**Our commitments to equality, diversity and inclusion: information for applicants**

At PACE we respect, value and celebrate that we are all different. We seek to provide equality of opportunity to all of our staff and our children. We treat people fairly and consistently.

**As an applicant** seeking to join our team we ask you to provide some personal information about yourself. You can choose whether to provide this personal information.

* We ask for this so that we can assess the impact of our commitment to equality in recruitment activity.
* We take data protection seriously and will protect your personal information. We will store it securely and comply with our statutory responsibilities on data protection and data processing.
* We will use aggregated data to help us to monitor and assess our commitments to equality and fairness. We will retain this data for a limited period of 6 months after we have run the recruitment campaign in line with our data retention policy.
* If you are successfully appointed following this recruitment campaign, you will be asked for this information again. A full explanation of the purpose and retention of your data as an employee, will be given at the time of appointment.

**Equality, diversity and inclusion monitoring form for job applicants**

1. **What is your ethnic group? Please select below.**

|  |  |  |
| --- | --- | --- |
| White | English, Welsh, Scottish, Northern Irish or British |  |
| Irish |  |
| Gypsy or Irish Traveller |  |
| Roma |  |
| Any other white background |  |
| Mixed or Multiple ethnic groups | White and Black Caribbean |  |
| White and Black African |  |
| White and Asian |  |
| Any other Mixed or Multiple background |  |
| Asian or Asian British | Indian |  |
| Pakistani |  |
| Bangladeshi |  |
| Chinese |  |
| Any other Asian background |  |
| Black, Black British, Caribbean or African | Caribbean |  |
| African |  |
| Any other Black, Black British or Caribbean background |  |
| Other ethnic group  | Arab |  |
| Any other ethnic group |  |
| Prefer not to say |  |  |

1. **Do you consider yourself to have a disability, impairment or condition?**

|  |  |
| --- | --- |
| Yes |  |
| No |  |
| Prefer not to say |  |

1. **What is your gender?**

|  |  |
| --- | --- |
| Female |  |
| Male |  |
| Prefer not to say |  |

*Please return this form with your application. Thank you for completing this form.*