

Monitoring Information Form



Data Protection Act: This information is being collected for the purposes of the recruitment and selection procedures. When you complete this document you are providing your consent for the employer to hold and use personal information for these purposes. The information you provide may also be disclosed to relevant statutory bodies for their purposes. If you have a query or concern regarding this, please contact ddatadmin@DDAT.org.uk in the first instance. *see additional information on main application form*

Position applied for:	
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Monitoring Information

This page is not mandatory, but will help the Trust monitor its obligations under the Equality Act 2010

This form will be kept separate from the application upon receipt and will play no part in the recruitment process.

Ethnicity

Please state what you consider your ethnic origin to be. Ethnicity is distinct from nationality and the categories below are based on the Census in alphabetical order.

Asian		Black		Chinese	
Indian	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	African	<input type="checkbox"/>		
Bangladeshi	<input type="checkbox"/>				
Any other Asian background (please specify)		Any other Black background (please specify)			
Mixed		White		Other Ethnic Groups	
White and Black Caribbean	<input type="checkbox"/>	English	<input type="checkbox"/>		
White and Black African	<input type="checkbox"/>	Irish	<input type="checkbox"/>		
White and Asian	<input type="checkbox"/>	Scottish	<input type="checkbox"/>		
		Welsh	<input type="checkbox"/>		
Any other mixed background (please specify)		Any other White background (please specify)		Any other ethnic background (please specify):	
Rather not say				<input type="checkbox"/>	

Age

24 & Under <input type="checkbox"/>	25-34 <input type="checkbox"/>	35-49 <input type="checkbox"/>	50-57 <input type="checkbox"/>	58-64 <input type="checkbox"/>	65+ <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
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Disability

The Equality Act (2010) defines a person as disabled if they have a physical or mental impairment which has a substantial and long-term (i.e. has lasted or is expected to last at least 12 months) adverse effect on one's ability to carry out normal day-to-day activities. This definition includes such conditions as cancer, HIV, mental illness and learning disabilities. Do you consider yourself to have a disability according to the above definition?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Rather not say <input type="checkbox"/>
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Gender

Male <input type="checkbox"/>	Female <input type="checkbox"/>	Non-binary <input type="checkbox"/>	Transgender F to M <input type="checkbox"/>	Transgender M to F <input type="checkbox"/>	Rather not say <input type="checkbox"/>
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Faith

Which religion do you most identify with?

No religion	<input type="checkbox"/>	Baha'i	<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"/>	Sikh	<input type="checkbox"/>
Other (please specify)				Rather not say	<input type="checkbox"/>

Sexual orientation					
How would you describe your sexual orientation?					
Asexual <input type="checkbox"/>	Bisexual <input type="checkbox"/>	Gay <input type="checkbox"/>	Heterosexual <input type="checkbox"/>	Lesbian <input type="checkbox"/>	Pansexual <input type="checkbox"/>
Questioning/Unsure <input type="checkbox"/>		Rather not say <input type="checkbox"/>		Other <input type="checkbox"/>	