



Shipston High School

*A small, high achieving school
with a unique, student-centred ethos*

Confidential: Protect

Equality Monitoring Form

This form provides information used to ensure your equality details are accurate and ensuring contact can be made as and when required. Personal details are required again as this form will be removed from your application prior to interview. As a result, this information is not viewed by your manager or colleagues but is used by the organisation to review compliance with equality and diversity targets as well as helping to plan the workforce for the future.

Personal Details

Forename(s)	
Surname(s)	
Date of Birth (DD/MM/YY)	

Age Range

<input type="checkbox"/> 16-17	<input type="checkbox"/> 18-24	<input type="checkbox"/> 25-29	<input type="checkbox"/> 30-39	<input type="checkbox"/> 40-49	<input type="checkbox"/> 50-59	<input type="checkbox"/> 60-64	<input type="checkbox"/> 65+
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Sex

<input type="checkbox"/> Male	<input type="checkbox"/> Female
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Gender Identity

<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Non-binary	<input type="checkbox"/> Other	<input type="checkbox"/> Prefer not to say
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Sexual Orientation

<input type="checkbox"/> Heterosexual/Straight	<input type="checkbox"/> Gay/Lesbian	<input type="checkbox"/> Bisexual	<input type="checkbox"/> Prefer not to say
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Religion and Beliefs

Please select one religion or belief that is most suitable:					
<input type="checkbox"/> Agnostic	<input type="checkbox"/> Atheist	<input type="checkbox"/> Buddhist	<input type="checkbox"/> Christian	<input type="checkbox"/> Hindu	<input type="checkbox"/> Jain
<input type="checkbox"/> Jewish	<input type="checkbox"/> Muslim	<input type="checkbox"/> Pagan	<input type="checkbox"/> Sikh	<input type="checkbox"/> No Religion	<input type="checkbox"/> Prefer not to say
<input type="checkbox"/> Other *	*Please specify here				

Ethnic Origin

White	<input type="checkbox"/> White British	<input type="checkbox"/> White Irish	<input type="checkbox"/> White Other*
	<input type="checkbox"/> White Gypsy or Irish Traveller		
Mixed	<input type="checkbox"/> White & Black Caribbean	<input type="checkbox"/> White & Black African	
	<input type="checkbox"/> White & Asian	<input type="checkbox"/> Other Mixed Ethnic Group*	
Asian or Asian British	<input type="checkbox"/> Indian	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Bangladeshi
	<input type="checkbox"/> Chinese	<input type="checkbox"/> Other Asian or Asian British*	
Black or Black British	<input type="checkbox"/> Caribbean	<input type="checkbox"/> African	<input type="checkbox"/> Other Black or Black British*
Other Ethnic Groups	<input type="checkbox"/> Arab	<input type="checkbox"/> Any Other Ethnic Group*	
Prefer not to say	<input type="checkbox"/>		
*Please specify here			



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Disability

Are your day-to-day activities significantly limited because of a physical or mental impairment which has lasted or is expected to last more than 12 months?			
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you have answered Yes, to help identify and better understand the needs of our disabled employees, please indicate the type(s) of impairment which applies to you.			
Hearing Impairment	<input type="checkbox"/>	Long standing illness	<input type="checkbox"/>
Learning Disability/ Difficulty	<input type="checkbox"/>	Mental Health Condition	<input type="checkbox"/>
Mobility Impairment	<input type="checkbox"/>	Neurological Condition	<input type="checkbox"/>
Physical Impairment	<input type="checkbox"/>	Sensory Impairment	<input type="checkbox"/>
Speech Impairment	<input type="checkbox"/>	Visual Impairment (not corrected by glasses)	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>		
Other (please specify here)			
Please note: If you have a disability that requires reasonable adjustments at work, for your health & safety at work or the health & safety of others, you must make your manager aware of this. This is so that appropriate measures can be identified to ensure the health & safety of you, your work colleagues or members of the public.			

Application Form Source

Did you hear about our vacancy through any of the following sources (please tick all that apply):			
School website	<input type="checkbox"/>	Word of mouth	<input type="checkbox"/>
Hays website	<input type="checkbox"/>	Twitter	<input type="checkbox"/>
Guardian jobs website	<input type="checkbox"/>	LinkedIn	<input type="checkbox"/>
TES website	<input type="checkbox"/>	Internal advert	<input type="checkbox"/>
WM jobs website	<input type="checkbox"/>		
If you did not hear about the vacancy through any of the above, please indicate the source below:			

The information may be disclosed, as appropriate, to governors of Shipston High School and to other relevant public and statutory bodies.

Application forms of unsuccessful candidates will be destroyed after six months following an appointment to the job.