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| **PRIORY SCHOOL** |

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| **RECRUITMENT MONITORING FORM** |

**This sheet will be separated from your application form upon receipt and does not form part of the selection process.**

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| **Application for the post of:**  **Name:** |

Priory School aims to be an equal opportunities employer, and selects staff on merit, irrespective of race, colour, nationality, ethnic or national origins, gender, marital status, family responsibility, age, disability, sexual orientation, trade union activity, or religious belief. In order to monitor the effectiveness of our equality policy, the Council requests that all applicants complete this form. In accordance with Data Protection Act 1988, the information you have provided will only be used for the purposes of equality monitoring. The information will be used in summary form only and may inform improvements to our equality policy.

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| **What is your Ethnic Group**  Choose ONE section from A to E, then tick the appropriate box to indicate your cultural background | |
| **A. White**  British  Irish  Any other White background, please write in:    **B. Mixed**  White and Black Caribbean  White and Black African  White and Asian  Any other Mixed background, please write in:    **C. Asian or Asian British**  Indian  Pakistani  Bangladeshi  Any other Asian background, please write in: | **D. Black or Black British**  Caribbean  African  Any other Black background, please write in:    **E. Chinese or other ethnic group**  Chinese  Any other Ethnic group, please write in    **F. I do not wish to provide this**  **information.** |

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| **Gender**  Male  Female |

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| **Disability –** Do you have a disability? If so, please state what type of adjustments to working arrangements would assist you in overcoming any disadvantage that your disability might otherwise cause you at work.    Please tick one box. | | | |
| 00 - None. |  | 06 - You have mental health difficulties. |  |
| 01 - You have a specific learning difficulty (for example dyslexia). |  | 07 - You have a disability that cannot be seen, for example diabetes, epilepsy or a heart condition. |  |
| 02 - You are blind or partially sighted. |  | 08 - You have two or more of the above. |  |
| 03 - You use a wheelchair or have mobility difficulties. |  | 09 - You have a disability, special need or medical condition that is not listed above. |  |
| 04 - You are deaf or hard of hearing. |  | 10 - I do not wish to provide this information. |  |
| 05 - You have Autistic Spectrum Disorder or Asperger Syndrome. |  |

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| **Present Status**  Internal Applicant  External Applicant |

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| **Date of Birth**        (dd/mm/yyyy) Age |

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| **Media**  Please state where you saw this post advertised:  If other, please state: |