

CONFIDENTIAL



RECRUITMENT MONITORING INFORMATION FORM

THE INFORMATION PROVIDED BY YOU WILL BE USED FOR MONITORING AND STATISTICAL PURPOSES ONLY AND WILL NOT SUPPLEMENT OR FORM PART OF YOUR APPLICATION, THE SELECTION CRITERIA USED OR THE SELECTION PROCESS GENERALLY.

You are not obliged to complete this form but, if you do so, the information you provide will help us to consider if we are succeeding in attracting candidates from diverse backgrounds and also help us to fulfil our duties under the Equality Act 2010 to eliminate unlawful discrimination, harassment and victimisation, to promote and advance equality of opportunity and to foster good relations between people who share a relevant “protected characteristic” and those who do not.

Role applied for:

AGE

16 – 25 ☐ 26 – 35 ☐ 36 – 45 ☐ 46 – 55 ☐

56 – 65 ☐ 65 + ☐ Prefer not to say ☐

GENDER

My gender is: or: I Prefer not to say ☐

ETHNIC ORIGIN

I would describe my ethnic origin as:

1. White

British ☐ English ☐ Scottish ☐ Welsh ☐

Irish ☐ European ☐ Non-European ☐

Any other White background (please specify):

2. Black or Black British

African ☐ Caribbean ☐

Any other Black background (please specify):

3. Mixed Background

White and Asian ☐ White and Black Asian ☐ White and Black Caribbean ☐

Any other mixed background (please specify):

4. Asian and Asian British

Bangladeshi ☐ Indian ☐ Pakistani ☐

Any other Asian background (please specify):

5. Chinese and Chinese British

Chinese ☐

Any other Chinese background (please specify):

6. Other ethnic group

Please specify:

7. Prefer not to say ☐

RELIGION

I would describe my religion as:

None ☐ Catholic ☐ Other Christian ☐ Buddhist ☐

Hindu ☐ Jewish ☐ Muslim ☐ Sikh ☐

Any other (please specify):

DISABILITY

The legal definition of disability is '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. Some specific conditions deemed to be disabilities include HIV, cancer, multiple sclerosis and severe disfigurements.

Do you have a disability, long-term illness (mental or physical), and/or on-going medical condition that we should be aware of:

Yes: ☐ No: ☐

