you a BSL user? Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer Not to Say <input type="checkbox"/>	
9. Blind or a serious visual impairment uncorrected by glasses	
10. A disability, impairment or medical condition that is not listed above	

To help us ensure appropriate support and/or adjustments are in place, please explain in the box provided below if you will need any facilities or support relating to your impairment, health condition or learning difference. This might for example include particular adjustments such as materials in accessible formats, or extra equipment.

## SECTION 2: Ethnicity

### What is your Ethnic Group?

Ethnic group is about the group to which you perceive you belong.

Please tick the one that applies to you.

Arab	
Asian or Asian British – Indian	
Asian or Asian British – Pakistani	
Asian or Asian British - Bangladeshi	
Other Asian background	
Black or Black British - Caribbean	
Black or Black British - African	
Other Black background	
Chinese	
Gypsy or Traveller	
Mixed - White and Black Caribbean	
Mixed - White and Black African	
Mixed - White and Asian	
Other mixed background	
Not known	
Other ethnic background	
White	
White – Scottish	
Other White background	
Prefer not to Say	

### SECTION 3: Sex Identifier

What is your sex?

Please tick the one that applies:

Female

Male

Other



## SELF-DECLARATION of criminal record and other ‘suitability’ information

<b>Surname</b> (Block Capitals):
<b>Forenames:</b>
<b>Date of Birth:</b>
<b>Award (or course) concerned:</b>
<b>I am: an applicant / current student / returning student</b> (delete as applicable)

You are required to answer all of the following questions:

	Please ✓	
	Yes	No
1. Do you have any reprimands, warnings, cautions or convictions that are not ‘protected’?		
2. Have you ever previously enrolled upon any social care or health related course leading to professional registration, which you did not complete (for whatever reason)? If “yes”, please explain why in the box at the foot of the page		
3. Has any child been subject to any of the following measures whilst in your care?		
a) Placed upon a child protection register?		
b) Subject to a child protection plan?		
c) Subject to any investigation by a local authority social services department?		
4. Has any child been subject to any of the measures indicated in question 3 a, b or c above whilst you were living in the same household, or in a relationship whereby you came into contact with that child? – please give details below		
5a. Have you ever been banned from working with vulnerable persons (e.g. Does your name appear on the Protection of Children Act List, Protection of Vulnerable Adults List or List 99 or similar)?		
5b. To your knowledge, has any person that lives in the same household as you, ever been banned from working with vulnerable persons (e.g. Does their name appear on the Protection of Children Act List, Protection of Vulnerable Adults List or List 99 or similar)?		
6. Are you aware of any non-conviction information held about you by any organisation which could call into question your suitability for working with vulnerable persons?		

**If you have answered “yes” to any of the above please provide further details below (please clearly number your responses).**

Question number:

(Continue on a separate sheet if required. You may attach copies of supporting documents if desired)

**Signature:**

**Date:**

