**Equality and diversity monitoring form**

You are under no obligation to provide information for equal opportunities monitoring purposes and there are no consequences for your application if you choose not to provide such information.

The school/academy is committed to building a workforce that reflects the diversity of the local community and ensure that applicants and employees from all sections of the community are treated equally and not discriminated against on the grounds of age, disability, sex, gender identity, marriage or civil partnership, pregnancy and maternity, ethnic background, religion or belief, sexual orientation or caring responsibilities.

This form assists us in monitoring who is applying for employment with us, measuring the effectiveness of our policies and practices and checking progress towards identifying and removing barriers.

We would be grateful if you would complete this form and return it with your completed application form. You are not obliged to answer any questions but the more information you supply, the more effective our monitoring will be.

The information you provide will be used solely for monitoring purposes. It will be kept securely and not opened until the recruitment process is complete.

|  |  |
| --- | --- |
|  | Please state which job you have applied for and the date of your application.Job applied for: ..........................................................................................................Name of school/academy:...........................................................................................................Date of application: ........................................................................................................... |
|  | **What is your gender (please tick)?** *If you are currently undergoing the process of gender reassignment, please tick your future gender*. |
|  | Male |  |  |  |
|  | Female |  |  |  |
|  | Other (please state) ……………………………………… |  |
|  | **Is your gender the same you were assigned at birth?** Yes No  |
|  | **Is your age between (please tick)?** |
|  | 16-24 |  |  | 25-34 |  |  | 35-44 |  |  |
|  | 45-54 |  |  | 55-64 |  |  | 65 or over |  |  |
|  | **How would you describe your nationality and / or ethnicity (please tick)?** |
|  | **White:** | **Black or Black British:** | **Chinese or other ethnic group:** |
|  | British — English, Scottish, Welsh, Northern Irish |  | Caribbean |  | Chinese |  |
|  | Irish |  | African |  | Any other ethnic group |  |
|  | Any other white background |  | Any other Black background |  |  |  |
|  | **Mixed race:** | **Asian or Asian British:** |  |
|  | White and Black Caribbean |  | Indian |  |  |  |
|  | White and Black African |  | Pakistani |  |  |  |
|  | White and Asian |  | Bangladeshi |  |  |  |
|  | Any other mixed background |  | Any other Asian background |  |  |  |
|  |  |  |  |
|  | Prefer not to say |  | Other (please specify): ……………………………. |
|  | **How would you describe your sexual orientation (please tick)?** |
|  | Heterosexual |  | Bisexual |  | Lesbian |  |
|  | Gay |  | Prefer not to say |  |  |  |
| **How would you describe your religion (please tick)?** |
| My religion is: ........................................................... |
| I am not religious |
| Prefer not to say  |
| **What is your current marital status?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Married |  | Single |  | Divorced |  |
| Civil Partnership |  | Widow |  | Prefer not to say |  |

 |
| **Do you consider yourself to have a disability as defined under the Equality Act 2010 (please tick)?**The Equality Act defines a disability as a "physical or mental impairment" which "has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities". An effect is long-term if it has lasted, or is likely to last, over 12 months or for the rest of the life of the person affected.  |
|  | Yes |  |  | No |  |  |
|  |  |  |  |
|  | Don't know Prefer not to say  |
|  | If you answered "Yes" to the above question, please give brief details of your condition …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |
|  | Signed ...........................................................................Dated ........................................................................... |

**Please return the equality and diversity monitoring form with your application form. Completion and submission of this form is taken as consent to process the information you have provided.**

Note: if you are a current employee of the school/academy, please complete this form even if you have already given us this information, as we need this to help us monitor recruitment.