**RECRUITMENT MONITORING INFORMATION**

The School is committed to ensuring that applicants are selected on the basis of their abilities relevant to the job. Information is provided to the Government for monitoring purposes. Completion of this section will help us and the Government fulfil our general duty under the Equality Act 2010 to eliminate unlawful discrimination, to promote equality of opportunity and promote good relations between people of different racial groups, and our specific duty under the Act to monitor, by reference to racial group, applicants for employment and staff in post. The information will also enable the Local Authority to fulfil its obligations under Best Value. The information provided will be used for monitoring and statistical purposes and this section will be kept separate from your application form prior to shortlisting. Completion of this form at point of application is not mandatory, however with reference to the disability section, would be useful in terms of reasonable adjustments that may be required for interview if shortlisted. If successfully appointed, this form is mandatory in line with the above requirements.

1. **Ethnic origin: (**The categories below are in line with the June 2023 Government Statistical service harmonised standards)

I would describe my ethnic origin as:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **a. White**  English  Northern Irish  Welsh  Scottish  British  Irish  Gypsy or Irish Traveller  Roma  Any other White background  Please specify………………………  **c. Mixed**  White and Asian  White and Black African  White and Black Caribbean  Any other Mixed or Multiple  Ethnic background  Please specify………………………  **e. Other ethnic group**  Arab  Any other ethnic group | |  | | --- | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | **b. Black or Black British**  African  Caribbean  Any other Black, Black British or  Caribbean background  Please specify.……………………  **d. Asian or Asian British**  Bangladeshi  Chinese  Indian  Pakistani  Any other Asian background  Please specify…………………… | |  | | --- | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |

Please specify………………………

Prefer not to say

1. **Gender:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Male |  | Female |  | Non-Binary |  |

If you prefer to use your own gender identity, please specify………………………………….

Prefer not to say:

1. **Age:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 16-24 |  | 25-34 |  | 35-44 |  | 45-54 |  |
| 55-64 |  | 65-74 |  | 75-84 |  | 85+ |  |

Prefer not to say:

1. **Marital Status:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Married |  | Civil Partnership |  | Single/Widowed |  |

Prefer not to say:

1. **Sexual Orientation:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Homosexual/Straight |  | Gay/Lesbian |  | Bisexual |  |

If you prefer to use your own identity, please specify…………………………………………

Prefer not to say:

1. **Religion:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Buddhist |  | Christian |  | Hindu |  |
| Jewish |  | Muslim |  | Sikh |  |

Any other religion, please specify……………………………………………….

No religion:

Prefer not to say:

1. **Disability:**

Before ticking the appropriate box below please read the definition of disability.

The definition of disability, as outlined in the Equality Act 2010 is as follows: “a physical or mental impairment which has a “substantial” and “long term” negative effect on a person’s ability to carry out normal day-to-day activities”. To be protected under the Act:

* An individual must have an impairment which can be physical or mental.
* It has to be substantial, that is something more than minor or trivial.
* It needs to be long term i.e. the impairment has lasted or is likely to last in total for at least twelve months or more, or is likely to last for the rest of the life of the person affected (long term includes conditions which fluctuate or may recur such as cancer, HIV/AIDS, and multiple sclerosis) and
* It must affect their day-to-day activities on a regular basis (day-to-day activities includes things such as reading, lifting, and carrying objects, personal care, shopping, meeting, and communicating with people).

Do you consider yourself to have a disability?

Yes

No

Prefer not to say:

**Declaration**

By signing below, you consent to your data being used for the purposes stated.

|  |  |
| --- | --- |
| Name: |  |
| Signature: |  |
| Date: |  |