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| **Falcon Education Academies Trust**  Equality and Diversity Monitoring Form |

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| Name (optional): …………………………..…………………………………  Falcon Education Academies Trust operates a policy of providing equal opportunities in all aspects of work, including recruitment, training, and promotion - whatever the colour, race, religion, belief, ethnic or national origin, gender, sexual orientation, marital status, age or disability of an employee, having regard to the individual's aptitudes and abilities and requirements for the job. We are opposed to all forms of discrimination.  We’re also bound by the Public Sector Equality Duty to promote equality for everyone. To assess whether we’re meeting this duty, whether our policies are effective and whether we’re complying with relevant legislation, we are required to obtain the information requested below.    This information **will not**be used during the selection process. It will be used for monitoring purposes only.  *The information that you provide will stay confidential and be stored securely, limited to staff in the organisation’s Human Resources section.* | | | | | | | | | | |
| **Equalities Monitoring Information** | | | | | | | | | | |
| **What is your date of birth?** | | **D** | **D** | **M** | | **M** | **Y** | **Y** | **Y** | **Y** |
|  |  |  | |  |  |  |  |  |
| **What gender are you?** | | Male  Female  Other  Prefer not to say | | | | | | | | |
| **Do you identify as the gender you were assigned at birth?** | | Yes  No  Prefer not to say | | | | | | | | |
| **Are you married or in a civil partnership?** | | Yes  No  Prefer not to say | | | | | | | | |
| **Age?** | | 16-24  25-29  30-34  35-39  40-44  45-49  50-54  55-59  60-64  65+  Prefer not to say | | | | | | | | |
| **How Would You Describe Your Ethnic Origin?** | | | | | | | | | | |
| **Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box.** | | | | | | | | | | |
| **White**  British  Irish  Gypsy or Irish Traveller  Any other White background, please specify:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Asian or British Asian**  Bangladeshi  Indian  Pakistani  Chinese | **Black or Black British**  African  Caribbean  Any other Black background, please specify:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Mixed**  White and Asian  White and Black African  White and Black Caribbean  Any other mixed background, please specify: | | | | **Other Ethnic groups**  Arab  Any other ethnic group, please specify:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Prefer not to say | | | | | |
| **Which Of The Following Best Describes**  **Your Sexual Orientation?** | | | | | | | | | | |
| Bisexual  Heterosexual/straight  Homosexual | | Other  Prefer not to say | | | | | | | | |
| **What Is Your Religion Or Belief?** | | | | | | | | | | |
| Agnostic  Atheist  Buddhist  Christian  Other, please specify | Jain  Jewish  Muslim  No religion | | | | Hindu  Pagan  Sikh  Prefer not to say | | | | | |
| **Pregnancy And Maternity** | | | | | | | | | | |
| Are you pregnant?  Yes  No  Prefer not to say | | Have you given birth within the last 12 months?  Yes  No  Prefer not to say | | | | | | | | |
| **Are Your Day-To-Day Activities Significantly Limited Because Of A Health Problem Or Disability Which Has Lasted, Or Is Expected To Last, At Least 12 Months?** | | | | | | | | | | |
| Yes  No  Prefer not to say | | | | | | | | | | |
| **If You Answered ‘Yes’ To The Question Above, Please State The Type Of Impairment. Please Tick All That Apply. If None Of The Below Categories Applies, Please Mark ‘Other’.** | | | | | | | | | | |
| Physical impairment  Sensory impairment  Learning disability/difficulty  Long-standing illness  Mental health condition  Developmental condition  Other | | | | | | | | | | |
| **If You Consider Yourself To Have A Disability, Please List Below Any Special Requirements Or Reasonable Adjustments That You May Have If You Invited For An Assessment Process/Interview:** | | | | | | | | | | |
|  | | | | | | | | | | |
| **What Is Your Current Working Pattern?** | | | | | | | | | | |
| Full time  Part time  Prefer not to say | | | | | | | | | | |
| **If You Work Flexibly, Please Tick To Indicate Your Pattern Of Work:** | | | | | | | | | | |
| Flexi time  Staggered hours  Term time hours  Annualised hours  Job share  Flexible shifts  Compressed hours  Homeworking  Other  Prefer not to say  If other, please specify | | | | | | | | | | |
| **If You Have Any Caring Responsibilities, Please Tick All That Apply:** | | | | | | | | | | |
| Primary carer of a child/children (under 18)  Primary carer of disabled child/children  Primary carer of disabled adult (18 and over)  Primary carer of older person  Secondary carer (another person carries out the main caring duties)  Prefer not to say | | | | | | | | | | |

**Please email this completed document, along with your application form to the email address provided on the job advert/job description.**

**Thank you for your help with our Equality and Diversity monitoring**