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| Equal Opportunities Monitoring Form |
|  | Halliford School is committed to ensuring that applicants and employees from all sections of the community are treated equally and not discriminated against on the grounds of gender, colour, race, nationality, marital or civil partnership status, religion or belief, sexual orientation, gender reassignment, disability or age.This form assists us in monitoring who is applying for employment with us, our adherence to equal opportunities best practice and our progress towards identifying any barriers to diversity among our workforce. These objectives comply with the requirements of the Equality Act 2010.Please return this form in the separate envelope provided. This form is used solely for monitoring purposes. It will be kept securely and not opened until the recruitment process is complete. We would be grateful if you would fill in this form and return it with your Application. You are not obliged to answer all the questions but the more information you supply, the more effective our monitoring will be. All information supplied will be treated in the strictest confidence. Thank you for your assistance.Please complete in block capitals or typescript, ticking the boxes which most closely relate to you.  |
|  | **Please state which job you have applied for and the date of your application.**Job applied for: ...................................................................................Date of application: ........................................................................... |
|  | **Where did you hear about the job for which you have applied?** |
|  | Newspaper (please specify which one) | 10821944 |  |  |
|  | ………………………………………………………….. |  |
|  | School website | 10821944 | Agency | 10821944 |
|  | Friend | 10821944 |  |  |
|  | Other (please specify) | 10821944 |  |  |
|  | ……………….……………………………………….. |  |
|  | **What is your gender (Please tick)?** *(If you are currently undergoing the process of gender reassignment, please tick your future gender)* |
|  | Male | 10821944 |  |  |
|  | Female | 10821944 |  |  |
|  | If you are currently undergoing the process of gender reassignment, please tick your future gender. |
|  | **Is your age between (please tick appropriate range)?** |
|  | 16-24 | 10821944 |  | 25-34 | 10821944 |  | 35-44 | 10821944 |  |
|  | 45-54 | 10821944 |  | 55-64 | 10821944 |  | 65 or over | 10821944 |  |
|  | **How would you describe your nationality and / or ethnicity (please tick)?** |
|  | White: | Black or Black British: | Chinese or other ethnic group: |
|  | British — English, Scottish or Welsh | 10821944 | Caribbean | 10821944 | Chinese | 10821944 |
|  | Irish | 10821944 | African | 10821944 | Any other ethnic group | 10821944 |
|  | Any other white background | 10821944 | Any other Black background | 10821944 |  |  |
|  | Mixed race: | Asian or Asian British: |  |
|  | White and Black Caribbean | 10821944 | Indian | 10821944 |  |  |
|  | White and Black African | 10821944 | Pakistani | 10821944 |  |  |
|  | White and Asian | 10821944 | Bangladeshi | 10821944 |  |  |
|  | Any other mixed background | 10821944 | Any other Asian background | 10821944 |  |  |
|  | **How would you describe your sexual orientation (please tick)?** |
|  | Heterosexual | 10821944 | Bisexual | 10821944 | Lesbian | 10821944 |
|  | Gay | 10821944 | Prefer not to say | 10821944 |  |  |

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|  | **How would you describe your religion (please tick)?** |
|  | My religion is:.................................................................................................. |
|  | I am not religious | 10821944 |  |
|  | Prefer not to say | 10821944 |  |
|  | **Do you consider yourself to have a disability as defined under the Equality Act (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 | 10821944 |  | No | 10821944 |  |
|  | I used to have a disability but have now recovered | 10821944 |  |
|  | Don't know | 10821944 |  |
|  | **If you answered "Yes" to question 8, please give brief details of your condition**  |
|  | **For the purposes of compliance with the Data Protection Act 1998, I hereby confirm that by completing this form I give my consent to Halliford School processing the data supplied above in connection with monitoring compliance with its equal opportunities obligations and policy. I also agree to the storage of this information on manual and computerised files.** Signed:  Dated:  |