

**Recruitment Monitoring Form**

The Reach Free School is committed to ensuring that applicants are selected on the basis of their abilities relevant to the job. Completion of this section will help us to ensure that our policies and procedures are effective in avoiding discrimination and promoting equal opportunities in recruitment. The information you provide will be used for monitoring and statistical data purposes only. This section will be detached from the Application Form prior to shortlisting. If you do not wish to share this information you can select the ‘prefer not to say’ option.

|  |  |
| --- | --- |
| **Post Applied For:**  |       |
| **First Name** |       |
| **Surname** |       |

**Gender**

☐ Male ☐ Female ☐ Prefer not to say

**Age**

☐ Under 18 ☐ 18-25 ☐ 26-35

☐ 36-45 ☐ 46-55 ☐ 56-65

☐ Over 65 ☐ Prefer not to say

**Ethnic Origin**

**☐** Asian/ Asian British – Bangladeshi ☐ Mixed – White and Asian

☐ Asian/ Asian British – Indian ☐ Mixed – White and Black African

☐ Asian/ Asian British – Pakistani ☐ Mixed – White and Black Caribbean

☐ Asian/ Asian British – Other ☐ Mixed Other

☐ Black/ Black British – African ☐ Prefer not to say

☐ Black/ Black British – Caribbean ☐ White - British

☐ Black/ Black British – Other ☐ White - Irish

☐ Chinese ☐ White - Other

☐ Other (please specify)

|  |
| --- |
|       |

**Sexual Orientation**

☐ Bisexual ☐ Gay ☐ Heterosexual ☐ Lesbian ☐ Prefer not to say

☐ Other (please specify)

|  |
| --- |
|       |

**Religion**

☐ Buddhist ☐ Christian (including all denominations) ☐ Hindu

☐ Jewish ☐ Muslim **☐** No religion

☐ Prefer not to say ☐ Sikh

☐ Other (please specify)

|  |
| --- |
|       |

**Disabilities and existing health issues**

Do you consider yourself to have a disability or an existing health issue which has an adverse effect on your ability to carry out normal day to day activities?

☐ Yes ☐ No ☐ Prefer not to say

|  |
| --- |
| If Yes, please describe the nature of your disability or existing health issue |
|       |

|  |
| --- |
| Applications from people with disabilities, or those with health problems, who meet the essential criteria are welcome and will be given full consideration. Please let us know in the space below if you have any access requirements at interview, or if there is anything you would like to make us aware of. |
|       |

**Declaration**

I understand by signing this form, the information given on this form will be processed by and used for registration and equality monitoring purposes under the Data Protection Act 1998. By signing below you confirm you have read, understood and agreed with his declaration.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed** |       | **Date** |       |

Please return with your application.

**For internal use only**

|  |  |  |  |
| --- | --- | --- | --- |
| **Reference Number** |  | **Date Received** |  |