**Central Co-operative Learning Trust**

**Equality and Diversity Monitoring Form**

**Strictly Confidential**

Central Co-operative Learning Trust wants 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.

Information collected via recruitment monitoring helps the Trust fulfil this commitment.

Information you provide will be treated in strict confidence.

**Person/Role details**

**Job title:**

**Pay reference for this post (if known)**

**Please indicate your ethnic origin:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Asian or Asian British – Bangladeshi |  |  | Asian or Asian British – Chinese |  |
|  |  |  |  |  |
| Asian or Asian British – Indian |  |  | Asian or Asian British – other |  |
|  |  |  |  |  |
| Asian or Asian British – Pakistani |  |  | Black or Black British – African |  |
|  |  |  |  |  |
| Black or Black British – Caribbean |  |  | Black or Black British – other |  |
|  |  |  |  |  |
| Mixed – other |  |  | Mixed Ethnic Group – White & Asian |  |
|  |  |  |  |  |
| Mixed Ethnic - ~White & Black African |  |  | Mixed Ethnic – White & Black Caribbean |  |
|  |  |  |  |  |
| Other Ethnic Origin – Arab |  |  | Prefer not to say |  |
|  |  |  |  |  |
| White – Welsh/English/Scottish/N.Ireland |  |  | White – Irish |  |
|  |  |  |  |  |
| White – other |  |  | White – Gypsy/Irish Traveller |  |

Other ethnic group: (Please state)

**Please indicate your religion/belief:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Buddhist |  |  |  Christian |  |
|  |  |  |  |  |
| Hindu |  |  |  Jewish |  |
|  |  |  |  |  |
| Muslim |  |  |  Sikh |  |
|  |  |  |  |  |
| Other/prefer not to say |  |  |  No religion or belief |  |

**Please indicate your sexual orientation:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Bisexual |  |  Gay man |  |  Heterosexual |  |
|  |  |  |  |  |  |
| Lesbian/gay woman |  |  Prefer not to say |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please indicate your gender: |  Female |  |  Male |  |

**Disability**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you consider yourself to have such a disability or health condition? |  Yes |  |  No |  |
| What is the effect or impact of your disability or health condition on your ability to give your best at work? Please write in here: |