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**Equal Opportunities Monitoring Form**

This information is being gathered to achieve constant improvements in our Equal Opportunities Policies and Practices, to make sure our job adverts are reaching all sections of the community and to monitor that the organisation is representative of the population of the UK and the community in which we sit. You may choose not to give your name if you wish.

In line with the General data Protection Regulations (GDPR) and the Academy’s GDPR Data Protection Policy, the data in this form will be used for monitoring or general equity compliance audit purposes only, and will not be looked at until after the appointment process has ended. It will not be taken into account in assessing your application form. The data will be treated in the strictest confidence, and will be used only for general statistical analysis, and to comply with any specific equality duty the school may have to report on. The form is designed along the same lines as issued by The Equality and Human Rights commission, and will be securely disposed of following its use as detailed above.

**Personal Details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name : |  | | | (Optional) | |
| Gender : | Male |  | Female | |  |

**Age group:**

|  |  |
| --- | --- |
| 18 – 29 |  |
| 30 – 45 |  |
| 46 - 59 |  |
| 60 and over |  |

**Marital Status**

Please tick one of the boxes below in relation to your status.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Single |  | Married |  | Other (specify) |  |

**Sexual Orientation (optional)**

The following 2 questions relate to your sexuality. This is a private matter for you and if you prefer not to complete these sections of the form then we respect your privacy in this matter.

Which of the following best describes how you think of yourself?

|  |  |
| --- | --- |
| Heterosexual/Straight |  |
| Gay man |  |
| Gay woman/Lesbian |  |
| Bisexual |  |
| Other (please specify) |  |
| Prefer not to say |  |

**Gender Identity (optional)**

Do you consider yourself to be transgender?

|  |  |
| --- | --- |
| Yes |  |
| No |  |
| Other (please specify) |  |
| Prefer not to say |  |

**Ethnic Origin**

What is your ethnic origin? Ethnic origin refers to members of a group that share the same cultural background and identity. This does NOT mean country of birth or nationality.

Please tick the box below that most accurately describes your ethnic origin.

|  |  |  |
| --- | --- | --- |
| White | British |  |
|  | Irish |  |
|  | European union member state |  |
|  | Any other White background |  |
| Mixed | White and Black African |  |
|  | White and Black Caribbean |  |
|  | White and Asian |  |
|  | Any other Mixed background |  |
| Asian or Asian British | Indian |  |
|  | Pakistani |  |
|  | Bangladeshi |  |
|  | East African Asian |  |
|  | Chinese |  |
|  | Any other Asian background |  |
| Black or Black British | Caribbean |  |
|  | African |  |
|  | Any other Black background |  |
| Other ethnic group | Arab |  |
| Any other Ethnic group (Please state) |  |
|  | Don’t know/prefer not to say |  |

**Disability**

The Equality Act 2010 defines a disability 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”. An effect is long-term if it has lasted, or is likely to last, over 12 months.

Do you consider yourself to be disabled as defined by the Equality Act 2010?

|  |  |
| --- | --- |
| Yes |  |
| No |  |

If Yes please indicate below:

|  |  |
| --- | --- |
| Deafness or severe hearing impairment |  |
| Blindness or severe vision impairment |  |
| A physical disability (a condition that substantially limits one or more basic physical activities) |  |
| A learning disability (such as Down's syndrome) |  |
| A learning difficulty (such as dyslexia or dyspraxia) |  |
| A mental health condition (such as depression or schizophrenia) |  |
| A chronic illness (such as cancer, HIV, diabetes, heart disease or epilepsy) |  |
| Other condition |  |
| None of these |  |

If you have a disability, please state what reasonable adjustments you would require?

|  |
| --- |
|  |

**Religion and/or Belief**

Please tick the option that best applies to you

|  |  |
| --- | --- |
| Christian; Catholic, Church of England, Protestant and all other Christian denominations |  |
| Buddhist |  |
| Hindu |  |
| Jewish |  |
| Muslim |  |
| Sikh |  |
| Yes, another religion (please state) |  |
| Prefer not to say |  |
| Non-religious/atheist |  |
| Agnostic |  |

**Thank you for your time in filling out this form.**

**For office use only:**

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

Shortlisted for interview?

Appointed?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |