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| SOLA logo | Recruitment Monitoring |
| We will only appoint to governance roles the best candidate irrespective of age, ethnicity, colour, national origins, nationality, race, disability, family commitments, gender, marital status, membership or otherwise of a trade union, religion or sexual orientation. Without accurate data on the composition of our workforce and on job applicants we are unable to monitor the effectiveness of policies and procedures. To help us to do this, we ask you to complete this monitoring form and return it with your application. All information supplied by you will be treated in the strictest confidence and is used for statistical purposes only. |
| **Completing the form – please tick one box (or write in one box if appropriate) in each section of the form.** |
| **Personal Details** |
| Name |  |
| **Age** | Under 20 |  | 30 – 39 |  | 50 – 59 |  |  |
|  | 20 – 29 |  | 40 – 49 |  | 60+ |  |  |
| **Gender** |  | Female |  | Male |  | Prefer not to say |
|  |  | Prefer to self-describe as: |  |
| **Disability** |
| Before completing this section of the form, please read the following information. It explains the definition of a disability under the Disability Discrimination Act 1995. |
| A disability is defined as ‘a physical or mental impairment, which has a substantial and long-term adverse effect on a person’s ability to carry out normal day to day activities’. |
| The effect an impairment may have on day to day activities is defined in the Act falling within the following categories: |
|  (1) Mobility (2) Manual dexterity (3) Physical co‑ordination (4) Continence (5) Ability to lift, carry or otherwise move everyday objects | (6) Speech, hearing or eyesight(7) Memory or ability to concentrate, learn or understand(8) Perception of the risk of physical danger |
| The impairment has to be substantial, that is something more than trivial and it needs to be long-term, ie has lasted or is likely to last in total for at least twelve months or is likely to last for the rest of the life of the person affected. |
| Having read this information, please tick one of the following: |
|  I do consider myself to have a disability |  |
|  I do not consider myself to have a disability |  |
|  I do not wish to give this information |  |
|  | Please turn over |
| **Ethnic Group** |
| Please tick one box or write in one box if appropriate  |
| I do not wish to give this information  |  |
| **Asian or Asian British** |  |  |
| Bangladeshi |  |  |  |
| Indian |  |  |  |
| Pakistani |  |  |  |
| Any other Asian background |  |  |  |
|  |  |  |  |
| **Black of Black British** |  |  |
| African |  |  |  |
| Caribbean |  |  |  |
| Any other Black background |  |  |  |
|  |  |  |  |
| **Mixed** |  |  |
| White Asian |  |  |  |
| White and Black African |  |  |  |
| White and Black Caribbean |  |  |  |
| Any other Mixed background |  |  |  |
|  |  |  |  |
| **White** |  |  |  |
| British |  |  |  |
| European |  |  |  |
| Irish |  |  |  |
| Romany/traveller |  |  |  |
| Any other White background |  |  |  |
|  |  |  |  |
| **Chinese or other Ethnic Group** |  |  |
| Chinese |  |  |  |
| Other Ethnic group |  |  |  |
|  |  |  |  |
|  |  |  |  |