**Recruitment Monitoring Form**

**STRICTLY CONFIDENTIAL ONCE COMPLETE**

Three Spires Trust is committed to ensuring that job applicants are treated fairly and consistently and that no one is disadvantaged or discriminated against.

Information collected via recruitment monitoring helps the Trust fulfil this commitment and assists greatly in the development and evaluation of employment policy.

Information you provide will be treated in strict confidence and will not be seen by anyone involved in the selection process.

|  |  |  |  |
| --- | --- | --- | --- |
| **Person / Role details** | | | |
| **Full Name** |  | | |
| **Job Title** |  | | |
| **Location / Establishment** |  | | |
| **Equal Opportunities** | | | |
| As part of our equal opportunities policy we request that you complete the following information. This information is for monitoring purposes only. All information will be treated as confidential and will not be used when short-listing or deciding whether an applicant is successful or unsuccessful in obtaining employment. The information you provide will help us to ensure that our recruitment procedures are fair by allowing us to identify and eliminate potential areas of discrimination. | | | |
| **Please indicate your ethnic origin:** | | | |
| Asian or Asian British – Bangladeshi  Asian or Asian British – Indian  Asian or Asian British – Pakistani  Black or Black British – Caribbean  Mixed – other  Mixed Ethnic – White and Black African  Other Ethnic Origin – Arab  White – Welsh / English / Scottish / N. Ireland  White - Other |  | Asian or Asian British – Chinese  Asian or Asian British – Other  Black or Black British – African  Black or Black British – Other  Mixed Ethnic Group – White & Asian  Mixed Ethnic – White and Black Caribbean  Prefer not to say  White – Irish  White – Gypsy / Irish Traveller |  |
| **Please indicate your Religion / Belief:** | | | |
| Buddhist  Hindu  Muslim  Other  Sikh |  | Christian  Jewish  None  Prefer not to say |  |
|  | | | |
| **Please provide your Date of Birth** *(dd/mm/yyyy)* | |  | |
| **Please indicate your relevant Age Range:** | | | |
| 16 – 17  25 – 29  40 – 49  60 – 64 |  | 18 – 24  30 – 39  50 – 59  65+ |  |

*Please turn over*

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|  | | | |
| **Please indicate your Sexual Orientation:** | | | |
| Bisexual  Heterosexual  Prefer not to say |  | Gay man  Lesbian / Gay woman |  |
|  | | | |
| **Please indicate your gender:** | | | |
| Female |  | Male |  |
| **Disability** | | | |
| The Disability Discrimination Act (2010) defines a disabled person as someone with a ‘physical or mental impairment which has substantial and long-term adverse effect on his/her ability to carry out normal day to day activities’. | | | |
| **Do you consider yourself to have such a disability:** | | | |
| Yes |  | No |  |
| **Please indicate what type of disability you have:** | | | |
| Do not wish to specify  Learning difficulties  Long standing illness or health condition  Mental illness  Other  Physical impairment  Sensory impairment  Visual impairment *(not corrected by spectacles or contact lenses)* |  | Hearing impairment  Learning disability  Mental health condition  Mobility impairment  Physical coordination difficulties  Reduced physical capacity  Speech impairment  Neurological condition |  |