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| **Equal Opportunities Monitoring Section (OFFICE ONLY - Must be removed prior to shortlisting)** | | | | | | | |
| This School / College / Academy want to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010 and building an accurate picture of the make-up of the workforce in encouraging equality and diversity. The School / College / Academy needs your help and co-operation to enable it to do this but filling in this form is voluntary. The information you provide will stay confidential and be stored securely. | | | | | | | |
| 1) How would you describe your ethnicity? | | | | | | | |
|  | a) White | | b) Mixed | | c) Asian & British Asian | | |
|  | □ British | | □ White & Black Caribbean | | □ Indian | | |
|  | □ Irish | | □ White & Black African | | □ Pakistani | | |
|  |  | | □ White & Asian | | □ Bangladeshi | | |
|  | □ Any other White background\* | | □ Any other mixed background\* | | □ Any other Asian background\* | | |
|  | \* please state below: | | \* please state below: | | \* please state below: | | |
|  |  |  |  |  |  |  |  |
|  | d) Black or Black British | | e) Chinese of Other Ethnic Group | | f) Gypsy / Traveller | | |
|  | □ Caribbean | | □ Chinese | | □ Irish Traveller | | |
|  | □ African | |  | | □ Romany Gypsy | | |
|  |  | |  | |  | | |
|  | □ Any other Black background\* | | □ Any other Ethnic Group\* | | □ Any other Asian background\* | | |
|  | \* please state below: | | \* please state below: | | \* please state below: | | |
|  |  |  |  |  |  |  |  |
|  | | | | | | | |
|  | □ Prefer not to state | |  | |  | | |
|  | | |  | |  | | |
| 2) Gender: | | |  | |  | | |
|  | □ Male  □ Trans Female | | □ Female  □ Other, please state below: | | □ Trans Male  □ Prefer not to state | | |
|  |  | |  | |  | | |
|  | | |  | |  | | |
| 3) My date of birth is: | | |  | | □ Prefer not to state | | |
|  | | | | | | | |
| 4) The Equality Act 2010 defines disability as “**‘**A physical or mental impairment which has a substantial and long term adverse effect on the ability to carry out normal day-to-day activities” | | | | | | | |
| I consider myself to be: | | | | | | | |
|  | □ Disabled | | □ Non-Disabled | | □ Prefer not to state | | |
| 5) My religion is: | | | | | | | |
|  | □ Buddhist | | □ Christian (all denominations) | | □ Hindu | | |
|  | □ Jewish | | □ Muslim | | □ Sikh | | |
|  | □ None | | □ Prefer not to state | | □ Other \* | | |
|  |  | |  | | \* please state below: | | |
|  | | | | | |  |  |
| 6) My sexual orientation is: | | | | | | | |
|  | □ Bi-sexual | | □ Gay | | □ Lesbian | | |
|  | □ Heterosexual | | □ Prefer not to state | | □ Other \* | | |
|  |  | |  | | \* please state below: | | |
|  | | | | | |  |  |
| 7) My nationality is: | | |  | |  | | |
|  | | | | | | | |
|  | □ Short listed | | □ Interviewed | | □ Appointed | | |