

# Recruitment Monitoring Form

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 on 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.

There is no obligation on you to provide this information. All applicants will be treated the same regardless of whether or not they provide this information. Thank you for your assistance.

Job Details	
Job Title:	
Job reference number:	

Gender (Please indicate with a ✓)	
Male	
Female	
Prefer not to say	

Age Range (Please indicate with a ✓)	
16 - 17	
18 - 24	
25 - 29	
30 - 39	
40 - 49	
50 - 59	
60 - 64	
65+	

Ethnic Origin (Please indicate with a ✓)		
I would describe my Ethnic Origin as:		
WHITE	Welsh/English/Scottish/Northern Irish/British	
	Irish	
	Gypsy or Irish traveller	
	Other White background	
MIXED ETHNIC GROUPS	White and Black African	
	White and Asian	
	White and Black Caribbean	
	Other	
ASIAN OR ASIAN BRITISH	Bangladeshi	
	Chinese	
	Indian	
	Pakistani	
	Other	
BLACK OR BLACK BRITISH	African	
	Caribbean	
	Other	
OTHER ETHNIC GROUP	Arab	
	Other Ethnic Group	
PREFER NOT TO SAY		

Disability
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Do you consider yourself to have a disability within the terms of the Equality Act 2010? Disability in this context is defined as any physical or mental impairment which has a substantial and long-term (over 12 months) adverse effect on your ability to carry out normal day-to-day activities.	Yes	
	No	
	Prefer Not to Say	
If yes, please indicate which category best describes your disability ( <i>please indicate with a ✓</i> ):		
Visual Impairment (not corrected by spectacles or contact lenses)		
Hearing Impairment		
Learning Difficulties		
Learning Disability		
Long standing illness or Health Condition		
Mental Health Condition		
Mental Illness		
Mobility Impairment		
Neurological Condition		
Physical Co-ordination difficulties		
Physical Impairment		
Reduced Physical capacity		
Speech Impairment		
Sensory Impairment		
Visual impairment (not corrected by spectacles)		
Prefer not to say		
Other		

<b>Sexual Orientation (<i>Please indicate with a ✓</i>)</b>	
Bisexual	
Gay woman/ Lesbian	
Gay man	
Heterosexual/straight	
Prefer not to say	

<b>Religion or Belief (<i>Please indicate with a ✓</i>)</b>	
Buddhist	
Christian	
Hindu	
Jewish	
Muslim	
Sikh	
Other	
No religion or belief	
Prefer not to say	

Thank you.