**Candidate Essential’s Form**

**Please complete the following information to allow THCH to make more informed decisions about where to advertise our roles. Please also complete the following Interview support form if you require additional support during the interview process.**

|  |  |
| --- | --- |
| **Full Name:** |  |
| **Job Applied For:** |  |
| **Where did you see the job advertised?** |  |

**Interview Support Information**

Please use this form to advise the HR team at THCH of any disability you have so that we can ensure we meet our obligations as a Disability Confident Employer.

You are considered to have a disability under the Equality Act 2010 if you have a physical or mental impairment that has a ‘substantial’ and ‘long-term’ negative effect on your ability to do normal daily activities.

‘Substantial’ is more than minor or trivial, e.g. it takes much longer than it usually would to complete a daily task like getting dressed.

‘Long-term’ means 12 months or more, e.g. a breathing condition that develops as a result of a lung infection.

Do you consider yourself to have a disability Yes [ ]  No [ ]

If yes, please outline the nature of your disability

Click here to enter text.

Please detail any adjustments you feel would reasonably support you in attending an interview at THCH.

Click here to enter text.