

**Disability Confident Form**

# If you would like to have a chat with us about reasonable adjustments, please contact us at DfTPublicAppointments@dft.gov.uk

**You must complete all fields marked with an asterisk (\*)**

**SECTION1 Personal Details**

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| **SECTION 1 PERSONAL DETAILS** |
| **\***Role you are applying for:  |
| **\***Title: Surname(s):Forename(s): |
| **\***Email address:  |

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| **SECTION 2 DISABILITY CONFIDENT SCHEME.**  |
| This guarantees interviews to all disabled candidates (as defined by the Equality Act 2010) who meet the essential criteria for the role specified on the advert. To be eligible for consideration under the Disability Confident scheme, you must be considered disabled under the Equality Act 2010. This means you have a physical or mental impairment that has a ‘substantial’ and ‘long-term’ negative effect on your ability to do normal daily activities.* For further information on the definition of disability under the Equality Act 2020. Please read <https://www.gov.uk/definition-of-disability-under-equality-act-2010>
* For more information on recording whether you have a disability. Please read.

<https://publicappointments.cabinetoffice.gov.uk/recording-whether-or-not-you-have-a-disability/> |
| **\*** | I have a disability and would like to apply under the Disability Confident Scheme. [ ]  Yes [ ]  No [ ]  Prefer not to say. |
|  | Do you require any reasonable adjustments for this application? *e.g: alternative format to fill in the application, extra time if presentation is requested as part of the interview, braille notes etc.* [ ]  Yes [ ]  No [ ]  Prefer not to say. If yes, you may choose to provide detail below:  |

|  |  |  |
| --- | --- | --- |
|   | **Date:**  |   |

**Signature:**

If you wish to apply under the disability confident scheme, please complete the disability confidence form and return it with your application.

All applications will be acknowledged by email after the closing date.

