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| Text  Description automatically generated  **Equal Opportunities Monitoring Form** | | | | | | | | | | | | | | | | | | | |
| This form provides equality details for those applying for jobs. This information is used to review compliance with equality and diversity targets and planning future workforce requirements.  Once completed, please send your form, along with your application, to the Director of HR & Legal, Helen Upson, by email to: [upsonh@elizabethan.notts.sch.uk](about:blank) | | | | | | | | | | | | | | | | | | | |
| **1. Vacancy Details** | | | | | | | | | | | | | | | | | | | |
| Job Title: | | | | |  | | | | | | | | | | | | | | |
| Applicant Name: | | | | |  | | | | | | | | | | | | | | |
| **2. Age Details (please mark with ‘x’)** | | | | | | | | | | | | | | | | | | | |
| 18-30 |  | | 31-40 | | |  | | 41-50 | |  | 51-60 | |  | | | 60+ | |  | |
| **3. Gender Details (please mark with ‘x’)** | | | | | | | | | | | | | | | | | | | |
| Male | |  | | | | | Female | | |  | | Prefer not to say | | | | |  | | |
| **4. Religion Details (please mark the religion or belief that is most suitable)** | | | | | | | | | | | | | | | | | | | |
| Buddhist |  | | Christian | | |  | | Hindu | |  | Jewish | |  | | | Muslim | |  | |
| Sikh |  | | No Religion | | |  | | Prefer not to say | |  | Other (please specify) | | | | |  | | | |
| **5. Ethnic group (please mark with ‘x’)** | | | | | | | | | | | | | | | | | | | |
| White British | |  | | | | | White Gypsy or Irish Traveller | | |  | | White Other (please specify) | | | | |  | | |
| White & Black Caribbean | |  | | | | | White & Black African | | |  | | White & Asian | | | | |  | | |
| Indian | |  | | | | | Pakistani | | |  | | Bangladeshi | | | | |  | | |
| Chinese | |  | | | | | Caribbean | | |  | | African | | | | |  | | |
| Arab | |  | | | | | Other (please specify) | | |  | | Prefer not to say | | | | |  | | |
| **6. Disability Details** | | | | | | | | | | | | | | | | | | | |
| The Equality Act (2010) defines a disabled person as someone with a ‘physical or mental impairment’, which has a substantial and long term adverse effect on his/her ability to carry out normal day to day activities.  Under this definition, do you consider yourself to have a disability? Yes / No  If YES, to help identify and better understand the needs of our disabled employees, please indicate the type(s) of impairment which applies to you. | | | | | | | | | | | | | | | | | | | |
| Hearing Impairment | | |  | Learning Difficulties | | | | |  | Learning Disability | | | |  | Mobility Impairment | | | |  |
| Mental Health Condition | | |  | Physical Coordination Difficulties | | | | |  | Long standing illness or heart condition | | | |  | Neurological Condition | | | |  |
| Mental Illness | | |  | Physical Impairment | | | | |  | Sensory Impairment | | | |  | Speech Impairment | | | |  |
| Reduced Physical Capacity | | |  | Visual Impairment (not corrected by glasses) | | | | |  | Prefer not to say | | | |  | Other – please specify: | | | | |
| If you have a disability that may have an effect upon your work, your health & safety at work or the health & safety of others, you must make your manager aware of this. This is so that any appropriate measures can be identified that would ensure the health & safety of you, your work colleagues or members of the public while you are at work. | | | | | | | | | | | | | | | | | | | |
| **7. Additional Information** | | | | | | | | | | | | | | | | | | | |
| Provide any other relevant information as well as using this space to expand on information provided above: | | | | | | | | | | | | | | | | | | | |
| **8. Declaration** | | | | | | | | | | | | | | | | | | | |
| I certify that I have the authority to make this request and have provided information that is accurate to the best of my knowledge and belief. I recognise that failure to declare any relevant information or the provision of false or misleading information may result in appropriate action being taken.  Signed: Date: | | | | | | | | | | | | | | | | | | | |