

EQUAL OPPORTUNITIES MONITORING FORM (APPENDIX A)

CONFIDENTIAL INFORMATION

Please note: If you wish to “tab” between boxes you are advised to use the F11 key

Please complete this form in full BLOCK CAPITALS

The information given on this sheet **will not** be used to make decisions about who is recruited. The form **will not** be seen by the shortlisting/interview panel. It will be stored securely by the Human Resources Section who will use the information to improve equality in recruitment and overall service delivery.

Preferred title (Mr/Mrs/Miss/Ms/Dr/Mx):	
Forenames/first names:	
Surname/family name:	
Date of birth:	

How do you racially identify? (please make appropriate category with a cross)	
White:	British <input type="checkbox"/> Irish <input type="checkbox"/> Any other White background <input type="checkbox"/> If so, please specify:
Mixed/Dual heritage:	White and Asian <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> Any other Mixed background <input type="checkbox"/> If so, please specify:
Asian or Asian British	Indian <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Pakistani <input type="checkbox"/> Any other Asian background <input type="checkbox"/> If so, please specify:
Black or Black British:	Caribbean <input type="checkbox"/> Somali <input type="checkbox"/> Other African <input type="checkbox"/> Any other Black background <input type="checkbox"/> If so, please specify:
Chinese:	Any Chinese background <input type="checkbox"/> If so, please specify:
Any other Ethnic group:	Yemeni <input type="checkbox"/> Other Arabic <input type="checkbox"/> Any other Ethnic background <input type="checkbox"/> If so, please specify:

Do you consider yourself to be disabled?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
--	------------------------------	-----------------------------

How did you find out about this job? Please mark one of the following with a cross:	
<input type="checkbox"/> Sheffield City Council Website	<input type="checkbox"/> TES <input type="checkbox"/> Indeed <input type="checkbox"/> DfE <input type="checkbox"/> School Website <input type="checkbox"/> Minerva Website
<input type="checkbox"/> Recommendation/Referral	<input type="checkbox"/> Job Centre <input type="checkbox"/> Twitter <input type="checkbox"/> LinkedIn <input type="checkbox"/> Facebook
<input type="checkbox"/> Other – please specify:	

Signature:	Date:
------------	-------