



Robert Clack School Disability Equality

Name: _____

Thank you for applying for a position at Robert Clack School. To ensure that as an organisation we are as accessible as possible, please answer the following questions (please tick box).

1. Do you have a disability? Yes
No
2. Are you registered disabled? Yes
No

3. What is the nature of your disability?

4. Please detail what additional support you need from Robert Clack School to ensure that you can carry out your duties unhampered.

5. Please tell us what additional adjustments we need to make as an organisation to meet your needs and improve the access of the day.

Thank you for taking the time to complete this form.
Please return it with your covering letter and application form.